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DEPARTMENT OF PSYCHOLOGY

Title: Exploring primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socioeconomic school context in the Cape Metropole.

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ABSTRACT

The COVID-19 pandemic produced threatening and chaotic environments for children, thus heightening their vulnerability to its effects and on their overall wellbeing. Surveys across the world indicated that primary caregivers noticed COVID-19 lockdown-related behavioural problems in their children. Evidence from the literature indicated that COVID-19 prevention measures coupled with disrupted schooling for children, economic burdens for primary caregivers, and interrupted social life has generated a multitude of health challenges for many, including children. In low-and-middle-income countries (LMIC) such as South Africa, environmental security and safety already poses schooling challenges. Furthermore, within pandemic conditions, adequate environments conducive to remote learning was impossible due to the scarcity of digital learning resources caused by the inequity of resource distribution. Against this backdrop and adopting Bronfenbrenner's ecological framework, this research aimed to explore primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socio-economic status (SES) school context in the Cape Metropolitan city, in the Western Cape province of South Africa. Using an exploratory qualitative design, the research aimed to explore children's socio-economic status and school context as variables for their wellbeing which would add more information to an otherwise limited research pool. Eight purposively selected primary caregivers of school-age children in the age of 6-11 years and in the Foundation Phase attending a low SES school, participated in semi-structured interviews. Braun and Clarke's thematic analysis was employed to generate codes and formulate themes. Key findings included that the COVID-19 pandemic increased existing health/educational services barriers and increased challenges on children's educational, cognitive, and physical wellbeing as well as children's livelihood/security. While this research provided a snapshot into the school contexts' resources and needs to promote children's wellbeing during a pandemic and beyond, it also provided a unique perspective on

primary caregivers' perceptions of their children's well-being. There are significant implications for interventions worth highlighting. Key lessons learned included collaboration, constant monitoring, and accountability of all role players in a school that need to be fostered. This will ensure inclusive and equitable developments that minimise the effects of educational disruption in low SES school contexts during pandemic conditions.

Keywords: Children's wellbeing, child, perceptions, primary caregivers, low socio-economic status, school context, COVID-19.



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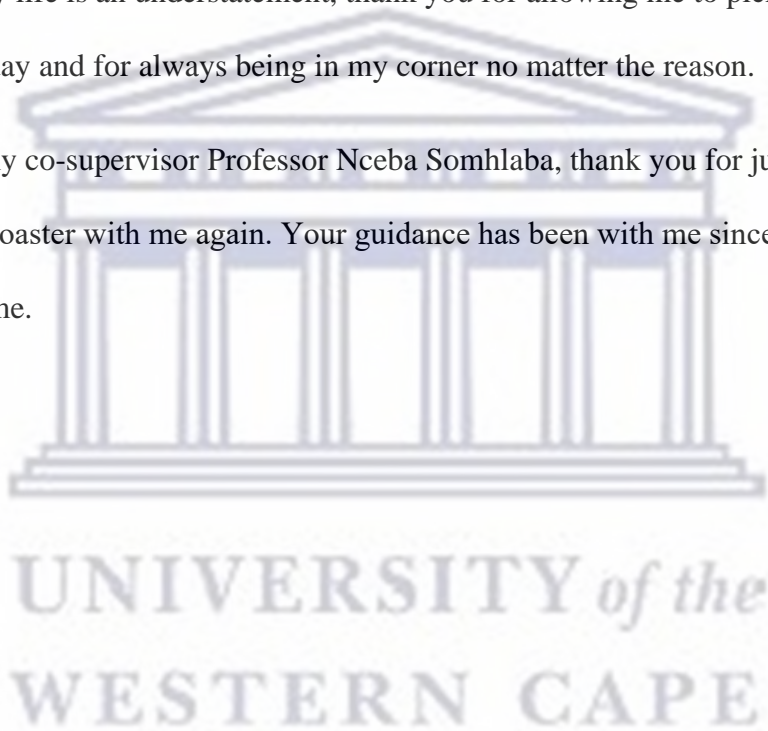


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CHAPTER ONE:

INTRODUCTION

Children's wellbeing is the child's collective and effective experiences of the personal, interpersonal, and contextual factors, which include the school environment, that affects his/her quality of life (Cusinato et al., 2020; Holfve-Sabel, 2014). The topic of children's wellbeing is well established within social sciences research especially in the discipline of psychology. However, the literature on caregivers' perceptions of their children's wellbeing is scant as available data on caregiver or family focused children's wellbeing interventions has been inadequate within low-and-middle income countries (Pedersen et al., 2019). The SARS-CoV-2 coronavirus COVID-19 outbreak towards the end of 2019, mandated world governments to enforce lockdown measures to stop the mass infections (World Health Organization, 2020). The global and nationwide lockdown forced primary caregivers and children to adjust their daily lives with challenges perpetuating rapid threats to children's wellbeing (Cusinato et al., 2020; Goldhagen et al., 2020; Government of South Africa, 2021). Current studies on wellbeing during COVID-19 have highlighted the detrimental psychological and social strain significant changes such as school closures have caused in children (WHO, 2022), and other drastic lifestyle- and routine changes for the children's families, which have come as a result of the restrictions in movement. Some evidence has indicated that negative caregiver perceptions of children's well-being may result in children's exposure to COVID-19 stressors (Raviv et al., 2021). Research has also reported the emergence of anxiety, depression, sleep disorders, irritability, and anger as observed threats to children's wellbeing (Capurso et al., 2020; Cusinato et al., 2020; Otu et al., 2020). Therefore, utilising the powerful influence caregivers have to intervene in their children's wellbeing outcomes is crucial for healthy child development (Pedersen et al., 2019).

Furthermore, children's wellbeing may be influenced by the school environment, children's personal, interpersonal, and contextual factors including their primary caregivers' experiences and family support systems (Cusinato et al., 2020). Therefore, the consequences for change in daily routines and prolonged school absence by learners were found to have greater implications for children in low socioeconomic status (SES) school contexts (Cusinato et al., 2020; Padmanabhanunni & Pretorius, 2021; UNICEF-WFP, 2020). These specific school contexts provide food programs which in some instances are the only meal learners receive throughout the day. Moreover, UNICEF reported that learners had a low chance of returning to school after lockdown (UNICEF-WFP, 2020). Since the pandemic there has been significant research supporting reported predictions on the impact of COVID-19 on children's wellbeing. The nationwide lockdowns have impacted more than 91% of students globally, with uncertainty and anxiety contributing towards the disruption in education, socialisation, and wellbeing of children (Singh et al., 2020). Additionally, the emerging evidence is continuously causing heightened vulnerabilities to poor child outcomes especially children from contexts with pre-existing vulnerabilities and inadequacies (Unicef, 2020; WHO, 2022). Vulnerabilities such as, experiencing food insecurity, social marginalization, with limited access to healthcare and quality social services are felt by populations living in low socioeconomic status contexts. Furthermore, existing social welfare systems have experienced additional strain at a global, regional, national and community level due to COVID-19 as man-power and economic resources were diverted to respond to COVID-19 (UNICEF, 2021; WHO, 2022). The World Food Program estimated that approximately 370 million children were not receiving school meals due to Nationwide lockdowns indirectly affecting children's wellbeing (UNICEF-WFP, 2020). The United Nations Socio-Economic Impact Assessment of COVID-19 reported that the ripple effects of COVID-19 had a greater impact on women in South Africa, with loss of jobs and income in

informal sectors where the majority of SA women residing in low socio-economic contexts reside (United Nations Development Programme (UNDP), 2020). Moreover, with an already weak economy, South Africa entered the COVID-19 pandemic and lockdown with real GDP growth estimated at 0.9 per cent for 2020 coupled with high unemployment levels at 29.1 per cent in the fourth quarter of 2019 (Arndt et al., 2020). The World Bank reported that loss of jobs increased the inequalities with a 35% collapse between the 1st and 2nd quarter of 2020 especially amongst low wage workers (World Bank, 2021). Low socioeconomic status contexts are characterised by low-income households surviving on lower education wage earnings, strongly impacted by COVID-19 triggered economic declines. These implications have put primary caregivers' wellbeing at risk thus indirectly jeopardising their children's wellbeing (Alfvén, 2020; Cusinato et al., 2020). Considering the caregivers' environment and its implications on their wellbeing is vital, given the strong influence they have on their children (Pedersen et al., 2019).

Against this background, the purpose of the present study was to explore primary caregivers' perceptions of children's wellbeing during the peak of the COVID-19 pandemic within a low socioeconomic status (SES) school context specifically situated in the greater Cape Metropolitan city of the Western Cape province, South Africa. The study used Bronfenbrenner's understanding of children's wellbeing as a framework, where the interpersonal and personal relationships and interactions the child experiences with their immediate environment – i.e. family (primary caregivers, siblings, extended family), teachers, and peer groups influences their development (Bronfenbrenner, 1979, 1994). The theoretical framework was therefore key to this research as it guided the choice of research methodology and developing an understanding from the data collected through this specific lens. By employing a qualitative research approach, it was possible to gain understanding of

how Foundation Phase primary caregivers perceived the wellbeing of their children throughout COVID-19 in the setting of a low socioeconomic status (SES) school.

1.1 Background and context

Children's wellbeing is a salient topic within the social sciences, especially in the field of psychology, and it is viewed as a significantly relevant research issue (Holfve-Sabel, 2014; Thomas et al., 2016). Recent research has focused on children's wellbeing situated in children's immediate family context (Crawford, 2020; Thomas et al., 2016) and has argued that maintaining the connection between school, community, and family has a positive impact on children's wellbeing (Hindt & Leon, 2022). More specifically, research has put an emphasis on the need for a more holistic approach to wellbeing, which highlights the importance of relationships at the micro level (family) in promoting children's wellbeing (Hindt & Leon, 2022; Thomas et al., 2016) and how the school fulfils a critical component to achieving wellbeing.

The family dynamic in South Africa is unique in the sense that many children are cared for by single parents, grandparents, aunts, uncles, and/or siblings (Draper et al., 2022a; Draper et al., 2022b) hence this research adopted the South African contextual understanding of family as a social group interrelated by blood, adoption, or affiliations with close emotional attachments for one another and are not bound by a particular context (Amoateng et al., 2004; Draper et al., 2022a). By situating this paper within the dynamic South African context, the term 'primary caregiver' was used to illustrate the unique family structure in South Africa. Primary caregivers include parents, grandparents, aunts and uncles, and other people who become guardians of a child due to a range of circumstances (Draper et al., 2022b).

The year of 2020 was a significant period as the world was affected by the SARS-CoV-2 coronavirus COVID-19 (World Health Organization, 2020), resulting in world governments including the South African government declaring a nationwide lockdown to contain the rate of infections. During the various phases of lockdown between 2020 and 2021 (Government of South Africa, 2021), the school context was shuffled between virtual and actual school campus interactions and normal school hours resumed in February 2022 (Draper et al., 2022). COVID-19 therefore has brought immense psychological and socio-economic impact on the livelihoods of people in various communities across South Africa (Kollamparambil & Oyenubi, 2020; Padmanabhanunni & Pretorius, 2021), with lockdowns contributing to elevated levels of negative psychological consequences such as anxiety, isolation, and fear in children worldwide (Capurso et al., 2020; Otu et al., 2020; Shoshani & Kor, 2021). Additionally, schools situated in low SES contexts that fulfilled a critical basic need within community contexts through feeding programmes had to stop these services, therefore the intervention and support provided at the level of basic need in addition to educational support was no longer accessible. Henceforth, the school context provided the crucial setting for this paper to explore children's wellbeing during COVID-19 within a low socioeconomic status SA context and focusing on primary caregivers' perceptions could provide the opportunity to provide crucial information about children's wellbeing and the challenges faced during COVID-19, and significantly inform early intervention programmes that can mitigate related impacts in future.

1.1 The problem statement, research question, aims, and objectives

1.1.1 Problem statement

Children's wellbeing is fundamentally part of primary caregivers' responsibility in society (Draper et al., 2022a; Pannilage, 2017). The basic social institution (family) has a strengthening factor in promoting children's wellbeing however the role of the school

within low socioeconomic contexts is also found to promote wellbeing for children. Primary caregivers are found to be given less opportunity to express their perceptions on the quality of school contexts in research across the world (Meier & Lemmer, 2015) and within low SES, creating formal research spaces for primary caregivers to provide input presents the opportunity to facilitate parent/primary caregiver involvement. This is important given that research on the perceptions of primary caregivers, highlights that school endeavours that improve learner outcomes fundamentally depend on data provided by such perceptions (Draper et al., 2022a; Klingberg et al., 2022; Meier & Lemmer, 2015) and could therefore contribute to school effectiveness. Furthermore, learners with caregivers who are involved in their school environment have shown to exhibit better social skills and behaviours that account for their wellbeing hence the importance of engaging with primary caregivers (Ntekane, 2018).

Much of the COVID-19 research has confirmed the burden on wellbeing with pervasive social and economic impacts on the individual and family (Russell et al., 2020). Research estimated that in the context of education, 1.5 billion children will be impacted by the rolling school lockdowns (Tomlinson et al., 2021). Furthermore, young children depend on their families' nurturing care and wellbeing in order to thrive, and the ability of their families to provide for them which is often environmentally driven. COVID-19 has, for some, been a traumatic event being experienced across the world and the lockdowns were enforced to prevent the burden of COVID-19 for unprepared health systems. The consequent disruption has impacted social, economic and educational state of families across South Africa (Alvarez-Iglesias et al., 2021; Tomlinson et al., 2021). Within low socio-economic status contexts in particular, low income, disrupted health care services, and inadequate security negatively impact children's wellbeing directly (Tomlinson et al., 2021). The wellbeing of children is indirectly threatened by the rising anxiety and stress their families

(primary caregivers) may experience due to the uncertainty brought by COVID-19 as their ability to care for children is impeded by rising concerns (Tomlinson et al., 2021). Hence, there is certainty that some children's wellbeing has been negatively impacted by direct and indirect effects of COVID-19. This research therefore facilitates the opportunity to explore children's wellbeing in vulnerable contexts to discover the extent of the impact caused by COVID-19.

Contextual realities can impede primary caregivers' responsibilities to provide positive developmental trajectories for their children's wellbeing and during lockdown when children were not attending school, challenges may have been evident that impeded optimal well-being of children within low SES. Consequently, this research considers a specific low socioeconomic setting in South Africa that is often characterised by poverty, inequality, crime, substance abuse, and violence which have a broad influence on children's wellbeing (Draper et al., 2022a). The challenges of caregiving in these contexts were solely placed upon primary caregivers during lockdown and the safe space of the school was not available to primary caregivers and the children during the harsh lockdowns due to the global pandemic. Henceforth, it was crucial this research explored primary caregivers' perceptions of children's wellbeing during COVID-19 within a low SES school context in the Cape Metropole. This study is unique as it is one of the first studies to investigate primary caregivers' perceptions of children's wellbeing in this specific context. Whilst research stated that economic and contextual impacts to wellbeing have only been recognised by the World Health Organisation (WHO) (Brown & Shay, 2021) the focus on the social and economic position of the school context as experienced by primary caregivers could provide significant knowledge. The research would contribute to developing an understanding of children's wellbeing from the unique perspective of the primary caregiver. Mahmud (2022) stated that schools can facilitate children's wellbeing as children spend the majority of their time in

school settings and through that mental health resources can become equally accessible (Mahmud, 2022). This provides motivation to explore this specific context. Implementing hard lockdowns for schools in contexts where resources are minimal and class size is maximised, have significant effects on children's wellbeing. The extent of which can be understood by facilitating meaning making for primary caregivers. Normal school hours have only been in effect as of February 2022 therefore, the responsibility of caregiving and education was held by primary caregivers and not shared with the school. Henceforth, by exploring the perceptions of primary caregivers, researchers were given an opportunity to understand how children's wellbeing within a low socioeconomic status school context was perceived during COVID-19.

1.1.2 Research questions

1. What are primary caregivers' perceptions of children's affective experiences of the school environment and their impact on children's wellbeing in a low SES school context during the times of the COVID-19 pandemic?
2. What kind of primary caregiver-child relationships, from the perspective of primary caregivers, exist that promote children's wellbeing during the period of COVID-19?
3. What are primary caregivers' views on the role of the school in contributing to optimal children's wellbeing during COVID-19?
4. What recommendations can be made to improve children's wellbeing in a low SES school context during COVID-19?

1.1.3 Aim of research

The aim of the research study was to explore primary caregivers' perceptions of children's wellbeing during COVID-19 within a low SES school context in the Cape Metropole.

1.1.4 Objectives of the research

The following objectives guided the research process:

- To explore the perceptions of primary caregivers on children's overall wellbeing during COVID-19.
- To explore the perceptions of primary caregivers on children's affective experiences of the school environment during COVID-19.
- To explore how primary caregiver-child relationships promote children's wellbeing during COVID-19, from the perspective of the primary caregivers.
- To identify the nature of primary caregiver-child relationships during COVID-19.
- To explore primary caregivers' views on the role of the school in contributing to optimal children's wellbeing during COVID-19.
- To identify recommendations that address children's wellbeing during COVID-19.

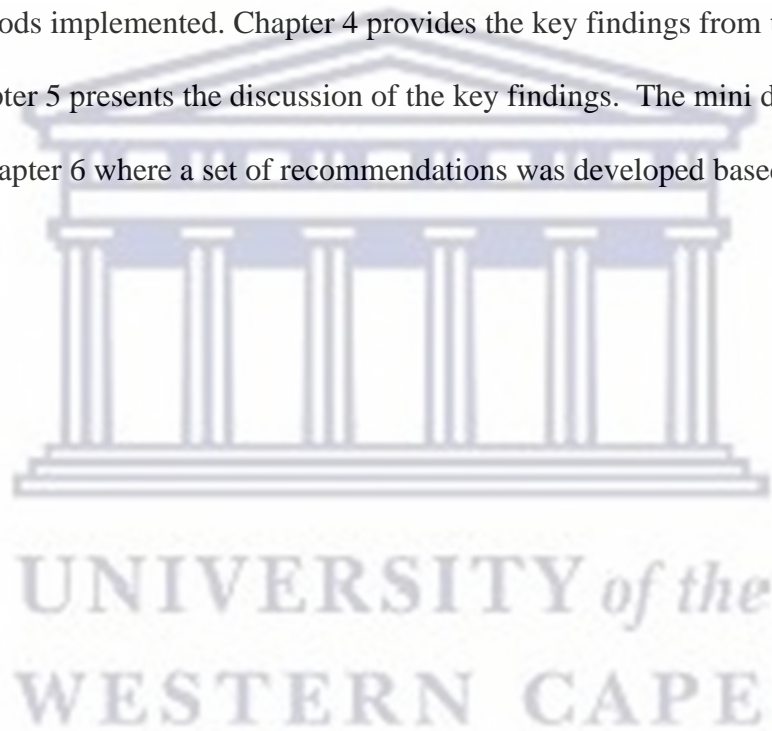
1.2 Significance of the study

This research provided a blueprint of the school contexts' resources and needs to promote children's wellbeing during COVID-19 and beyond. Needs can be identified, and priorities can be set for plans to be established or modified in accordance with the primary caregivers' perceptions and suggestions. Furthermore, this research is crucial to promote collaboration, monitoring, and accountability of the primary caregivers, the school context, and institutional organisations such as the Western Cape Education Department. The results of this study provided preliminary evidence required for the need to conduct further research that could result in the adoption of practices that emphasise the bottom-up approach. This approach essentially places the individual, family, and their needs at the front and centre to promote overall children's wellbeing development within school contexts. More research is therefore required to obtain an in-depth understanding of the processes guiding the

associations between the school, socio-ecological environment and wellbeing outcomes, especially given that the school environment promotes wellbeing as a social process seeking to promote individual and collective encouragement (John-Akinola & Nic-Gabhainn, 2014).

1.3 Structure of thesis

The following mini dissertation is structured as follows; Chapter 1 presents the introduction, background and context, research study setting, problem statement, research question, the specific aims of the research, the objectives of the research, significance of the study. Chapter 2 provides an overview of the literature and presents the theoretical framework of this study. Chapter 3 presents the research methodology, focusing on the design and methods implemented. Chapter 4 provides the key findings from the analysed data, while Chapter 5 presents the discussion of the key findings. The mini dissertation is concluded in Chapter 6 where a set of recommendations was developed based on the research process.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The following chapter places children's wellbeing within the context of an ecological framework and provides an argument for new knowledge which can be disseminated through this research whilst refraining from duplication. The literature review contextualises this research and includes the theoretical framework guiding this study. At present, this research is the first to explore children's wellbeing from the perception of primary caregivers during COVID-19 within a low socioeconomic status (SES) school context in the Cape Metropole. This section therefore examines research highlighting areas which require further exploration regarding children's wellbeing during COVID-19 within specific contexts from perceptions of primary caregivers. This chapter discusses the literature surrounding children's wellbeing in terms of the environment and interactions children experience from the perception of their primary caregivers. In addition, literature concerning school contexts situated within low socio-economic status are discussed as they contribute to the resources a child is privy to.

2.2 Children's wellbeing

Child development is enabled by environments that integrate the physical, mental health, and wellbeing of a child and their caregiver (Tomlinson et al., 2021). Children's wellbeing emphasises the importance of relationships through the socio-ecological contact present in children's lives (Crawford, 2020; Sixsmith et al., 2007). Previous research concepts exploring children's wellbeing have been popular and mandated by child development policies (Hernández-Torrano, 2020; Tisdall, 2015; Tobia et al., 2019). Furthermore, children's wellbeing is multidimensional and has its complexities in the relationships and environments created to nurture children (Clarke, 2020b; Tomlinson et al., 2021). Research has shown that political perceptions of children's wellbeing emphasise

wellbeing as an investment in children's future, however, they focus only on education and future employability of children whilst neglecting their wellbeing in the here and now (Bradshaw et al., 2007; Clarke, 2020b; Graham et al., 2017). Previous research has indicated that children's personal backgrounds, context, physiology, and resilience influence their wellbeing (Bradshaw et al., 2007; Tobia et al., 2019; Watson & Emery, 2012).

There is a gap in literature pertaining to children's wellbeing thus, current policies and practices around the world are advocating for children's wellbeing to be explored as a key factor for healthy development (Mag, 2015; Mowat, 2020). Henceforth, Clarke (2020) argued that children's wellbeing is an important issue which is determined by the resources attainable to individuals in their context that allows for their development (Clarke, 2020a). Against this backdrop, children's wellbeing cannot be understood without considering the environment and socio-economic standing of the individuals. Children's interaction with their environment is important in determining wellbeing and therefore the quality of child-primary caregiver interaction is crucial.

Ergler et al. (2021) stipulated that children's wellbeing also entails children's affordances as their functioning is connected to learning in everyday life, practices, and socio-economic background (Ergler et al., 2021). Therefore, highlighting that children's wellbeing is connected to the way children feel about themselves in their environment in terms of the material and social implications. Moreover, Watson (2012) argued that children's ability to interact and have good relationships with others is tied to their behaviour and social wellbeing (Watson & Emery, 2012). Henceforth, a closer look into the child's interaction in their relationships facilitates for children to avoid disruptive behaviour and promote their overall wellbeing.

Consequentially, children's wellbeing in educational contexts has seen a wide array of debate and the challenges posed stipulate whether improving the wellbeing of children should count as an educational goal or not (Watson & Emery, 2012). In this era of COVID-19, the home environment has played a big part in children's learning, development, and wellbeing. Against this backdrop, children's wellbeing is situated within the school context to facilitate a safe environment for development and overall wellbeing. Previous studies have considered the notion of exploring context specific wellbeing, and the school environment has been proven to hold a significant role in the facilitation and development of children's wellbeing (Tobia et al., 2019). Furthermore, research has shown that stressed and anxious primary caregivers lead to their children facing difficulties in school which impacts on the relationship between caregivers and the school (Tobia et al., 2019). Therefore, research has suggested that primary caregiver reports of their children's wellbeing can be considered as an outcome measure of wellbeing given their involvement in school-family relationship and facilitation of at home support for children (Tobia et al., 2019).

It is of utmost importance to explore primary caregivers' perceptions of children's wellbeing with an emphasis on the child's context to promote wellbeing and intervene where inequities (primary caregiver unemployment/loss of household income, limited access to health services for children and their caregivers etc.) that impact on wellbeing are concerned. Children's wellbeing has seen a rise in importance within the current socio-political context of South Africa. An examination of social surveys contributing to the understanding of child wellbeing in South Africa indicated that wellbeing encompasses economic factors, education, development, social inclusion, and health of a child (Bray, 2002; Tomlinson et al., 2021). Furthermore, perceptions of wellbeing influence the way circumstances that promote, or interrupt wellbeing are confronted and dealt with whilst considering the human and physical contexts of children. Social surveys indicated that focusing on the human and physical

context wellbeing is situated does not mean one ignores the structural factors that have an impact on child wellbeing as a member of a particular community (Bray, 2002; Tomlinson et al., 2021).

The South African context calls for children's wellbeing to be explored with consideration of the social inequalities and socio-economic status related to the development of wellbeing. Previous research has shown that children in South Africa face adverse challenges such as poverty, social exclusion due to economic status, and health inequities that affect their overall wellbeing (Savahl et al., 2017). The impact of a pandemic over and above the existing challenges therefore calls for interrogation.

2.3 Primary caregivers' perceptions of children's wellbeing

A considerable amount of research argues that parental (primary caregiver) involvement increases the effectiveness of children's wellbeing. Flynn et al. (2021) argued that children's wellbeing research explored from the perceptions of primary caregivers (parents) is warranted especially when situated in low socioeconomic contexts. Studies have shown that primary caregivers have knowledge about their children's needs in school contexts, and their perspective can inform wellbeing-focused intervention programmes (Chellamani, 2012; Flynn et al., 2021; Sixsmith et al., 2007). Henceforth, the extended family is a mechanism of social security for an estimated 21, 3% of children in South Africa and they are expected to lessen the burden of childcare (Govender et al., 2012; Statistics South Africa, 2017; Strydom, 2021). These characteristics of the South African family system led to families experiencing different impacts of COVID-19 as the multigenerational nature of families made it difficult to follow the social distancing protocols put in place to protect the older population. Furthermore, households with primary caregivers above the age of 60, the most directly vulnerable population to COVID-19 may have experienced loss of income or family members severely affecting children's wellbeing (Strydom, 2021). Results from a

previous study affirmed that grandmothers, aunts, and uncles play a crucial role as primary caregivers for children (Govender et al., 2012).

Given the South African context, primary caregivers include parents, grandparents, aunts and uncles, and other people who become guardians of a child. The family institution is dynamic so much that the world tends to adapt to the socio-economic circumstances' societies find themselves in; hence, the family is a social group that is related in terms of blood, marriage, adoption, and affiliation (Amoateng et al., 2004; Casale & Crankshaw, 2015). Previous research indicated that primary caregiver support and control are key contributors to children's wellbeing, through behaviours such as responsiveness, support, encouragement, instruction, and everyday assistance which facilitate children's development (Amato & Gilbreth, 1999; Casale & Crankshaw, 2015). Knowing what primary caregivers think about children's wellbeing is an important issue when informing intervention strategies and policies for the promotion of wellbeing and intervening strategies for children at risk of developing maladjustments in everyday life and their education (Tobia et al., 2019).

Primary caregivers are most likely to recognise the learning and emotional difficulties their children go through and their need for support. Research indicated that awareness is the first step to effectively seeking help (Tobia et al., 2019). In their observations of parents' point of view on children with different levels of school wellbeing, research found that parents are more likely to identify the emotional struggles of their children, this may be a result of children exhibiting different behaviours within the school and home environment (Tobia et al., 2019). The research emphasised the need for studies that explore children's socio-economic status as a variable for their wellbeing which would add more information to an otherwise limited research pool.

Research findings on caregivers and child wellbeing in South Africa indicated that social support in children's lives has direct tangible and emotional positive effects on wellbeing (Casale & Crankshaw, 2015). The study indicated that caregiver perceptions listed food and financial security, children's physical, and psychological wellbeing, direct family and community interaction, and informational and appraisal support in the caregivers' network directly and positively impact their children's wellbeing (Casale & Crankshaw, 2015). Caregiver perceptions indicated that caregivers believed their child's wellbeing was directly impacted by their own wellbeing, suggesting that children's emotional states were influenced by their caregivers' emotional states. A previous study indicated that 10 caregivers perceived social support can drive economic improvement which facilitates adequate education and food security for their families and overall wellbeing (Rutherford & Ejeta, 2021). Caregivers perceive that greater psychological wellbeing is acquired by meeting children's educational and physical needs such as food and clothing (Rutherford & Ejeta, 2021).

Recent studies indicated that caregiver reports of the impacts of covid-19 on their stress have consisted of their capabilities to nurture and provide stimulating learning environments for their children in the face of education services closures (McCoy et al., 2021). Children's early skills development, long-term wellbeing, and educational needs have been facilitated by their access to adequate early childhood care and education services (McCoy et al., 2021). Pertinent to this study is the impact of COVID-19 on the abilities of primary caregivers to ensure and promote children's wellbeing. The impact of COVID-19 tends to be felt more on primary caregivers and then indirectly felt by children, therefore, highlighting the focus on primary caregivers as opposed to children.

2.4 The impact of COVID-19 on wellbeing

Historical, social, and economic circumstances have an influence on individuals' overall wellbeing and there is no doubt COVID-19 had an impact on children's wellbeing. The World Health Organisation declared COVID-19 a public health emergency on a global scale (World Health Organization, 2020) and nationwide lockdowns were implemented across the world to combat the spread of infection.

Studies in China noted that lockdown has generated fear, anxiety, stress, and loneliness amongst young children (Idoiaga Mondragon et al., 2021; Xie et al., 2020). The first lockdown was argued to have brought family and primary caregiver elevated stress and anxiety over COVID-19 itself and their financial security, these worries were unintentionally projected onto children which impacted their wellbeing (Spiteri, 2021). The effects of COVID-19 were indicated to have led to higher levels of anxiety for Chinese children than for their parents (Yue et al., 2020). Similarly, COVID-19 produced threatening and chaotic environments for children culminating in their vulnerability to its effects on their wellbeing (Shoshani & Kor, 2021). An Italian survey indicated that 86% of Italian and Spanish primary caregivers noticed COVID-19 lockdown-related behavioural problems in their children (Shoshani & Kor, 2021). Henceforth, primary caregivers have already begun to emphasise the behavioural and emotional changes exhibited by children, such as increased irritability, mood changes, intolerance to structure, and nervousness during COVID-19 (Idoiaga Mondragon et al., 2021; Russell et al., 2020; Shoshani & Kor, 2021; UNICEF-WFP, 2020). The Organisation for Economic Co-operation and Development [OECD] report on combating the effects of COVID-19 on children stipulated that social isolation can manifest negative effects on the mental health and wellbeing of children and their primary caregivers (OECD, 2020). Evidence from literature indicated that COVID-19 prevention measures coupled with disrupted schooling for children, economic burdens for primary caregivers, and interrupted

social life has generated a multitude of health challenges for many including children (Spiteri, 2021; Tomlinson et al., 2021).

Research estimating the impacts of COVID-19 on wellbeing has outlined strong evidence pertaining to children's wellbeing. As noted above, research has warned that COVID-19 may cause traumatic stress and potentially worsen existing mental health problems which would create new chronic disorders, generating prolonged and increased psychiatric problems such as anxiety and depression (Idoiaga Mondragon et al., 2021; Russell et al., 2020; Tomlinson et al., 2021). Previous research has estimated that children in the care of primary caregivers who are experiencing high levels of distress will most likely exhibit the worst of the COVID-19 disaster and experience problems which will affect their wellbeing negatively (Russell et al., 2020; Tomlinson et al., 2021). Additionally, the mandated lockdowns have become a reality for millions of families across the world, the isolation from their normal routines may lead to unabridged impacts on individuals' wellbeing (Russell et al., 2020; Tomlinson et al., 2021). Furthermore, the isolation brought by lockdowns may manifest different impacts on child-primary caregiver relationships (Russell et al., 2020). The stressful experiences which are likely to be faced by individuals during COVID-19 are more salient for children (Idoiaga Mondragon et al., 2021; Tomlinson et al., 2021).

Existing research on COVID-19 has indicated that adhering to COVID-19 lockdown regulations may infringe on the known daily routines, activities, stability, and predictability in children's lives (e.g., going to school), this can increase negative impacts COVID-19 has on children's wellbeing (Idoiaga Mondragon et al., 2021; Russell et al., 2020; Tomlinson et al., 2021). Evidence suggests that primary caregivers faced with increased caregiver responsibilities such as taking up the role of educator for their children during COVID-19, may experience potent and negative responses to COVID-19 compared to caregivers with less responsibility (Alonzo et al., 2022; Prime et al., 2020; Russell et al., 2020).

Overburdened primary caregivers in challenging environments experience increased stress and anxiety, their coping strategies will have an impact on how their children cope which has an impact on children's wellbeing outcomes (Colao et al., 2020; Shipman et al., 2007). Studies have shown that when children report lower exposure to disastrous situations than their primary caregivers, they still experience the same stress levels as their primary caregivers (Colao et al., 2020; Shipman et al., 2007).

The socio-economic background was identified as a contributing factor to how the social and emotional wellbeing of children is impacted by COVID-19 (Spiteri, 2021). Previous research argued that the continued education of children is crucial in low-and-middle-income countries (LMIC) during COVID-19, however environmental security and safety can make schooling challenging especially in low-resourced contexts (Colao et al., 2020). Children in low socio-economic school contexts tend to rely on their school environment for educational, nutritional, and health-related needs (Colao et al., 2020). Consequentially, the most vulnerable children will experience the effects of the lockdowns due to their socio-economic disadvantages (Colao et al., 2020). In addition, the burden on primary caregivers may lead to an increased absence of parental support and barriers to accessing digital educational resources (Colao et al., 2020). The physical shutdown of school environments has led to an increase in primary caregiver responsibility as children's schooling has rapidly shifted to remote learning (Garbe et al., 2020). Research has argued that the consequences of lockdown such as the shutdown of general services, limited access to health services, interrupted schooling, and the economic decline that will follow, have a more serious detrimental impact on children than COVID-19 itself (Kyeremateng et al., 2022; Tomlinson et al., 2021). Global estimations on the consequences of COVID-19 on children's wellbeing, stipulated that over a million preventable child deaths are expected, with millions

experiencing poverty leading to malnutrition and poor educational upkeep (Tomlinson et al., 2021).

Against this backdrop, this study utilised the state of wellbeing and recommendations provided, that can improve children's wellbeing during COVID-19, including potential improvements that can be implemented to promote children's wellbeing after COVID-19. Global organisations such as the International Society for Social Pediatrics and Child Health (ISSOP) focus on the improvement of children's wellbeing within their context, family, and school and has made a call to action for scholars to explore the impacts of COVID-19 in terms of child health inequities (Kyeremateng et al., 2022). Previous research argued that an opportunity to ensure that the perception of COVID-19 has low risk on children does not ignore the multitude of other risks (Tomlinson et al., 2021) especially those presented by the consequences of trying to combat it. Furthermore, understanding the impacts of COVID-19 is the foundation for promoting and protecting children's wellbeing (Spiteri, 2021). More importantly, this research offers a glimpse into the unforeseen impacts of COVID-19 within a context which is key to mitigating children's needs.

The impacts of COVID-19 on the general health of individuals in LMICs are exacerbated by the high prevalence of comorbidities and the increasing burden on the already burdened health systems (Zar et al., 2020). COVID-19 research indicated that the direct effects of COVID-19 are generally felt by adults most of whom are primary caregivers, whereas children are indirectly and mildly affected by the virus (Zar et al., 2020). This discovery may lead to further diversion of already limited resources of child health towards adult health care which could perpetuate negative impacts on children's wellbeing (Zar et al., 2020).

2.5 COVID-19 in South Africa

The first recorded case of COVID-19 in South Africa (SA) was on 6 March 2020, three weeks later measures to contain the spread of infection were implemented and a series of lockdowns followed (Adebiyi et al., 2021), by June 2020, a total of 10, 015 cases of infection and 194 deaths were reported (Zamparini et al., 2020). South Africa is among the countries which imposed stricter COVID-19 lockdown measures in the world, implementing a ban on non-essential travel, public social interactions/exercise, and the sale of alcohol and tobacco (Adebiyi et al., 2021; Counted et al., 2020; Greyling et al., 2020). The consequences of stringent measures led to the shutdown of public and private institutions (e.g., schools), which propelled an increase in unemployment rates and fear for financial security (Adebiyi et al., 2021; Counted et al., 2020). Although these measures could not stop COVID-19, a significant level of transmission was decreased which gave the health system a chance to act against the virus (Adebiyi et al., 2021). South Africa accounted for 60% of COVID-19 cases recorded in sub-Saharan Africa as of September 2020 (Álvarez-Iglesias et al., 2021).

The statistics as at May 2022, indicates that the cumulative number of COVID-19 cases in South Africa was 3 964 378 of this 711 388 is Cape Town (National Department of Health, 2022; Worldometer, 2022). Strong evidence suggested that 66% of the first 752 recorded COVID-19 fatalities were of individuals below the age of 65 and 58% ranged between 40 and 65 years (Adebiyi et al., 2021).

The Burden of Disease Report 2019 indicated that despite the slight decrease of mortality from non-communicable diseases since 2009, more people have been living with chronic conditions that require health care (Jassat et al., 2020). COVID-19 has a unique impact on South Africa which is characterised by a population living with HIV (7.97%), diabetes (11.3%), and hypertension (26.9%), comorbid diseases that increase the chances of dying from COVID-19 (Zamparini et al., 2020). This adult population plays the role of

primary caregivers within the SA society. In addition, COVID-19 in South Africa affected primary caregivers' status as breadwinners, lockdown measures disrupted their social and protective networks resulting in increased stress (Adebiyi et al., 2021). Research indicated that COVID-19 restrictions left millions of people jobless and many of whom live pay-check-to-pay-check leaving families unable to provide for their children (Adebiyi et al., 2021). Statistics South Africa (2020) reported that 67,7% of survey respondents worried that COVID-19 impacts will bring major financial problems in the future. A survey conducted between March and April 2020 indicated that of the six thousand adults 48 % reported a decrease in employment, in a country with existing high unemployment rates recorded before COVID-19 (Álvarez-Iglesias et al., 2021). Additionally, the second quarter of 2020 recorded that 2.2 million South Africans had lost their jobs (Álvarez-Iglesias et al., 2021). Furthermore, the Western Cape (population 7 million) is the most unequal province in South Africa despite its wealth status, due to socio-economic disparities, a staggering majority of people within the Cape Metropole reside in the low socio-economic status subdistricts (Jassat et al., 2020).

Existing evidence indicated that COVID-19 imposed measures increased the risk of sexual and gender-based violence against women and children, lockdown led to the isolation of victims from resources and services that could help them, with femicide centres recording 120 000 victims during lockdown (Adebiyi et al., 2021) thereby threatening children's wellbeing.

Strong evidence has shown that better health and educational outcomes for children are observed when their physical, emotional, social, and cognitive wellbeing is promoted. Therefore, school closures have negatively impacted children and their families. The low socio-economic contexts in South Africa lack adequate environments conducive to remote learning due to the scarcity of digital learning resources (Adebiyi et al., 2021). COVID-19

measures led to the halting of the National School Nutrition Programme which provided food for 9 million schoolchildren (Pillay, 2021). Surveys conducted by the South African Depression and Anxiety Group (SADAG) found that there is a clear impact of COVID-19 on the mental health of South Africans with 65% reporting an increase in stress levels during lockdown (Adebiyi et al., 2021).

There is preliminary research focusing on the impacts of COVID-19 on children concerning their wellbeing especially from their primary caregiver's point of view. Alfvén (2020) argues that COVID-19's impact on children is indirect as it is the primary caregivers who experience major effects from the virus (Alfvén, 2020). Therefore, significant research is essential to evaluate the full extent of the impact of COVID-19 on children's wellbeing and highlight possible interventions that can improve wellbeing.

2.6 Low socioeconomic status (SES) school contexts

School contexts play a crucial role in determining the feasibility of early programmes pertaining to children's wellbeing. Schools have been recognised by the World Health Organisation (WHO) as key contexts for promoting the physical and mental wellbeing of children (Childs-Fegredo et al., 2021). The role of the school in facilitating children's wellbeing has been of interest to policymakers across the world and previous studies have focused on school context and wellbeing's connectedness to the community among other things (Brown & Shay, 2021). The school system's potential to facilitate children's wellbeing has received growing academic interest in recent years (Hernández-Torrano, 2020). Greater interest has been shown to focus on accountability and measurement of academic success and functional skills of children, thus indicating an emphasis on future endeavours as opposed to the current wellbeing of children (Hernández-Torrano, 2020). Research has progressively begun to emphasise the school context as the crucial environment to promote children's

wellbeing (Hernández-Torrano, 2020) propelled by the multifaceted daily interaction between families, children, and the school community.

However, research on children's wellbeing and school contexts is scarce in the African region (Hernández-Torrano, 2020). The chaos of COVID-19 has provided a window through which schools can be provided with cost-efficient approaches to promote children's overall wellbeing and prevent long-term impacts of COVID-19 on children's wellbeing (Brown & Shay, 2021). Promoting children's wellbeing requires a contextual dimension to respond to children's educational and physical needs and circumstances (Brown & Shay, 2021) thus the school community consisting of primary caregivers, teachers, and local service implementers is crucial to the facilitation of wellbeing. Previous research stipulated on the importance of understanding the role of schooling in facilitating ways to promote children's wellbeing (Brown & Shay, 2021; Varela et al., 2020). Research has argued that the experiences of students and the social setting of the classroom and school are protective mechanisms of wellbeing (McLaughlin, 2008; Varela et al., 2020). Hence, the socio-economic status in which the school is situated is an important site for the promotion of children's wellbeing.

Increasing burdens on families and caregivers are interrelated to low levels of social support inside and outside households (Govender et al., 2011). Furthermore, a decline in wellbeing is associated with social comparison in contexts where high-income inequality is present. Research continues to argue that children's socio-economic backgrounds play a crucial role in their overall functioning (Ergler et al., 2021) thus in this study children's wellbeing is maintained or threatened by the material characteristics of the school environment. Literature pertaining to the school context in South Africa (SA) has indicated that low socio-economic school contexts continue to present an enormous disadvantage to children 16 years after apartheid; there is inadequate resources, poor facilities, and poor

parental involvement, furthermore in times of abrupt change educators struggle to adjust (De Villiers et al., 2012; Engelbrecht et al., 2015). Previous critical analysis of the education policies in the SA context have indicated that broad and ambiguous pledges are made however little commitment or action towards providing and improving resources is mitigated in low socio-economic school contexts (Engelbrecht et al., 2015). Research on, in-and-out of school factors that impact on children's overall academic prosperity including wellbeing, indicated that a low socio-economic status school context is characterised by an insecure living environment, no food security, threats to child health and emotional stability, poor academic progress, and inadequate literacy resources (e.g., computers) that facilitate wellbeing and positive learning (Smith, 2011). Henceforth, this research attempted to obtain an in-depth understanding of the processes guiding the associations between school socio-ecological environment and wellbeing outcomes. The school environment promotes wellbeing as a social process seeking to promote individual and collective encouragement (Engelbrecht et al., 2015; John-Akinola & Nic-Gabhainn, 2014). The South African National Department of Education stated that guidance from primary caregivers could help to inform interventions that facilitate transformation (Adonis, 2018). The school and the family present two primary ecological contexts that influence affiliation and communication about wellbeing (Adonis, 2018; Aggarwal et al., 2021; Hindt & Leon, 2022). These systems of support (home and school) can be supportive and communicative of children's wellbeing during COVID-19. However, competing values and practices may result in conflict in relation to children's wellbeing during COVID-19. Henceforth, primary caregiver perceptions are needed to inform and improve children's wellbeing in low SES school contexts during COVID-19.

2.7 Theoretical Framework

It is evident that research on children's wellbeing is being enriched with previous studies focusing on the primary caregivers' perceptions of wellbeing therefore informing

improvements on intervention policies and support programs. Given the reality of the South African context, primary caregivers include parents, grandparents, aunts/uncles, and guardians of children thus, recognising the diversity of families within communities. In the current atmosphere of COVID-19 ignoring the impact of a child's immediate environment and interrelated contexts will have negative consequences for child psychological development and behaviour change. Therefore, exploring children's wellbeing in relation to the systematic factors that influence this development, Bronfenbrenner's ecological model perspective was suitable for this frame. Researching children's wellbeing requires Bronfenbrenner's ecological model perspective, which provides a comprehensive framework to understand the many factors that affect development. This theory relays that, a child's development is shaped by multiple interconnected systems, including the microsystem (family, school), mesosystem (microsystem interactions), exosystem (community, societal institutions), macrosystem (cultural values, societal norms) and the chronosystem (the relevant historical context and timeframe). These layers of influence enable us to understand how environmental factors affect a child's growth, behaviour, and mental health, both positively and negatively. The holistic perspective of this theory facilitates the creation of interventions and policies that support children by addressing their complex environments and promoting optimal wellbeing.

2.8 Bronfenbrenner's ecological model perspective

Grounded in biology, Bronfenbrenner's ecological model (1979) offers an understanding of children's wellbeing by emphasising the importance of relationships and interactions the child has with his/her immediate environment which influence development (Aggarwal et al., 2021; Bronfenbrenner, 1979, 1994; Hindt & Leon, 2022). Bronfenbrenner emphasises that a child's temperament and family, school, and/or peer groups interact with their surrounding socio-economic and cultural contexts to influence child development and

wellbeing (Aggarwal et al., 2021). The ecological model offers the following subsystems: the microsystem, mesosystem, the exosystem, and the macrosystem (Bronfenbrenner, 1979, 1994).

The microsystem directly impacts children; this system consists of proximal factors such as maintenance or loss of relationships with family, friends, and teachers (Aggarwal et al., 2021; Bronfenbrenner, 1979, 1994; Hindt & Leon, 2022); and the activities encountered by a child in their context which influence psychological development and behavioural changes (Bronfenbrenner, 1979, 1994; Crawford, 2020). In the context of COVID-19, many families were impacted by the loss of a parent or both parents, loss of a grandmother etc – therefore the impact within this system influences well-being. Furthermore, the impact of COVID-19 highlighted the disproportionate burden of care across gender roles. Women and mothers faced higher rates of job retrenchment, loss of income, a significant increase in household responsibilities compared to men and fathers (Chauhan, 2021; Flor et al., 2022; Women, 2021). A study quantifying effects of COVID-19 on gender roles found that over half of their study respondents reported increased chores and caregiving during the COVID-19 pandemic, with women reporting more than men in all regions except North Africa and the Middle East (Flor et al., 2022). Whilst the mesosystem is described as the interlink between systems such as the interaction between home (primary caregivers, siblings, friends etc.) and school (peers, teachers/staff, classroom, etc.) (Bronfenbrenner, 1979, 1994; Crawford, 2020) – the school was the consistent, stable system therefore the absence of the school during hard lock down – implies the absence of the constant. In this mesosystem the child is influenced by the primary caregivers and the teachers, in turn the child influences the primary caregiver and teacher (Crawford, 2020). Hence, these interacting environments can either work for or against each other to facilitate a child's wellbeing. The exosystem consists of interacting systems which include community-based resources or primary caregiver

workplace indirectly linked to a child's wellbeing (Bronfenbrenner, 1979, 1994; Crawford, 2020). The primary caregiver's work activities or stress might indirectly affect the child if their caregiver is unable to provide adequate resources needed to facilitate a healthy and comfortable home learning environment, thereby impacting the child's psychological and behavioural development affecting wellbeing. Additionally, the macrosystem consists of internal and external elements of the above-mentioned systems interacting to impact a child (Aggarwal et al., 2021; Bronfenbrenner, 1979, 1994; Hindt & Leon, 2022). Therefore, the socioeconomic position a family presides in has an influence on a children's social and school activities, access to monetary resources, childcare responsibilities, and environmental safety which impact on a child's wellbeing. In the context of this research, COVID-19 and the accompanying lockdown consequences represent the external elements that influence child development and wellbeing. Imposing this ecological lens in the context of this study is important in the process of developing an understanding of children's wellbeing, thus guiding the development of the interview schedule and data analysis process. Lastly, the role of the chronosystem, which considers environmental change and life transitions, is crucial to children's wellbeing and development. This system considers a child's environment over time, including external factors such as the timing of the loss of a primary caregiver and internal factors such as physiological changes during a child's growth and development (Bronfenbrenner, 1994; Ryan, 2001). In the context of this study, as children grow older, they might react differently to environmental changes, and this might significantly predict how these changes will influence them. Therefore, the children's experiences during the COVID-19 pandemic, the lockdown environment, and the anxieties and stressors experienced during this period of children's lives influence them in the future.

The study emphasised on the systems that influence child-primary caregiver relationships within their situated context. Therefore, the school and the family present two

primary ecological contexts that influence affiliation and communication surrounding wellbeing (Adonis, 2018; Crawford, 2020). A child's development is fostered through interactions with different environments and opportunities, the school context is a crucial part of that development. Fulantelli et al. (2021) argued that different contexts and educational opportunities have a gross influence on development through the accessibility of otherwise inaccessible resources provided by the school (Fulantelli et al., 2021). For example, feeding schemes, learning materials, COVID-19 awareness and/protocols for children. Hence, emphasising that Bronfenbrenner's ecological model (1979) of development was a suitable framework for the study as it utilises the interpretivist paradigm to explore the primary caregivers' interpretations of their children's wellbeing within an ecological systems framework.

2.9 Chapter summary

The chapter has reiterated the importance of research exploring children's wellbeing during COVID-19 especially focused on the perceptions of primary caregivers. It has emphasised the need to situate the study within a low socioeconomic status school context thus, considering the unique population to whom COVID-19 implications are likely to produce larger threats to children's wellbeing. Children's wellbeing during COVID-19 must correspond to the perceptions of primary caregivers about their personal situation. Children tend to internalise their negative feelings and behaviour thus reducing the chances of their contextual and personal circumstances promoting their wellbeing. Research has noted that there is widespread agreement that children's wellbeing should be explored as a multidimensional construct, thus research must consider the physical, cognitive, psychological, and socio-economic characteristics of children (Hernández-Torrano, 2020). The chapter has also critically considered Bronfenbrenner's ecological model (1979) perspective which emphasises the relationships and interactions a child has with primary

caregivers (family), childcare services, family/community resources, society, and economy influencing their development. It is against this background and theoretical framework that the following research was conducted.



CHAPTER THREE

METHODOLOGY

3.1 Introduction

The previous sections have provided an in-depth overview of the study and available literature on the key concepts grounded in the study. This chapter provides an overview of the approach, design, setting, sampling procedure, and data collection process undertaken in the research.

The study aimed to explore primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socio-economic status (SES) school context in the Cape Metropole. The methodology was chosen to fulfil the following research objectives:

- To explore the perceptions of primary caregivers on children's affective experiences of the school environment during COVID-19.
- To explore how primary caregiver-child relationships promote children's wellbeing during COVID-19, from the perspective of the primary caregivers.
- To identify the nature of primary caregiver-child relationships during COVID-19
- To explore primary caregivers' views on the role of the school in contributing to optimal children's wellbeing during COVID.
- To identify recommendations that address children's wellbeing during COVID.

3.2 Research approach and design

The research adopted an exploratory qualitative approach embedded within an interpretivist paradigm. The study focused on the interpretations of primary caregivers' experiences (Chowdhury, 2014) within an ecological systems framework. This facilitated a deeper understanding of interpersonal interactions by providing a more realistic perspective of the participants' world (Manning & Kunkel, 2014; Scotland, 2012). The study used the

qualitative research embedded in the thematic analysis approach (Braun & Clarke, 2006) which is used to answer questions pertaining to perceptions, experiences and meanings often from the participant's point of view (Hammarberg et al., 2016). This research used a semi-structured individual interview technique to seek perceptions of primary caregivers, while the exploratory nature facilitated insight and understanding into individual primary caregivers' perceptions of children's wellbeing during COVID-19 and facilitated the promotion of recommendations for future research.

The primary location of the research study was a primary school in the Cape Metropole, Western Cape, South Africa., The researcher used an initial purposive sampling strategy along with the snowball sampling procedure, to select a sample of eight participants. The research site was a primary school located in a sub-economic context characterised by low economic cost housing and backyard dwellers and where various socio-economic challenges such as unemployment, gangsterism, and poverty are rife. Data was collected from November 2021 to May 2022, the sampling frame was purposeful as primary caregivers of children who were enrolled in the foundation phase were selected to participate in the study. The chosen methodology was more applicable for the purpose of answering the research question and fulfilling the aims and objectives of the study.

3.3 Research study setting

In South Africa children can be enrolled in a public or private school, this study was carried out at a public school located in Ward 56 situated in the Cape Metropole, Western Cape province of South Africa. The 2011 South African census reported that the community population stood at 1, 126 and 282 households (Frith Adrian, 2011; Statistics South Africa, 2017). The majority of residents are English (60%) and/or Afrikaans (37%) speaking and categorised as coloured (91.21%), black African (4.09%), and other (4.71%) (Frith Adrian, 2011; Statistics South Africa, 2012). The City of Cape Town 2011 census of ward 56

included Acacia Park, Kensington, Maitland, Windermere, Wingfield, and Factreton communities; stipulated that the household average (people who live together and provide for each other) is 3.90 % (City of Cape Town, 2020). Furthermore, 48% of individuals aged 20 years and older completed high school, whereas 87% aged between 15 and 64 represent the employed with an unemployment rate of 13.24% (City of Cape Town, 2020; Statistics South Africa, 2012). In addition, 32% of households acquire R3 200 or less as their monthly income and 93% of households in the ward live in formal housing (City of Cape Town, 2020; Statistics South Africa, 2012). The community is characterised by low socio-economic conditions and children come from underprivileged backgrounds facing issues such as domestic, alcohol, and drug abuse, problems which go on to manifest within the children's school context. The community is also faced with gang violence and is characterised by a population belonging to the haves and have nots; dos and don'ts; and the will and wonts of South Africa (Personal communication with member of school community, October 26, 2021).

The school principal stated that the budget for the year is estimated at four hundred-and forty-one-thousand-rand accounting for the maintenance, water, textbooks, and stationery for approximately six hundred kids, stipulating that this is the equivalent of each student allocated seven hundred rand for the year (Personal communication with member of school community, October 26, 2021). There is a lack of a collaborative effort between the school, education board, and the community thus, no accountability is observed in terms of monitoring the progress of the school and resources needed to adequately run the school. According to my personal communication with a member of the school community in October of 2021, the school is characterised by diverse caregivers; parents, grandparents, siblings, aunts, uncles, and other extended family members ranging from 18-60+ years who are responsible for the learners. Despite the challenges of context, the school is described as

an “oasis” where innovation is encouraged especially given that the school promotes agricultural sustainability with organic gardens, aquaculture, and horticulture. The school has implemented successful permaculture which is used to supply vegetables to the school feeding system (Personal communication with member of the school community, October 26, 2021). These school engineered resources contributed to the general wellbeing and education of learners which facilitated a nurturing space within a low socio-economic school context.

3.4 Sampling Procedure

A purposive sampling was used to select primary caregivers within a low socioeconomic school context in the Cape Metropole, eligible for inclusion in the study. Purposive sampling is a non-probability sampling technique used to select a sample of units from a population (Campbell et al., 2020). Purposive sampling is highly effective when study subjects are explored in a certain socioeconomic domain (Tongco, 2007). Participants were asked to participate in the study through semi-structured individual interviews exploring their perceptions of children’s wellbeing during COVID-19 within a low socioeconomic school context. The sampling procedure involved setting criteria to ascertain participants’ ability to respond to the research question. A formal email was sent to the principal of the selected school context with a request for assistance in recruiting primary caregivers with children in the foundation phase willing to participate in the study. To achieve the aims and objectives of the study, the following participants attributes were required:

- Participants who have in their care children in the foundation phase (grade R - 3)
- Participants who have in their care children outside the foundation phase (grade 4) but are failing and indicating learning barriers.

The researcher attended a follow up face to face meeting with the school principal in order to discuss the recruiting of participants for the study. A follow up email was sent to the principal with the semi-structured interview guide, informed consent form, and information

sheet in isiXhosa, English, and Afrikaans to share with the identified participants (see Appendix, E, F, and G). The principal permitted and provided the researcher with contact details of primary caregivers who agreed to participate and who met the study's inclusion criteria. This provided an opportunity that was used to acquire the initial potential sample participants. The researcher contacted the primary caregivers and provided further briefing on the research study to willing participants.

Another manner in which the study sample was accessed was through formulated WhatsApp messages sent to the primary caregivers requesting for their participation in the study and if interested to contact the researcher for further briefing. Data costs for the primary caregivers who permitted contact and gave consent to the interviews were covered as required. Furthermore, snowball sampling enabled participants to be recruited through those who had been interviewed by asking them to provide the name of another primary caregiver who met the practical criteria for the study (Etikan et al., 2016).

While the envisaged number of participants was 10-12 caregivers, data saturation was reached after the 8th interview (Hennink & Kaiser, 2022) – this resulting in a sample size of 8 participants who were individually interviewed, and had in their care primary school children in the foundation phase. This sample size was deemed adequate, as evidence from literature indicates that qualitative studies often consist of small sample sizes as the focus is on in-depth understanding of a social issue (Young & Casey, 2018). The sampling strategy facilitated a rich and textured description of perceptions of children's wellbeing during COVID-19 from a sample with attributes and characteristics necessary to answer the research question and facilitated referrals to participants with the same attributes (Lune & Berg, 2017).

3.5 Data collection procedures

Following the ethics clearance processes at the University and the institutional permission from the Western Cape Education Department (WCED) as well as from the school in which the study was conducted, the fieldwork commenced. The research data were collected through 8 semi-structured individual interviews between May 2021 and September 2021 (this period spanned through the times of a series of hard lockdown, with restrictions put in place regarding visits to public spaces, including access to schools). The researcher conducted the interviews, and while provisions for face-to-face interviews were outlined in order to observe COVID-19 non-pharmaceutical safety procedures including social distancing, wearing a face mask (covering mouth and nose), hand sanitising, the participants elected to complete interviews through online platforms (e.g., WhatsApp or Microsoft Teams, and voice call). Adequate internet data was provided to the participants to facilitate the interviews. As the socio-economic status of most participants had a possibility to hinder access to electronic gadgets required for the online interviews (smartphones) alternative provisions and a telephone interview was conducted. Hence, seven interviews were conducted telephonically whilst one was conducted online (on Microsoft Teams) and all were audio recorded.

Given the multilingual and diverse demographics (English, isiXhosa, and Afrikaans speaking) of the Cape Metropole, participants were made aware that suitably trained research assistants were an alternative option to conducting research interviews in the researcher's presence as the researcher could not comprehend isiXhosa and Afrikaans. Furthermore, assurances for signed confidentiality binding agreements with the research assistance was put in place. Nevertheless, all 8 participants preferred English as the mode of communication. The researcher made telephonic contact with the participants and sent the research information sheet (Appendix F) via WhatsApp and email. Informed consent forms (Appendix

G) were obtained from the participants before the interviews were conducted and verbal consent was recorded at the beginning of the interview. Following informed consent, individual interview sessions were scheduled according to the availability of the participant. The interview duration was between 30- 60 minutes, audiotaped and transcribed verbatim by the researcher.

Semi-structured interviews facilitated the implementation of predetermined questions around specific topics asked in a systematic and consistent order and simultaneously provided the interviewer freedom to ask questions prompted by the interviewee's response to the predetermined questions (Lune & Berg, 2017). Semi-structured interviews enabled the researcher to adapt the questions of the research to the context of the interview thus reflecting an awareness of the participant's subjective perspective (Lune & Berg, 2017). Furthermore, semi-structured interviews allowed the researcher to understand the interpretations of primary caregivers' perceptions of children's wellbeing during COVID-19 and interpersonal interactions in order to answer the research question.

Interviews were conducted in order to gather perceptions of primary caregivers on children's wellbeing during COVID-19 specifically within a low (SES) school context. Eight (8) primary caregivers were interviewed, and audio/voice recorded, and a semi-structured interview guide (see appendix E) enabled the flexibility, iterative, and continuity of the interview process. This process provided clarity on perceptions of primary caregivers and their ability to provide relevant information, the questions were modelled around the research question and prompted questions were used to elaborate and probe for more clarity thus enabled the researcher to approach study from the participants' perspective. A password-protected file on the researcher's computer was used to safe-keep the audiotaped interviews (accessed only by the researcher and supervisors). Deletion of the data hard drive after at least five years will ensure the disposal of research data.

3.6 Thematic analysis

The research study utilised a qualitative data analysis technique to disseminate the data obtained and transcribed from the individual interviews. Thematic analysis (TA) was used for the data analysis procedure. Thematic Analysis descriptively and flexibly identifies, analyses, and report themes within research data (Braun & Clarke, 2023; Castleberry & Nolen, 2018). Hence, thematic analysis of interview transcriptions enabled the exploration of primary caregiver perceptions at an in-depth level, allowing the interpretation of data to be flexible. This enabled perceptions to be generated from prevalent themes within the collected data. It also facilitated the researcher's assessment of whether or not the theme generated by the collected data captured important concepts in relation to the question the research is answering. Additionally, thematic analysis helped to build the credibility and trustworthiness of the research findings. The thematic analysis process was facilitated through ATLAS.ti, a qualitative data management software used to manage the interview transcripts (Friese et al., 2018). Thematic analysis was employed using ATLAS.ti and enabled the researcher to code data and retrieve the coded experts of primary caregiver perceptions, furthermore themes were generated based on code groups (Friese et al., 2018). The data containing core concepts of the research question were thematically grouped and coded to fulfil the research objectives and facilitated a discussion wherever data findings corresponded with literature highlighted in the literature review. An iterative process of coding, refining the codes into code groups and establishing preliminary themes occurred in line with the Braun and Clarke (2023) thematic analysis procedure until final themes were concluded for reporting purposes.

3.7 Rigour

The increasing momentum of qualitative research calls for different criteria in evaluating the rigour and quality of research as the researcher is the instrument and the participants contribute to data interpretation and analysis (Hammarberg et al., 2016). The

researcher defends the rigour of the research by using the evaluative criteria including credibility, trustworthiness, transferability, and dependability.

Credibility relates to the criteria with which researchers evaluate the truth and internal validity of their research (Hammarberg et al., 2016). Credibility can be achieved when research results adequately present descriptions of the research context in a manner which is familiar to participants and stakeholders (Hammarberg et al., 2016). As the researcher is the instrument in qualitative research, I utilised reflections on the possible influence the researcher might have on the research and initiated contact with the participants prior to the interview session to establish rapport and further explain the aim and objectives of the research study. I used clear descriptions of interview questions and substantial descriptions of the manner with which interpretations were made thus excerpts from transcripts were included to justify the interpretations of findings.

Another evaluative criterion the researcher used to establish rigour was transferability, which stipulates how the study's findings adequately inform contexts that differ from that in which the research was conducted thus evaluating external validity (Kitto et al., 2008). The results of this research were presented in a manner that reflects the context where the interviews were conducted, its participants and their experiences thus evaluated applicability of the study findings.

Dependability was used as the criterion to evaluate reliability of the findings, researchers use this to obtain the replicability of their research, this does not mean if another researcher conducted research in other contexts the same results would be found but given the same data, patterns of findings similar to this research would be found (Hammarberg et al., 2016). This study provided a detailed process of implementation in the planning and execution of the study in order to ensure dependability of the research findings.

Henceforth, the purpose of this research, how it was conducted, procedural decisions, and descriptions of data generation and management were given in detail to ensure trustworthiness of the research and its findings.

3.8 Reflexivity

Reflexivity, the conscious disclosure of the researcher's underlying beliefs and values during the selection and justification of research methodological approach (Reid et al., 2018) was exercised during the process of research. This process allowed me as a researcher to reflect on my inherent assumptions, beliefs, and preconceived ideas of primary caregivers, their perceptions of children's wellbeing, and low socioeconomic status school contexts. I am a black Zimbabwean female of a middle socioeconomic class and bilingual speaking (English and Shona). The differences in the citizenship and socioeconomic status between the participants and me could have obstructed my ability to understand the participants' perceptions as I am not a primary caregiver, and neither do I have any experiences of having worked or lived within a low socioeconomic school context. Thus, it was crucial to remain conscious of not speaking to the perceptions of primary caregivers, and constantly reflect on any preconceived assumptions I had assimilated from word of mouth or the literature that I have interacted with prior to this research. I prioritised taking intersectionality into consideration and remaining open minded pertaining to our differences in contexts and experience. Furthermore, participants from multilingual societies' have a tendency to practice code switching and code mixing, which occurs when two languages are used spontaneously in one phrase, sentence or utterance (Mabule, 2015). This is a common occurrence within multilingual South Africa, particularly in the Cape Metropole where participants may use English and Afrikaans or English and isiXhosa interchangeably when speaking. Despite my fluent English command, I am not a fluent Afrikaans or isiXhosa speaker or familiar with the languages. Therefore, this could have led to biases in my research when misunderstandings

occurred when meaning was lost in translation. I sought the help of participants in the study to reiterate the meaning in English for better understanding. Bracketing was maintained in this research through journaling my thoughts and perceptions during data collection, taking note of the possible biases or areas where leading questions could interfere with the participants' perceptions of children's wellbeing. This exercise helped me to maintain an open mind and remaining transparent about the nature of research. Despite my previous knowledge of children's wellbeing prior to conducting this research, there was more to understand about this topic hence, I let this research be an opportunity to learn from the perceptions of primary caregivers learning process for myself and for my participants in listening to their experiences. As a researcher I am required to be understanding of my experiences and to remain transparent to the reader thus, I relay my experiences of the semi-structured interview process below.

The interview process was at times mentally challenging due to the experiences of primary caregivers and the children in their care felt during COVID-19. I empathised with their struggles and experiences within a low socioeconomic status context. This culminated an inward assessment of my own experience and the way I perceived circumstances within society during and after data collection. To regulate my own biases and reflect compassion for participants and represent their perceptions, I aimed to produce in-depth results. In order to manage my own bias and accurately capture their experiences, I attempted to facilitate in-depth interviews of primary caregiver's perceptions of children's wellbeing. Upon completion of the data collection process, I reflected on the process and my experience of the data collection process in order to decompress and tackle data analysis with an unbiased outlook. Additionally, I sought out the perspective of my supervisors on quotes that I should use, thus reducing unchecked biases.

I recognised that the focus of research concerning children's wellbeing during COVID-19 was lacking the perceptions of primary caregivers specifically those within low socioeconomic status school contexts. Furthermore, children's wellbeing is multifaceted in nature, this ultimately informed my choice to explore primary caregivers' perceptions of children's wellbeing. It was crucial to understand children's wellbeing from the perceptions of primary caregivers in order to evaluate the implications COVID-19 had on the process of caregiving within low socioeconomic status school contexts.

3.9 Ethics statement

Ethics clearance for the research was received from the Humanities Social Science Ethics Committee (HSSREC) (Ethics number: HS21/5/2) (Appendix A) at the University of the Western Cape. Permission from the Western Cape Education Department (WCED) and the school principal of the participating school securing clearance from the school were requested and granted (see Appendix B, C). The researcher took all measures to ensure that the information collected is held private and processed as outlined in the Protection of Personal Information (POPI) Act with regard to the protection of participants' rights to confidentiality and to their anonymity. Upon ethical approval, data collection process commenced, and participants provided both verbal and signed informed consent that agreed to voluntary participation. Participants were repeatedly made aware of their right to decline and withdraw from the study without negative consequences.

Additionally, participants' wellbeing was respected during the interview process. Given that the study focuses on primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socio-economic status school context, there was a possibility that for some caregivers, especially if they are going through a stressful experience or encounter questions about their child's wellbeing might bring about acute emotional reactions. Therefore, contingency plans were put in place for referrals to counselling services,

for participants experiencing acute emotional upheavals or significant distress from the interview process. A registered clinical psychologist indicated availability to provide psychological support to participants and participants were also made aware of Lifeline South Africa helpline in the event that free services were required. Despite provisions for referral being put in place, it is worth highlighting that no request for referrals were made by the participants (nor need for such referrals identified by the researcher) during and after the individual interviews. Participants were debriefed upon completion of the interview process to adequately provide counselling services information and further questions they might have.

The researcher made contingency plans to share research reports with all stakeholders in the research i.e., all the research participants and the WCED, District Office. A password-protected file on both the researcher's computer and supervisors' computer were used to safe-keep the audiotaped interviews, and transcripts (exclusive access was given to researcher and supervisors). The researcher noted that deletion of all 'soft' data on the hard drive and all hard copies will be shredded after at least five years thereby ensuring the disposal of research data.

3.9 Chapter summary

The chapter has clarified the research methodology applied for the research study. As mentioned above, a qualitative approach has been used to provide in depth understanding of interpersonal perceptions of the participants. The abovementioned methodological approach and tools of analyses present the manner with which the researcher defended the integrity of the research process by different means to fulfil the aims and objectives of the study.

CHAPTER FOUR:

FINDINGS

4.1 Introduction

This chapter presents the research findings from eight semi-structured interviews conducted with primary caregivers of school-aged children in the Foundation phase within a low socioeconomic status school context in the Cape Metropole. Firstly, the participants' demographics will be summarised to reflect their profile. Secondly, seven themes and their accompanying subthemes related to the perceptions of primary caregivers of the impact of COVID-19 on children's wellbeing were identified (see Table 2 below). These themes emphasised on the primary caregiver's understanding of their children's wellbeing, challenges they face, impact on educational wellbeing, occupational status, child support, schooling, managing children's affective experiences, school-derived problems, positive experiences of lockdown, support during COVID-19, and lessons learned. The findings provide insights into the challenges faced by primary caregivers and offer recommendations for research and childcare. These themes and subthemes are structured to provide insights into the various aspects of children's wellbeing and the challenges faced by primary caregivers during the COVID-19 pandemic.

4.2 Participant profile

The following section shows an overview of the participants' demographics pertaining to gender, age, relation to learner, number of their children, grade of learner, age of learner, and gender of learner, as illustrated in Table 1

Table 1:*Demographic profile of participants*

Participant	Age	Relation to learner	Number of children	Grade of learner	Age of learner	Gender of learner
P1	53	Grandmother	3	2	8	F
P2	38	Mother	3	4	11	F
P3	43	Mother	2	4	9	M
P4	35	Father	2	2	7	M
P5	53	Mother	2	3	8	M
P6	44	Mother	3	3	8	F
P7	35	Mother	4	1	7	M
P8	N/A	Mother	3	3	9	F

Related to the tabled information, primary care giver of learners aged 11 and/or Grade 4, falling outside the foundation phase (Grade R-3) were included in the study as the P2 and P3 indicated these learners academically belonged to Grade 3 and should not have progressed to Grade 4 to which the principal corroborated. The WCED directive states that a learner may only be retained once in the foundation phase to prevent prolonged hold up in the phase (Department of Basic Education, 2016; Western Cape Education Department, 2022). Learners can only repeat a phase once and therefore these learners were put over to Grade 4 because they had already failed – indicating that learning barriers are evident. All participants were enthusiastic about contributing to the research and sharing their perceptions of children's wellbeing during COVID-19 and also provided recommendations to promote children's wellbeing within a low socioeconomic school context.

4.3 Key themes

The following section presents an analysis of the themes and subthemes that emerged from the qualitative data in response to the research objectives as indicated in Table 2 and will be discussed in more detail in the subsequent sections.

Table 2***Themes and subthemes***

THEME	Subtheme
1. Primary caregivers' understanding of their children's wellbeing	
2. The challenges of COVID-19 on children's wellbeing	<ul style="list-style-type: none"> • Challenges of COVID-19 on children's educational, physical, and social wellbeing
3. Impact of COVID-19 on occupational status, child support and schooling	<ul style="list-style-type: none"> • Impact of COVID-19 on child behaviour in schooling • Impact of COVID-19 on existing health/educational services
4. Primary caregivers' perceptions on managing their children's affective experiences of the school environment	<ul style="list-style-type: none"> • Primary caregivers' emerging concern for their children's future academic progress
5. The nature of primary caregiver-child relationships during COVID-19	<ul style="list-style-type: none"> • School-derived problems and their impact on parent-child relationships • Positive experiences of lockdown on caregiver-child relationships • The influence of primary caregiver-child relationship on children's wellbeing
6. The nature of support during COVID-19	<ul style="list-style-type: none"> • Capacity of the school to support the wellbeing of learners
7. Lessons learned: Recommendations and implications for research and childcare.	

4.4 Theme 1: Primary caregivers' understanding of their children's wellbeing.

It was worth noting that, in primary caregiver accounts of what constituted children's well-being predominantly highlighted numerous aspects of parental support and responsibilities that included nurturance, protection, and education of the child. Thus, accentuating the notion of how central and inherently embedded primary caregivers consider themselves to be to the concept of the well-being of the children in their care. The following excerpts, perhaps suggestive of an inward-looking posture for the source of a child's well-being, are a case in point:

"In general, their wellbeing is how they are looked after. Um, you know, is there enough food? Do they have a place to stay? Do they attend school, things like that, you know, are

they clothes, is there food in the house? I think for, to me that would be their wellbeing.”

(Participant 1, grandmother, caring for an 8-year-old child in Grade 2)

“[children’s wellbeing] to give good advice on what to do when to do and always be alert of the surrounding. Um, know their surrounding. And know who they can go to if they need anything. Um, in school, we in school during COVID, we been mostly learning about, um, social distancing, keeping your hands clean, do not touch your eyes or mouth...So we just keep eyes or we just planted into them going forward.” (Participant 4, father, caring for a 7-year-old child in Grade 2)

“Children’s wellbeing, for me personally as a mom for me importantly is to make sure that they have got a roof over their head, the have got food to eat, they have got clothes on their bodies, shoes on their feet and they have an education and that children are happy and children growing up emotional and up and down because they also experience love as adults do but in a different way but that doesn’t mean they don’t have emotions going up and down so its’ difficult answering a question of what is a child’s wellbeing umm it difficult...but it’s actually a child’s perspective is more important and to be honest I ask my kids what do you feel is more important to you to understand....” (Participant 7, mother, caring for a 7-year-old child in Grade 1)

For some caregivers, the emphasis of what is constitutive of well-being seemed to be on the children’s ability (with parental support and guidance) to map out a sustainable path of determining their destiny, with fun-driven learning being the focal point of educating the child. as illustrated in the following expression:

“Well freedom... how can I say this because now well, but you have to be on freedom, you know, having fun learning, playing....” (Participant 8, mother, caring for a 9-year-old child in Grade 3)

The above understanding of children’s wellbeing highlights primary caregiving responsibilities in relation to providing the basic needs for their children such as provision of

food, financial, household, and educational security on a day-to-day basis. Some indicated that a child's comfortability and trust in their caregiver was an important aspect of wellbeing.

4.5 Theme 2: The challenges of COVID-19 on children's wellbeing

It is noteworthy to say COVID-19 posed a number of challenges for children's wellbeing, thus primary caregivers perceived their children's educational, cognitive, physical, and emotional wellbeing as the most challenged. Furthermore, primary caregivers with children who had learning barriers felt the burden of measures [lockdown] imposed to combat COVID-19 differently. The children's learning barriers ranged from neurological, developmental, mood and behavioural disorders, to sleep disorders as well as the onset of developmental and behavioural problems. This is highlighted in the following extracts:

"If I look at my daughter, she has neurological barriers... which she reverses the letters and the numbers at and, um, she is like on the barrier, like you see in between, which is not weak enough to go to a special needs school. She's not strong enough to stay in the school. That she's, which makes that she falls between the tracks...So, what happens now is because she struggles, she falls behind and they're just piling on the work and. And I have requested on numerous occasions for psychometric testing for my daughter." (Participant 2, mother, caring for an 11-year-old child in grade 4)

"Oh, wow. These kids were deprived in so many ways because, um, if I compare my son to another child, um, (child's name) might pick up quicker than the rest of the children. So what happens is if the teacher struggles with the child the rest of the class has to wait for the teacher to continue cause some, a few of the children can't grasp everything. So it's a lot that they, that they take in and, and they at school two days a week, one week it's two days, one week it's three days." (Participant 3, mother, caring for a 9-year-old child in Grade 4)

The lockdown measures put in place to combat COVID-19 infections impacted on children's ability to interact and play with their peers which is crucial for child development and wellbeing.

From primary caregiver accounts of disrupted play and interaction with friends, participants highlighted challenges on adjusting to the COVID reality and adapting to lockdown measures. The following extracts articulate this notion:

“the challenges on my child? Specifically, mostly, being with friends (laughs) playing with friends and having their social interaction with friends basically very limited experience and yeah there was no such thing as having a friend over or yah no” (Participant 7, mother, caring for a 7-year-old child in Grade 1)

“Well, so far, um, I say coping with the safety measures you know, um, they haven't been effective, but as a parent it had effects on you know what I'm saying? Because we as parents we should see to our children's safety and health and um, fixing life in that. So yeah, we might be affected but they are just happy go lucky. It doesn't really, it doesn't seem like they know. Do you know what I mean? I have to make sure that my children is okay, but I have to make sure they are okay.” (Participant 8, mother, caring for a 9-year-old child in Grade 3)

Pertaining to the above statements, participants emphasised that limited play posed challenges on children's ability to enjoy a healthy transition from everyday interactive play with peers to restricted and limited play necessary to promote wellbeing during COVID-19.

Subtheme: Challenges of COVID-19 on children's educational, physical, and social

wellbeing

The negative impact on children's educational wellbeing was perceived by the caregivers as their routines were changed and some activities halted by the lockdowns and the measures implemented. Participants indicated that children as learners found it difficult to adjust to the overwhelming schoolwork during distance learning. Participants expressed that:

“And so, the primary give, uh, caregiver is responsible for them. They're responsible because like I said, with these learning losses, we, we could see, um, learners, their growth as like ... Their productivity has been halted. Why? Because they weren't active enough, and wouldn't,

you know, they weren't in that setup that they were so used to.” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

Participants expressed that the school did not adequately provide the guidance primary caregivers needed to teach their children during COVID-19. The schoolwork commissioned by the schools was overwhelming for the primary caregivers and in turn they could not adequately assist their children with their distance learning. This is expressed in the following statement:

“Probably cause like I say, the interaction from the school to the parent and the, from the child, from the school to the, to the teacher, to the child, to explain. If they had to take more time to explain the work to the child, instead of just sending homework backs home...For us to try to make match, to decide for what is going on here. Yes, COVID happened. And it was out of all of our hands and reach the impact that had. And the thing is the extended amount of time that have been at home. So, school creates, a structure. The structure creates the children. Um, so what happens is, um, we're going to have to create a makeshift school at home., but everything I'm at home, my attention and my focus is not going to be what it is like when I send you to school.” (Participant 2, mother, caring for an 11-year-old child in grade 4)

Learning losses were expressed by participants as an impact of COVID-19 as it showed a great threat for children in low socio-economic status school contexts. The concern for children’s educational future was a great challenge for participants who expressed that they were not confident with their children’s learning and transition into the next grade level. This was expressed in the following statements:

“Oh, okay. The two past two years, it was difficult for them because they got the. They went to school, they was going to school only three days...sometimes goes to school. It is not enough for them to be, uh, too big that qualify, you know...see it's too the time it was too small and they couldn't, uh, take in...” (Participant 5, mother, caring for an 8-year-old child in Grade 3)

“The children's foundation, it wasn't right, and now. I don't know how will the children cope if now they go to grade four, if they won't be able to read and write properly, you understand, because the foundation is when did it start? It was like a messed up. I tried to give my child my everyday work and words and stuff. To help her more in their work in that field.”

(Participant 6, mother, caring for an 8-year-old child in Grade 3)

Participants perceived that as distance learning increased, children spent less time engaging in learning which created learning losses. Participants expressed that the amount of work tasked for home learning was overwhelming for children to complete thoroughly whilst alternating between home learning and school learning led to children exhibiting boredom and frustration with learning. This is expressed in the following extract:

“... covid has affected a lot of things, you know what I mean. in a time where they wanting one thing on one thing off, you know what I mean, it did affect their learning and I won't argue with that because it made them lazy so when things are back to normal there is a bit of a struggle. Um, even now, you know what I'm saying whereas the school is offered at a week...we did what we can and the teachers were concerned because some of them are so lazy so they send children home on weekend with a months' worth of homework... so we as parents have to squeeze our time, sit and help and make sure they finished their homework and then you ask them, what did you do today? and they say no Mommy we watched the movies. like okay.” (Participant 6, mother, caring for an 8-year-old child in Grade 3)

The measures put in place to combat COVID-19 were necessary, however the prolonged lockdowns and distance learning resulted in negative impacts on children's physical wellbeing. Participants expressed that their children's physical activity was reduced, screen time increased which negatively impacted their health. This is expressed in the following statement:

“Yeah, I don’t know where to start. Um, they’ve become lazy they’ve become more, dependent on a TV, on a device than anything else. They eating too much and lack of movement.”

(Participant 2, mother, caring for an 11-year-old child in grade 4)

The government mandated COVID-19 restrictions were perceived as having an effect on children’s wellbeing within the school context. Primary caregivers expressed that safety measures put in place to combat COVID-19 had negative psychological impacts on both the caregiver and their child. Despite these hardships, participants perceived their children to be coping well in terms of their emotional wellbeing.

“I think emotional status basically during COVID-19 at school specifically children are coping pretty well. I think there was COVID-19 but all of a sudden people realized that these are children also being stressed out” (Participant 7, mother, caring for a 7-year-old child in Grade 1)

The above statements indicated that participants perceived lifestyle changes and psychosocial challenges caused by COVID-19 lockdown measures to have detrimental effects on their children’s wellbeing and development. Furthermore, participants perceived potential behavioural and developmental impacts of lockdown among their school-aged children further aggravating irritability, inattention, and regressive behaviours. Participants also perceived that COVID-19 was psychological and physically affecting their children’s wellbeing especially in their socioeconomic context. Despite their initial perceptions that their children were coping well, home confinement and improvised learning schedules led to children experiencing difficulties during COVID-19.

4.6 Theme 3: Impact of COVID-19 on occupational status, child support and schooling

The impact of COVID-19 spanned across numerous sectors of primary caregivers’ lives, these included changes in occupational status, child support, and schooling. These sectors form a part of children’s day to day life and contribute to their wellbeing. It is

important to note that primary caregivers perceived COVID-19 as impacting on their employment and threatening the wellbeing of the children in their care. The perceptions of the impact of COVID-19 are captured in the following extract:

“Oh, wow. Um, our children was deprived, um, where COVID is concerned. Um, they saw all and, um, look, lots of parents lost their jobs, so where kids wellbeing is concerned. Um, they don't have what they had before... because lots of parents aren't working and can't pay school fees. Um, that has affected the kids a lot.” (Participant 3, mother, caring for a 9-year-old child in Grade 4)

Participants expressed that COVID-19 had a detrimental effect on their caregiving responsibilities, particularly on the livelihood and security of their children's wellbeing. The prolonged lockdown left many primary caregivers burdened with caregiving responsibilities pertaining to financial provisions and support in the midst of increased job retrenchments. Participants expressed that financially supporting their families became increasingly difficult and burdensome during COVID-19. For example, paying school fees, food, and rent was a challenge:

“I think we need to take stock of the lessons that we have learned from COVID, because, you know, even though there was all this negativity and, you know, um, money was so stressful learners and people lost their jobs, people lost their livelihoods, they lost their lives. Um, it said many became independent.” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

“...because lots of parents aren't working and can't pay school fees. Um, that has affected the kids a lot” (Participant 3, mother, caring for a 9-year-old child in Grade 4)

“It was difficult. It was very, very difficult for us, even to pay rent it was difficult even now, until now we have to pay for the landlord, because we had one month to pay rent another month we don't pay because it was too much and the child home, you see, when the kids are home, they want bread, they want cooldrink, they want food and you don't have, it was very difficult...” (Participant 5, mother, caring for an 8-year-old child in Grade 3)

For some caregivers their frustration with the staggered school attendance system which suspended definitive scheduled schooling affected experiences of their child's schooling. This plays a role in the way caregivers perceive their experiences of frustration with schooling their children which can impact children's continued learning and wellbeing within the school context. This is articulated in the following statements:

“Well, I supposed to learn more. I just to learn, learn, learn you see the school, my kids one day on one day off, my daughters one week on one week off. So, when they off and you must actually, go forward with them still learning, settle them. So, just so that they can't miss out. or of the wellbeing.” (Participant 4, father, caring for an 7-year-old child in Grade 2)

“To (they) didn't study very well because the study was little and they don't, they don't capture, they don't, uh, all, all the study...it was difficult but this time's fine, but now there is too much, you know?... Is too much. Every day they're going to school. I it's too much, but it's good.” (Participant 5, mother, caring for an 8-year-old child in Grade 3)

The above perceptions of COVID-19 impact on occupational status highlighted the added challenges surrounding primary caregiving responsibilities in relation to child support and schooling. Caregivers of young children showed different perceptions across the home and school context, where each context simultaneously offered support and generated difficulties as perceived during COVID-19.

Subtheme: Impact of COVID-19 on child behaviour in schooling

The impact of COVID-19 on children's behaviour towards schooling was perceived as a result of the prolonged lockdown measures implemented. Generally, when children are confined in their homes, behavioural changes such as boredom, less physical activity, and depressed moods emerge as joint effects of lifestyle and stress, these have detrimental implications for children's wellbeing. Participants expressed that their children presented

with elevated levels of behaviour change pertaining to disinterest in school and passiveness.

This is reflected in the following:

“When school closed down, um, if I can speak now from my own experiences with my grandson, he simply just didn't like school. He just did not want to do anything. He didn't want to have anything to do at school...So in his little brain, he couldn't understand that, you know, uh, the one time I was, you know, I had a set up, I had a, uh, like a day-to-day routine and all of a sudden I'm now at home doing what I can or what I want to at certain times. And there was no routine. So why do you want to push me back into that [routine]? You know, so was like a cage. And I think in, from his perspective, he couldn't understand, and it took a long time” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

“The same, um, he's actually more passive...it's a way more passive child now, not that he has no manners or anything, but is look the kids' mindset change, and what they normally do is they accept what comes to them... and, um, he's adapted to it [covid-19].” (Participant 3, mother, caring for a 9-year-old child in Grade 4)

For some, the challenge of home confinement and schooling during COVID-19 put them in a position to help their children manage their behaviour towards school and adapt accordingly. Participants further reported that closely maintaining a balance between play and school during the lockdown was crucial in helping their children stay engaged with schooling. The is presented in the following extract:

“...he like to play too much. Play too much, but, um, I'm always telling him when you go to school, listen to the teacher, don't play, listen to the teacher... he brings home-work, we always say, "mommy, you see today almost I can do myself ", but he sees English he says "come help me" sometime he knows sometime he doesn't know I explain to him and he hides and do his homework.” (Participant 5, mother, caring for an 8-year-old child in Grade 3)

“I think I say I make it my duty to check their homework and things, and even, you know what I mean, we have the fun, but I do it with this guy (son). as much as I can, but with her (daughter) It's easy. You know what I'm saying? she is not so difficult, but her brother is difficult. I feel like, even though sometimes I do not understand the work myself, you know what I mean, but I try to, and I'm trying to have algebra and I can't, and I'll ask him to... No. No. she's gone to school even her brother you know they said to me mommy. I'm not feeling well. you know...it doesn't faze me anymore because I'm immune to it so....” (Participant 8, mother, caring for a 9-year-old child in Grade 3)

The above statements highlighted the uncertainty and insecurity primary caregivers perceived during home learning with their children. This was a crucial issue to point out since it had a bearing on how participants were able to effectively plan, execute, and manage their children's schooling. It is important to note that the existing level of schooling provisions were not adequate for participants' needs whilst trying to continue to educate their children. A downward spiral of pre-existing insecurities and COVID-19 lockdown induced disinterest and anxieties, had an impact on worsening children's engagement with schooling.

Subtheme: Impact of COVID-19 on existing health/educational services

The impact COVID-19 had in increasing the existing health/educational service barriers was perceived as a result of the government mandated lockdowns and redirection of services. Participants expressed that support services for learners were under-resourced, which created overwhelming responsibilities and workload for the primary caregiver who carried the weight of parent and teacher to their child. This is reflected in the following statements:

“So, I, I think our support services were too under resourced, and clearly we weren't able to accommodate everybody. because, I mean, the amount of learners with barriers Because clearly our learners have the gap... we already had it prior to COVID and now, because

they've lost so much work. It's becoming even more....” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

“... the interaction from the school to the parent from the child, from the school to the teacher, to the child, to explain. If they had to taken more time to explain the work to the child, instead of just sending homework back home...Yes, COVID happened. The impact that had. And the thing is the extended amount of time that have been at home. So, school creates, a structure. The structure creates the children. Um, so what happens is, um, we're going to have to create a makeshift school at home, but every time I'm at home, my attention and my... focus is not going to be what it is like when I send you to school.” (Participant 8, mother, caring for a 9-year-old child in Grade 3)

Furthermore, participants indicated that the transition from primary caregivers to educators of their children was especially challenging during COVID-19 as financial setbacks and stress accumulated. In addition, primary caregivers stated they could not solely focus on educating their children the same way teachers at school can. Participants expressed that COVID-19 limited the opportunities to access intervention and support programs for their children. This is expressed in the statement which follows:

“.... And it's difficult for me because every time you contact the education department or whoever the powers they be in order for you to get this help, the school can, but only forward the documentation. So, what happens now is my daughter sits with a barrier. She's starting to realize, oh, she has realized already what she can and can't do.” (Participant 2, mother, caring for an 11-year-old child in grade 4)

“So... if the teacher sends Mondays forward, you must have tonight with new school work. So, you're going only vision for the day where they've done it full, they send new school work for you to do with the child. So as a constant battle, especially if you are a single parent, Going through the system.” (Participant 4, father, caring for a 7-year-old child in Grade 2)

On the other hand, some participants expressed facing challenges and barriers surrounding work opportunities perpetuated by cultural/national differences as immigrants. Participant 5 perceived that the lack of social contact with support services affected children, particularly immigrant children who are the most vulnerable to being left behind where social support services are concerned. This is highlighted in the following statement:

“The challenging is, current is in South Africa, people from another country are there and sometimes what I can see there's a, sometimes there's a part. They look people from South Africa give advantage. And those, the one that are not from here that sometimes they are difficult to go to work you know there is um, even when you go to, when you go to shop, when you go to buy something, but I can feel when living in the school, there's some, there's some people alone they don't like your child....” (Participant 5, mother, caring for an 8-year-old child in Grade 3)

Participants perceived that differences in experiences in learning environments may result in educational disadvantages for children from immigrant families particularly in low socio-economic status school contexts which impacts on their wellbeing. Participants mostly cited that service barriers increased since COVID-19 emerged in the level of support which was already limited and further stretched as services were redirected and reprioritised elsewhere to combat the pandemic. A number of challenges were perceived through the inaccessibility of intervention support for children with learning disabilities, disadvantaged primary caregiver's failure to keep up with the demands of distance learning and the stressed need to provide for their children. Participants perceived that the acquisition of services during COVID-19 became even more challenging in already challenging environments such as low socioeconomic status contexts. These inequities may potentially lead to social exclusion, physical violence, lack of support and adequate social service.

4.7 Theme 4: Primary caregivers' perceptions on managing their children's affective experiences of the school environment

Primary caregivers generally reported that aspects such as: reassurance, educational structure, communication, understanding, and provision of a certain level of interaction with peers and teachers alike are important for children experiencing the school environment. These are grouped into participants' perceptions of their children's affective experiences of the school environment during COVID-19. Participants identified that children struggled to adapt when they were at school, thus perceived a lack of supervision during learning and caregiving when the child was at school. This is evident in the following extract:

"I think there should be more communication...and understanding... uh, a certain level of interaction." (Participant 2, mother, caring for an 11-year-old child in grade 4)

"...the two past two years, it was difficult for them because they got the, they went to school, they was going to school only three days sometimes goes to school. It is not enough for them to be, uh, too big that qualify, you know, see it's to the time it was too small and they couldn't, uh, take in (lessons). To didn't study very well because the study was little and they don't, they don't capture (retain), they don't all the study... because some who go to school, they don't even they don't study...they don't even follow what the teacher said, because I can see when my son, sometime he come, "where's your crayons? Where's your pencil?" He's missing, you know." (Participant 5, mother, caring for an 8-year-old child in Grade 3)

Pertaining to the above statements, participants have confirmed that without the structure, communication, and consistent interaction between learners and their educators, children will be left behind thus creating learning losses and impacting on their educational wellbeing. This theme was unpacked further into a subtheme that will be presented next.

Subtheme: Primary caregivers' emerging concern for their children's future academic progress

Children's progression through school grades, and over mastery of schoolwork as transition through the grade levels was an evident concern for primary caregivers.

Participants expressed frustrations towards their children not having received the necessary educational instruction and mastery to allow them advancement to the following grade. This is articulated in the following statements:

"...my problem with that was how do you allow a child to pass grades in things that were in three? So how do you allow a child to pass grade three if, and go over to grade four, if they couldn't even understand grade threes work." (Participant 3, mother, caring for a 9-year-old child in Grade 4)

"so they can call me and I'm there. But for other kids, it was very, very challenging. Like today when I went to the school, they said a few stayed behind, because they were not ready. For grade two. So, there was one or two students, two kids that my son said that stayed behind. Cause the parents wanted them to stay behind because it's not good enough for them to go over. So now would we blame the system or would we blame the parent or do you blame COVID" (Participant 4, father, caring for a 7-year-old child in Grade 2)

The above statements highlighted participants' fears surrounding their children's ability to successfully move from grade-to-grade post COVID given the limitations and challenges in acquiring adequate learning materials and guidance during COVID-19. This not only highlight the challenges participants faced in educating the children in their care but the challenges primary caregivers face in trying to provide and facilitate comfortable learning environments within low socioeconomic status school contexts. The above statements show that, primary caregiver frustrations with the learning environment and their lived context can have negative impacts on caregiver-child relationships as well as their child's developmental wellbeing. These attitudes may result in children having difficulties in

their learning experiences, adjusting in recreational activities and being predisposed to challenges with their wellbeing during COVID-19.

4.8 Theme 5: The nature of primary caregiver-child relationships during COVID-19

From the participants' accounts, the COVID-19 lockdown and associated restrictions made it difficult for primary caregivers to explain to their children the importance of staying home and socially distancing. Lockdowns proved to bring emotional and social difficulties for children and their caregivers. This caused strain and shift in primary-caregiver-child relationships and interactions. Participants expressed their use of assertive tones and repetition in order for children to understand the reason outside play and peer interaction were limited. This is highlighted in the following statement:

“You had more respect shouting, not screaming...more from a hyped-up tension that came down to a medium, so you get to learn your child, you get to be with a child. So, you get to know the movements...in the way of the communicating. So, you can come on the same level and same as them.” (Participant 4, father, caring for a 7-year-old child in Grade 2)

“School play. Cause it's very, very difficult...he was saying I want to go to play, and I say no you cannot go play people also be afraid for you because they don't know who is going to get this sickness you see so we. You know, when you talk to him, he understands the situation. Sometimes he forgot but he's a good son. Good...They say, 'no mummy, I want to go to see my friend, I want to go see my cousin, why there's no party once there's no people, they don't come in house' it was a challenge it was very difficult for him even to eat...He was to eat. We don't even have cooldrink how are you going to eat, you don't take anymore the boy is too small, there's no porridge mommy you drink tea with no milk you say very difficult.”

(Participant 5, mother, caring for an 8-year-old child in Grade 3)

“Sometimes. Um, you know, as a bit difficult it was a bit difficult, but I did coping go through with it yeah, it was difficult but that at the end, you must make everything the best.”

(Participant 6, mother, caring for an 8-year-old child in Grade 3)

“a little bit of emotional challenges but that’s about it, yeah... umm like the child being more frustrated and confused you know adapting to change basically, yeah.” (Participant 7, mother, caring for a 7-year-old child in Grade 1)

The above statements highlighted the challenges disrupted routines and social adjustments had on participants and their children. Caregiver-child relationships were restructured whilst struggling to adapt to the realities of COVID-19. Participants explained, lockdown strategies led to overwhelming challenges in communicating social distancing and persistent hygiene guidelines to children. Furthermore, participants emphasised their struggles to provide adequate meals for their children, their hardships on getting by on a day-to-day basis, in the midst of managing new territories of home learning.

Subtheme: School-derived problems and their impact on parent-child relationships

The transition to home learning during COVID-19 created learning losses for children particularly those belonging to low socioeconomic status communities. Prolonged lockdowns had detrimental effects for communication between primary caregiver, learners, and teachers. This culminated in participants struggling to match the school structure and learning performance their children had pre-COVID-19. This is expressed in the following statements:

“And so the primary caregiver is responsible for them (lessons). They're responsible because like I said, with these learning losses, we could see learners, their growth... their productivity has been halted. Why? Because they weren't active enough, and wouldn't, you know, they weren't in that setup that they were so used to.” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

“...The interaction from the school to the parent and from the child, from the school to the teacher, to the child, to explain. If they had to take more time to explain the work to the child, instead of just sending homework back home...For us to try to make match, to decide for what is going on here...And the thing is the extended amount of time that have been at home. So, school creates, a structure. The structure creates the children. Um, so what happens is, um,

we're gonna have to create a makeshift school at home, but everything I'm at home, my attention and my focus is not going to be what it is like when I send you to school."

(Participant 2, mother, caring for an 11-year-old child in grade 4)

The aforementioned statements indicated that, participants' ability to manage home learning became a key factor separating caregivers who managed, and those who needed significant support to adjust to COVID-19 realities.

Subtheme: Positive experiences of lockdown on caregiver-child relationships

While the COVID-19 lockdown and its restrictions seemed to have been a source of distress for caregivers and the children in their care, it would seem that, for some, primary caregiver-child relationships withstood the strain occasioned by the period. Despite COVID-19 restrictions, for these participants, the lockdown provided opportunities to bond and nurture the parental figure-child relationships, through the provision of shared family time, having more quality time spent together and sharing activities of common interests with the children. This is reflected in the following expressions:

"We actually got closer we all very extremely closer. We actually got closer. So, um, because most of the time they were home and, um, I understand him way better... um, I understand.

Oh, what is at the end of the day or what he tries to explain or how he explains things to me?... so, it's not just a, how you doing and how was school now. It's a, it's a full

explanation." (Participant 3, mother, caring for a 9-year-old child in Grade 4)

"Well, actually stronger because remember they're not in school. So, you are building a stronger relationship with your kids and meaning they, they can, they can talk both freely and openly with you. So, you can bond with that. Because you remember both of your way home so now you can bond with the kids. Yeah. Make it stronger and educate them through the system or just bonding with them makes you even stronger...so they more openly what, you know, that's my experience." (Participant 4, father, caring for a 7-year-old child in Grade 2)

“Oh, it was very difficult, but I can't say a lot in depth of the wellbeing, because it was also good for me because I was at home, so I take care of her [daughter].” (Participant 6, mother, caring for an 8-year-old child in Grade 3)

Primary caregivers perceived individualised experiences of the benefits of home learning as providing them with a chance to take care of their children during COVID-19. Participants expressed that, despite the struggles in changing routines some relationships between caregivers and their children remained the same. This is expressed in the following statement:

“Well, our relationship was basically still normal if you know what I love and care it's still there... even though sometimes she still gets on my nerves (laughs) she's nine but she thinks like she is older... None of that, actually not actually... She is like mommy I need to wash my hands, you know, before she eats... it's all about sanitising you know or whatever but and her brother was also a big issue but our relationship was fine they were fine even though it was a bit of a struggle saying you have to stay inside you can't go outside that was a normal challenge, you know...but still our relationship is what it was then and now in covid times.”
(Participant 8, mother, caring for a 9-year-old child in Grade 3)

The above statements, participants speak to bringing themselves and their children into the same space for what seemed like endless days, proved to be beneficial for growth in relationships. New structures in relationships arose at the same time as parents had to help their children adapt to COVID-19 realities. Participants expressed unexpected positive experiences of lockdown, as the school closures and slowed pace of living became a welcome relief for caregivers and their children.

Subtheme: The influence of primary caregiver-child relationship on children's wellbeing

Primary caregivers perceived that the relationships they shared with their child had an influence on promoting, improving, or diminishing their child's wellbeing during COVID-19. Participants perceived that the closer they were to their children and families during COVID-19, the more improved their children's wellbeing became. This is articulated by the following statements:

"I think that their wellbeing, well my relationship and their wellbeing has increased then in such a way where they become more conscious about what is going and more educated as to what is happening around them and what is happening in the world and what is going on which is a good thing." (Participant 7, mother, caring for a 7-year-old child in Grade 1)

"Well, it [wellbeing] improved by, I mean look I was tired, you know what I mean, maybe at times because every second counts not only with my kids but with my dad as well, you know, I mean, we grew more closer as well, and we make time to just sit down and talk more, you know she's my baby girl, you know, when push comes to shove, you know she's like a little baby I mean, we really improved on self so it improved yeah." (Participant 8, mother, caring for a 9-year-old child in Grade 3)

The positive influence of caregiver-child relationship mentioned above highlight that child engagement and wellbeing, particularly in disadvantaged contexts, was improved or fostered by positive relationships with trusted primary caregivers. Despite the inadequacies and challenges to children's wellbeing caused by COVID-19, some participants perceived that the opportunity to be home and be around their children was good.

4.9 Theme 6: The nature of support during COVID-19

Primary caregivers expressed that the school had a part to play in contributing to optimal children's wellbeing during COVID-19. The overwhelming changes to children's

daily lives and pre-existing contextual inequities were overwhelming for the school to provide support, despite this fact the school managed to lend a helping hand where possible. Participants, especially those involved in school-parent associations could see the inequity and need of support the school context exhibited prior to and during COVID-19. This is reflected in the following statements:

“...when I look at our context, our school in our district um, it's very bad. You know, where you had about a few like 20 or 30 or 50 people, learners are queueing for food. It's almost a whole school queueing now and learners just, you know, they have lost if, because I do the school-based support team as well, I'm the chairperson there. I can see because I work closely with these learners so I can see, I can see the transformation and it wasn't in a good way.” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

“Yes [the school offered support], they have to, most kids, not only mine, we actually have a pop-up class so, and we have, um, special needs teacher there. So, if it's reading mathematics, so anything like that, the teachers are on board, she at school to help these kids” (Participant 3, mother, caring for a 9-year-old child in Grade 4)

Schools within low socioeconomic status contexts were not well-prepared to cope with the social support pitfalls experienced by primary caregivers during COVID-19. For some, support was not offered by the school beyond providing the recommended educational material and guidance with home learning. This is reflected in the following statements:

“No [school did not offer support]. Um, all we had to do, we had to go in and go get some, um, work packs and they were sent home with it. And then you got a WhatsApp to say, um, you have to do this pack and it has to be in the next two weeks.” (Participant 2, mother, caring for an 11-year-old child in grade 4)

“I think when it comes to school work yes you could always be in contact with the teacher umm you know I'm struggling with this can you help me or guide me what does the child

actually have to do etcetera. So, I'm going to take a step back and say okay that's all but yeah the teacher is there to help umm in that way, there's definitely teachers that definitely helped in that way umm guiding the parent as to how they can help with the school work etcetera."

(Participant 7, mother, caring for a 7-year-old child in Grade 1)

COVID-19 reshaped everyone's lives in ways that increased challenges within their day-to-day lives. It is important to note that, support provided by the school during COVID-19 emphasised collaboration between the school and primary caregivers. Other participants expressed that the principal took on the challenge of supporting the learners hands-on, particularly through the feeding scheme and teaching children COVID-19 protection procedures. Furthermore, a tuition exemption protocol for primary caregivers who could not afford to pay school fees in light of job retrenchment was initiated by the school. This is indicated in the following statements:

"Yes, especially when my son goes to, that uh, "name" on primary, they put hundred and 110% straight into the COVID. We had feeding schemes at the school...we have, uh, food giving out. We have social distancing. We as a team at Marshalls who 11 marshals, go out to the school and then make food, porridge different. But in the, we also teach the children social distancing is important. wearing a mask, sanitizing. Then we used to get more masks and give to the kids how to put it on. So, it was right through even when the school was closed, principal and his team will still come out, make the food and we still give it stand in front of the school and give it out to the kids. So it wasn't, they weren't there. We were supporting and they were supporting us or so in showing them what needs to be done...."

(Participant 4, father, caring for a 7-year-old child in Grade 2)

"Okay. I said that the school contribute for us for the in solution yes. Those parents that they lost the job that does the cost for the school fees help them with exemption and feed them sometime in the school. Yeah, you see, my son doesn't eat in the morning. You wake up, you go uniform and you go. And since he starts school, he doesn't eat in the morning, even when

you place. And he going and this, and it was, it's helping me because if I don't have a bread to give him, he can eat in the school that the school is good...And was also for the exemption, cause the child doesn't have there and need any support. Yeah. You know? Yeah. Uh, the school is the school give us this one also. So, and they give also a good education. They give us and that is fine” (Participant 5, mother, caring for an 8-year-old child in Grade 3)

It is evident that COVID-19 had a greater impact on some participants, in terms of provision of support beyond learning materials. The above understanding for participants in low socioeconomic status contexts, is that primary caregivers look to local resources such as schools for practical, social, and emotional support especially where state support is inaccessible.

Subtheme: Capacity of the school to support the wellbeing of learners

The level of support the school provided in support of children’s wellbeing was perceived as expected as there was no guideline for a novel COVID-19 pandemic. Alongside lockdown measures limiting physical interaction between informal support networks (families and friends), formal support systems (schools) were reduced and in some instances disappeared during COVID-19. Several participants expressed that the school did not support their children to its fullest capacity given that no one knew what to do in this new situation. This is articulated in the following extracts:

“No [full capacity support] then again with what you are saying now I also have to add that there is no handbook, because this is something [COVID-19] that has never happened. I mean, you teacher that they've been teaching for years and they've never seen something like this ever so. It is also in a way it is wrong for me to say what they would have had with because nobody knew the right and the roles of what we were going through... so for me it is, they were probably also just winging it as best as they could. Some children gain and some didn't. And unfortunately, my daughter was one of those that I said since the beginning with

the first. When they closed down for COVID 19. And, when we saw the thing [COVID-19] was lingering out too long.” (Participant 2, mother, caring for an 11-year-old child in grade 4)

“I won't say in a full capacity because most of the time. Um, we did do the work and sometimes if we fill in the work at home and when the child go to school, then they, I don't know if they do the same work or what you understand at school. And at home we did help the child. So, I don't know if they. Um, to like, um, how can I say this do a test with the child”

(Participant 6, mother, caring for an 8-year-old child in Grade 3)

For some, COVID-19 posed challenges for schools to provide children with access to resources needed in order to adequately transition to home learning. These challenges were experienced particularly by families within low socioeconomic school status contexts as the resources to adequately transition learners from face-to-face to online learning was difficult considering the digital divide. Participants expressed that they could not afford the internet data needed to access online learning material or the smart phones needed to communicate with educators. The school’s capacity to provide resources for online and home learning was limited to communication through social media platforms requiring smart devices to access. This is articulated in the following statements:

“...it was actually very saddening because a lot of the parents usually didn't have the data [to correspond with educators]” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

“From my son's point of view. Yes. Um, it's always, there was no access to libraries at the time... um, access to schoolwork. as well, seeing that the school second, last year, they were closed.” (Participant 3, mother, caring for a 9-year-old child in Grade 4)

“Especially school work they couldn't access the school because you must remember there's some people out there they don't have smart phones... mostly in our schooling. Um, most children's father or mother was not working, or they're not don't have access to, media or internet because they're using old phones...so that whole gap, all the children are missing out. When the teachers send stuff,

they can't because it's going via social media or they send it on WhatsApp. It's the parents that don't have. So, I was lucky enough to have it because they can send it to my email. I can print it. I can over with my daughter, my son, or they can call me because I'm on SGB” (Participant 4, father, caring for a 7-year-old child in Grade 2)

Some presented with acute awareness that potential shortcomings of the schools’ support services were caused by COVID-19 restrictions. Hence, participants perceived that the school supported the wellbeing of their children to its fullest capacity, given that no one had experienced COVID-19 before. Participants acknowledged that most of the support provided was improvised by the school principal. Furthermore, participants perceived that, educators supported their children to the best of their abilities during COVID-19 in light of the pandemic having affected everyone. This is highlighted in the following extracts:

“Yes [full capacity support]. The reason being is because we, we had a teacher on WhatsApp. She sent us emails regarding school work, especially because I think that principal, he deserves a medal because he improvised into his teachers and the teachers improvise into learners or into the parents that is the school work that must be done. And you can send it back to us. “(Participant 4, father, caring for a 7-year-old child in Grade 2)

“I think it was to the full capacity remember we were talking about the pandemic, right? And if I said was to the fullest capacity yes absolutely remember those teachers also have children at home whom they have to get in contact with their teachers and (laughs) need to get involved etcetera and they could have only done so much in their capacity yes of course and they also have children at home whom they have to nurture who have to go through this emotional stress and you know? I have to deal with things as a parent I’m looking at only my child’s teacher it’s just a child’s teacher I’m looking at her/him as a human being and as a parent or grandparent or mother or father and aunt and uncle and caregiver. Umm so looking at things in that perspective of them helping me yes to the fullest capacity.”

(Participant 7, mother, caring for a 7-year-old child in Grade 1)

Some participants expressed that they were able to provide their child with the resources they needed regardless of school support:

“no, has not been facing any resources at all, if the child needed something I’ll be able to provide for the child also keeping in mind that there are children that maybe could’ve gone through that, don’t have the resources because they couldn’t go anywhere or they couldn’t do anything and until today there’s still certain limitations so yeah I can only speak for myself. On my side there was absolutely no limitations to resources because everything was at home (laughs).” (Participant 7, mother, caring for a 7-year-old child in Grade 1)

Support services including the school had to adapt their provisions in accordance with COVID-19, and unfortunately the resources low socioeconomic status school contexts could provide to participants were not always enough for certain groups. Some participants highlighted that, primary caregivers had direct experiences of inadequate support resources from the outset of COVID-19, this emphasised on how important and necessary informal and formal support systems are to families within low socioeconomic status contexts.

4.10 Theme 7: Lessons learned: Recommendations and implications for research and child care

Primary caregivers highlighted lessons to be learned from COVID-19 and its impact on children’s wellbeing within low socioeconomic status school contexts. These lessons pertained to the implementation of steps such as: changing school/learning environments; educating primary caregivers; providing support groups for children and primary caregivers; and lastly primary caregiver-teacher involvement. Participants emphasised that COVID-19 measures such as lockdown and home schooling spotlighted the necessary and ideal school measures that can promote their children's wellbeing. This is reflected in the following extracts:

“I think we need to take stock of the lessons that we have learned from COVID, because, you know, even though there was all this negativity and, you know, um, money was so stressful learners and people lost their jobs, people lost their livelihoods, they lost their lives...it is said many became independent. really, and even these little ones that, I mean, some of them went through the most traumatic experiences, but I can tell you. A lot of them came out very independent. And I think it's, um, also the fact that they had to be at home, there wasn't somebody that could assist them with their, um, learning, but they could self-monitor them, you know, they could self-monitor what they were doing.” (Participant 1, grandmother, caring for an 8-year-old child in grade 2)

“I would think I would like to say that if the communication line between the teachers or the school to the parent should be more, less blurred, I would say....” (Participant 2, mother, caring for an 11-year-old child in grade 4)

“Like have supportive groups come in you know, just to support that child you know what I mean like yeah that's okay I'm a mother I don't want to see my child being you know not okay and like I said your child is my child so we need to work on working together.” (Participant 8, mother, caring for a 9-year-old child in Grade 3)

There were differences in the level of primary caregiver involvement in distance learning during COVID-19. Primary caregiver support was recommended as a necessary step to promote children's wellbeing. Participants perceived that parental involvement is crucial for positive child outcomes particularly primary caregivers' participation at school. This is expressed in the following extract:

“So, it's a give and take, you show, I show., but now in our community, we got a lot of, uh, parents that's on drugs or alcohol abuse or stuff like that substance, then it's the grand grandparents or, um, on, or whoever's looking after the child. So, it's just go to stand up to school, come home, eat or sleep. There's no guidance through the system for them ... So, I

think we, we need more of the parents getting involved in a child's life....” (Participant 4, father, caring for a 7-year-old child in Grade 2)

Furthermore, participants perceived that primary caregiver involvement in their children’s schooling both at home and at school should be encouraged and supported in order to improve children’s wellbeing within the school context. Participants shared their experiences in lockdown and emphasised on what needs to be changed, facilitated, and improved moving forward. This is highlighted in the following extracts:

“Well, I think the primary caregiver is the most important person. More important teacher, even because if you do not get that support and assistance that you can say that you as know and can help and be the. And you're not getting the proper assistance from the school. Then at least, you know, you got something to fall back on. Yes. Because the caregiver falls into that place. But if the caregiver is not clue up, then it's a dangerous place to be.” (Participant 2, mother, caring for an 11-year-old child in grade 4)

“if the parents mind it's change um, for helping them, for helping the teachers. Um, because like I said earlier, um, we have educators and we are parents...So at the end of the day the educators can't do everything, and I understand this, but the parents they also need to give the input when it comes to their kids... I think we should place that responsibility on the parents and a school, just for example, by the government is very relaxed when it comes to the children nowadays because of COVID. So, I think we should take the initiative of asking parents to come in and to help their kids and have the conversation like we did with the PTAs so I think at the end of the day, if the parent comes in, shows a little interest, in their kids, that would be awesome” (Participant 3, mother, caring for a 9-year-old child in Grade 4)


“I think we need to have more workshops where we can actually okay. In our area, we actually have more workshops, uh, for parents that are struggling because when remember they, they they're just taking, so I'm in the system already, so they, they will walk about doing whatever and. If, uh, job creation and whatever, that's mostly substance abuse....so we can get

workshops for them, more workshops for them, then maybe solve it, but it's a chance you take, if you understand.” (Participant 4, father, caring for a 7-year-old child in Grade 2)

The above statements are broad, but at the same time, specific and definite as they are grounded in participants and their children’s lived experiences during COVID-19. These recommendations make clear pleas for equity and equality in both resources and opportunities to comfortably educate their children which would make way for improved overall wellbeing. Participants emphasise the challenging process they experienced trying to educate and support their children, they perceived common experiences and shared obstacles during COVID-19 within a low socioeconomic status school context. These recommendations are realistically actionable and have sufficient significance in low socioeconomic status contexts enough to have broad support from primary caregivers.

This section cohesively presented the findings of the study in line with the methodology used. Seven themes and their accompanying subthemes were extracted from the thematic analysis approach: primary caregivers’ understanding of their children’s wellbeing; the challenges of COVID-19 on children’s wellbeing, challenges of COVID-19 on children’s educational wellbeing; impact of COVID-19 on occupational status, child support and schooling, impact of COVID-19 on child behaviour in schooling, impact of COVID-19 on existing health/educational services; primary caregivers’ perceptions on managing their children’s affective experiences of the school environment, primary caregivers’ emerging concern for their children’s future academic progress; the nature of primary caregiver-child relationships during COVID-19, school-derived problems and their impact on parent-child relationships, positive experiences of lockdown on caregiver-child relationships, the influence of primary caregiver-child relationship on children’s wellbeing; the nature of support during COVID-19, capacity of the school to support the wellbeing of learners; lessons learned: recommendations and implications for research and child care. The study results lead to the following chapter

where research results are discussed in-depth and in line with the literature review and Bronfenbrenner's ecological systems model of perspectives.

The logo of the University of the Western Cape, featuring a classical building with a pediment and columns, rendered in a light blue color.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

The participants interviewed perceived a range of concerns for their children's wellbeing during COVID-19 within a low socioeconomic status school context. These perceptions exhibited the interaction between familial relationships and interactions the child has with his/her immediate environment as an important aspect of children's wellbeing and positive child development. Some of the main perceptions that emerged from the interviews pertained to the challenges of COVID-19 on children's wellbeing, often linked to concerns for a child's educational wellbeing. Literature has shown that for families belonging to low socioeconomic status contexts, little adjustment had been made to comfortably manage home learning (Patrick et al., 2022). Participants feared that a gap between the have and have nots

would reflect in their children's long-term outcomes. Findings indicated that primary caregivers were engaged in a struggle to assume multiple new roles, encountering occupational, child support, and schooling burdens and the probabilities of their children encountering learning losses. Furthermore, primary caregivers perceived managing their children's affective experiences of the school environment and how these experiences had an impact on their child's wellbeing. These experiences were found to be associated with parental reassurance, educational structure, communication, understanding, and provision of support. It is notable within literature that COVID-19 pandemic is associated with widespread impacts on children's wellbeing, linked to their mood, peer relationships, adjustments and caregiver interactions (Patrick et al., 2022; Raviv et al., 2021). Primary caregivers described the impact of low socioeconomic status on their children, emphasising both material deprivations and relational struggles.

Henceforth, the use of Bronfenbrenner's ecological theory of maintaining relationships with family, friends, and teachers; the interlink between systems such as the interaction between home and school; children's interaction with formal support systems such as the community and caregivers' occupation; and how these systems interact to impact the child's wellbeing, becomes significant in the understanding of children's wellbeing during COVID-19.

This chapter discusses the research findings by establishing and rationalising the connection between presented themes, research objectives, and the research theoretical framework.

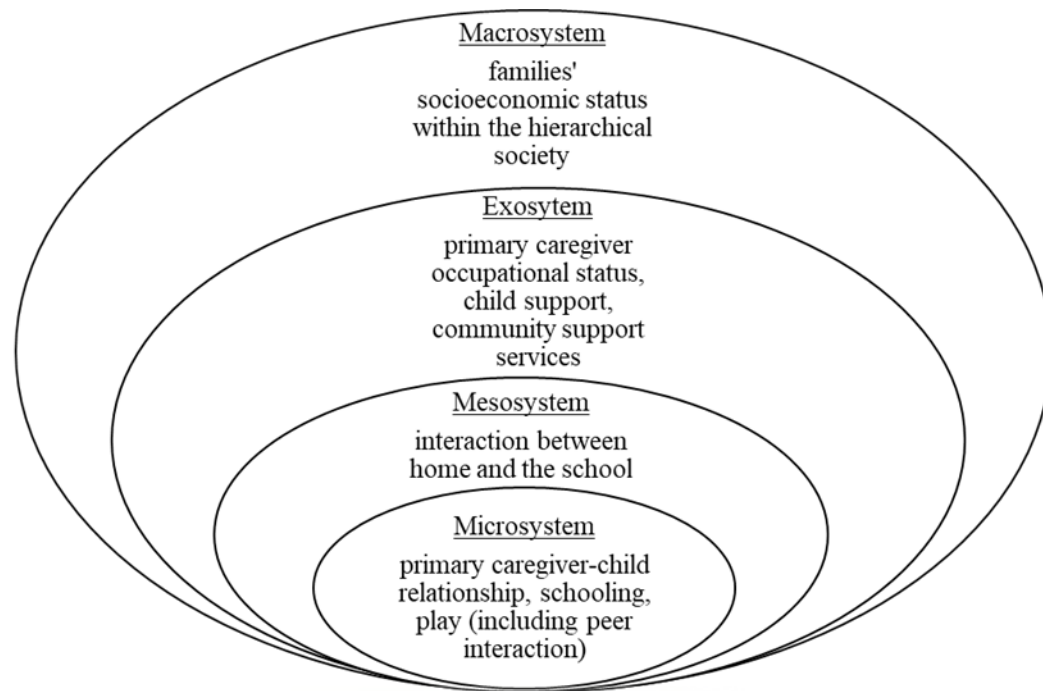


Figure 1: Nested model of the subsystems in Bronfenbrenner's Ecological Systems Model with perceptions of primary caregivers as the example

5.1.1 Increased existing health, educational barriers, and learning interruptions

The findings note that learners and families from low socio-economic school contexts did not have the same resources as those from more advantaged families during the COVID-19 lockdown period. Instead, where school environments are supposed to facilitate learning, learners found themselves at a disadvantage. A study corroborated that, learning is difficult for learners from less advantaged families, who most likely attend classes in a limited shared space with their family (Polydoros & Alasona, 2021). COVID-19 forced primary caregivers to assume the role of educator for their children while simultaneously experiencing financial setbacks and stress (Schmidt et al., 2021). This resulted in primary caregivers enduring inadequate tools and lacking the focus and patience needed to educate their children comfortably and effectively. Findings indicated that, differences in experience of the learning environments were perceived as leading to educational disadvantages for children. These experiences appeared to be exacerbated for immigrant families in low socioeconomic status

school contexts. Research argues, the differences in educational exposure for immigrant children in particular may lead to decreased socialisation and disrupted supervision in school contexts which in turn impacts on children's wellbeing (González & Bonal, 2021). Findings cited that pre-existing service barriers have increased since COVID-19 began. Prior to the pandemic, the level of support primary caregivers received was inadequate and during COVID-19, services were redirected and reprioritised to manage the health challenges posed by the pandemic. Literature emphasised that, a great deal of subsequent challenges arose pertaining to: limited/lack of access to intervention support for children with learning disabilities; already disadvantaged families failing to keep up with the demands of distance learning; and the stressed need to provide for families in light of job losses during an embattled economy (de Miquel et al., 2022; Lulli et al., 2021; Posel et al., 2021). Therefore, acquisition of services became even more challenging in an already challenging environment during COVID-19.

In addition, learning losses were cited as another significant blow from COVID-19 and showed an even greater threat for children in low socio-economic status school contexts. Fears for the consequences of child educational disruptions were supported by a study emphasising that learning losses threaten to recede years of progress acquired by learners in pre-Covid times (Polydoros & Alasona, 2021). Thus, research findings raised concerns for children's educational future as being a great challenge for primary caregivers who expressed that they were not confident with their children's learning and development. Primary caregivers emphasised that the unpreparedness and underservice of support services made it difficult to keep up with remote learning. This is supported by studies stating that, most children who engaged naturally with learning at school, engaged less with school materials during the closures and move to distance learning during COVID-19 lockdowns (Abuhammad, 2020; Agaton & Cueto, 2021; González & Bonal, 2021). Unfortunately, these

losses may lead to learners abandoning school or having limited access to education as a result of COVID-19 inequities. As distance learning increased, children spent less time engaging in learning and this created learning losses. These losses will further impact on children's future within school contexts given that these perceptions are highlighting experiences of learners in the foundation phase. Previous research has argued that children lacking intellectual stimulation are at risk of developing poor social communicative skills which can have a negative impact on children wellbeing particularly their expressive and receptive abilities (Hugo & Masalesa, 2021). Hence, learners' socioeconomic status, family and context can determine whether a child thrives or advance within the school context. Furthermore, continuous failure of learners was identified as posing negative effects on children's self-worth which is important to promote positive academic development (Kriel & Livingston, 2019).

As previously emphasised in the findings, primary caregivers perceived behavioural and mood challenges in their children as a result of the interruptions in their daily routine. School closures were particularly highlighted as challenging for children to adjust to and this had an impact on their wellbeing. This perception is supported in studies stipulating that, the lack of socialisation amongst children can lead to increased sense of not belonging and the loss of togetherness in schools as distance learning continued during COVID-19 (Jansen & Madhi, 2022; Spiteri, 2021). Moreover, findings indicate that although necessary, lockdown measures put in place to combat COVID-19 resulted in prolonged social distancing and remote learning for children, and perceived to have negative impacts on children's physical wellbeing. This is corroborated by Wang et al. (2020) who found that when children are not at school their physical activity is reduced and screen time is increased, this would negatively impact their health, particularly when confined in their homes without peer socialisation during COVID-19 (Wang et al., 2020).

Findings highlighted that COVID-19 had a detrimental impact on primary caregiving responsibilities, specifically on the livelihood and security of children and their wellbeing. The abovementioned prolonged lockdowns left many primary caregivers burdened with responsibilities of caregiving in the midst of financial insecurities brought by an increase in job retrenchments. The study findings indicated that financially supporting one's family became increasingly difficult during COVID-19. In the midst of COVID-19 many primary caregivers felt the heavy burden of securing their children's livelihoods (Shoshani & Kor, 2021) for example, school fees, food, and rent, particularly those living in inadequate housing in low socioeconomic status contexts. Over the course of COVID-19, the shedding of jobs left only 42% of the working people employed within highly unequal contexts of South Africa (Jansen & Madhi, 2022). The ability to adequately meet the required basic needs for optimal children's well-being was therefore affected by the COVID-19 pandemic.

The research findings indicated that some primary caregivers understood children's wellbeing as the ability to economically provide for their children in terms of food, clothing, and a safe place to live. Primary caregivers expressed that at times they struggled to provide both food and rent, prompting caregivers to prioritise one over the other. Given that the COVID-19 lockdown made it so that children were home every minute of every day, school closures led to the disruption of school meal programmes which provided many children with vital food sources. These feeding programmes are especially important for families residing in low socioeconomic status contexts. A report on the impact of school closures on children's nutrition indicated that for families in low socioeconomic status contexts, school feeding programmes potentially equate to 15 percent of their daily family income (Borkowski et al., 2021). Research states that besides the school's role in keeping children educated, providing meals and health interventions, they provide an entry point to addressing long standing vulnerabilities in low socioeconomic status contexts (Borkowski et al., 2021; WFP, 2020e).

Henceforth, schools provide more than a structured classroom, they are crucial to the increase of food expenditure in disadvantaged households in times of crisis.

Since the pandemic, research has supported UNICEF's 2020 global predictions spotlighted the potential and inevitable negative consequences of COVID-19 on children's wellbeing, stipulating that millions of children will experience poverty and poor educational upkeep aided by increasing economic and financial distress (Tomlinson et al., 2021). In this regard, the rate of unemployment has increased since COVID-19, with the economic decline affecting both primary caregiver and child wellbeing, primary caregivers perceived that support securities and peace of mind became a privilege only for those in resource filled contexts.

In an attempt to mitigate the spread of COVID-19, home-based learning was introduced and mostly through online learning. This mass closure was estimated to have affected approximately 91.3% of children worldwide (UNESCO, 2020). Thus, creating major repercussions on economic, educational, and health systems in children's lives (UNESCO, 2020). While many experts have put a spotlight on the detrimental effects of school closure for children's educational futures, scholars assert that evident interruptions to children's learning has led to impacts on children's social and emotional wellbeing (Martin & Sorensen, 2020; United Nations, 2020)., this was confirmed by the most participants in this research.

5.1.2 The nature and capacity of support during COVID-19

The provision of support during COVID-19 was perceived as falling short in light of the great impact the pandemic had on schooling, livelihood, and security of children and their families. Findings indicated that the primary caregivers in low socioeconomic status contexts perceived local resources as their immediate support services when state support provides inadequate resources in underserved population. Some researchers have indicated that the

South African progressive COVID-19 Grant introduced to alleviate lockdown financial stressors resulted in regressive under-coverage (Köhler & Bhorat, 2020). As noted by researchers, around 6.5 million people who were eligible for the grant reported not receiving it, and of that population, 3.1 million individuals belonged to low socioeconomic status contexts (Bhorat & Köhler, 2020). Despite the social safety nets existing in pre-Covid South Africa, there were large gaps in social provisions for the working-age unemployed within low socioeconomic status contexts, who seemed to be excluded from receiving the social assistance needed to comfortably complete their caregiving responsibilities (Moore & Seekings, 2019). This reality neglects the apparent and large scale structural unemployment crisis in South Africa (Bassier et al., 2020; Bhorat & Köhler, 2020). The first quarter of COVID-19 resulted in approximately 5 million unemployed individuals remaining so for more than a year (Bhorat & Köhler, 2020). This shortfall has led to primary caregivers in low socioeconomic status school contexts to rely on the school for support. As noted in the findings, the school made provisions to alleviate financial pressures on caregivers through reduced or waived school fees and at times provision of feeding schemes where possible. These provisions and revised services aided in the promotion of healthy child development and wellbeing within the school context during lockdown. The abovementioned simple solution helped to address significant problems COVID-19 established consequences inflicted on children's wellbeing. Hence, supporting schools to remove the burdens of costs for educational attainment (curriculum) aided in lessening the impact socioeconomic status inequality has on children's wellbeing. This emphasises on Bronfenbrenner's theory of how the internal and external elements of the home, school, and community interact to impact a child. Hence, a child's interaction with formal support systems such as the school, caregivers, and wider context have a significant impact on the child's wellbeing.

5.1.3 Perceptions of primary-caregiver-child relationships during COVID-19

The current study explored primary caregiver–child relationships during COVID-19 through primary caregiver perceptions. Bronfenbrenner (1994) explained child development and wellbeing as being influenced in an ecological model of subsystems including the microsystem accounting for conditions overtime. COVID-19 is a sociohistorical condition which affected primary caregiver-child relationships hence there is a significant need to understand the dramatic changes that took place in people’s everyday lives (Vaterlaus et al., 2021). The study findings indicated that new structures within relationships were formed during a time caregivers had to maintain some semblance of stability for their children during COVID-19. Research studies have stated that lockdowns facilitated the pace and space needed for children to establish their autonomy in learning, to spend time and learn with their families (Patrick et al., 2022; Soudien et al., 2021). The primary caregivers expressed struggles at the primary caregiver–child microsystem and mesosystem levels, that is the interactions between primary caregiver-child and primary caregiver-employment, and interactions between primary caregiver-child and child-school levels. These difficulties were perceived to have emerged due to primary caregiver and child’s attempt at adapting to new roles, increased time together, and coping with lockdown frustrations.

Primary caregivers perceived that the increased engagement when educating their children provided some insights in what needs to change going forward. This information can be used by primary caregivers to engage educators in conversation about the child’s home circumstances in order to collaborate to improve their educational attainment and wellbeing. The findings noted that, in order to keep their children safe at home whilst keeping up with the demands of educating them, primary caregivers resorted to using more assertive tones when communicating with their children. This proved to bring about emotional and social difficulties for both primary caregiver and child, putting a strain on their relationships. An

assessment of parent-child relationships during COVID-19 indicated that families were under significant stress, with primary caregivers experiencing distress and disruptions within relationships with their children (Uzun et al., 2021). Furthermore, the disruptions to child routines and their access to social interactions with peers created anxieties and developmental regressions, (Bate et al., 2021), this too while primary caregivers were shouldering heavier caregiving responsibilities and simultaneously home-schooling their children. The study findings indicated that primary caregivers who struggled to balance the home and school structure had a difficult time improving or maintaining children's learning performance during COVID-19. This had an effect on children's educational attainment and wellbeing as caregiver frustrations with the learning process indirectly impacted on their child's behaviour towards schooling. The findings note that children exhibited signs of boredom, engaged in less physical activity, with solemn moods that emerge as joint effects of caregiver interactions and stress. Thus, primary caregivers found themselves with unexpected frustrations which influenced their children's wellbeing. A study on the difficulties imposed on primary caregiver-child relationships during COVID-19, stipulated that primary caregivers needed to regulate their frustrations and stressors of lockdown related circumstances in order to improve primary caregiver-child relationships or risk negatively affecting those relationships (Grigoropoulos, 2022). The use of Bronfenbrenner's ecological model of chronosystems on primary caregiver-child relationships was crucial to understand how these relationships interact within context to influence children's wellbeing in sociohistorical conditions such as COVID-19.

COVID-19 lockdown was experienced differently throughout South Africa and amongst individuals with different socioeconomic backgrounds, especially amongst primary caregivers within low socioeconomic status contexts. Primary caregivers perceived factors such as: primary caregiver support during learning, school-provided services, aspects which

hindered and challenged successful learning for children as influencing their experiences of COVID-19. The findings suggest that spending more time with their children in the midst of COVID-19 culminated in unhealthy emotional responses that strained relationships and resulted in difficulties communicating with family members and friends. However, for some this time was experienced as a positive opportunity to share and communicate with their children more positively. The literature corroborates that, primary caregivers experienced unexpected positive aspects of lockdown hence, the slowed pace of living was seen as a much-needed relief for families to bond and build stronger relationships despite the COVID realities (de Jager & Triegaardt, 2022; October et al., 2022). Moreover, studies indicated that while both negative and positive experiences were encountered during COVID-19, lockdown changed the daily lives of primary caregivers and children (Behar-Zusman et al., 2020; Karpman et al., 2020). Interestingly, studies have found that these relationships are protective factors that can moderate unfavourable outcomes to children's wellbeing caused by sociohistorical conditions such as COVID-19 (October et al., 2022; Zeng et al., 2021). As mentioned before, the interaction between Bronfenbrenner's ecological model of systems influences the development and wellbeing of a child in time and space.

5.1.4 Steps needed to promote children's wellbeing

The findings identified lessons learned from COVID-19 and its impact on children's wellbeing within a low socioeconomic school context. An emphasis was put on changing school/learning environments; educating primary caregivers; providing support groups for children and primary caregivers; and lastly primary caregiver-teacher involvement, as the steps needed to promote optimal children's wellbeing. Therefore, transforming school environments is crucial in a post-COVID context. By doing so, schools can incorporate more creative, innovative, and flexible ways within the curriculum and potentially make it easier for educators and primary caregivers engage in supporting the educational attainment and

wellbeing of children (Ekwebelem et al., 2021; Nikolopoulou, 2022). These recommendations are in line with adopting the sustainable development agenda of the United Nations in combating inequalities, facilitating quality education, promoting good health and wellbeing, and facilitating decent work and economic growth (United Nations, 2020; United Nations Development Programme (UNDP), 2020).

The findings indicated differences in the level of primary caregiver involvement in distance learning during COVID-19. Amongst the steps needed to promote children's wellbeing, support for primary caregivers was emphasised. One study stipulated that during regular times, primary caregiver involvement is crucial for positive child outcomes particularly their participation at school (Schmidt et al., 2021). Furthermore, learners in disadvantaged contexts tend to engage positively with school when a positive relationship is present with their primary caregivers and teachers (Bray et al., 2021; Schmidt et al., 2021). Utilising primary caregivers' quick observation of their inadequacies and the children's learning gaps which emerged during COVID-19 (Abuhammad, 2020; Bhamani et al., 2020) support can be given where needed.

The study findings highlighted the challenges, barriers, and negative effects of the pandemic and presented the lessons learned pertaining to addressing young learners' wellbeing through engagement. The prioritisation of children's wellbeing in disadvantaged contexts through an inclusive and equitable synergy between the school, primary caregiver, and the learner in communication, collaboration, and support for one another is crucial. These collaborative practices minimise the effects of the educational disruption in disadvantaged contexts on children's wellbeing. Researchers have emphasised that caregiver engagement and social support should be prioritised when developing and evaluating programs intended for educational development and wellbeing within the school context (Thomas et al., 2022). Additionally, communication between networks of educator, primary caregiver, and children

have shown to foster the collaboration needed for the creation of policies which produce effective responses to crisis (Fotheringham et al., 2022). The findings of this study indicate that stronger immediate trust-based relationships between stakeholders serve to improve wellbeing through the establishment of confidence and resilience in children in dire times.

In addition, the study findings highlight the important role that policy makers have during pandemics with regard to provisions for finances, reinforcing and nurturing collaborative educational support in challenging contexts and childcare. In light of the COVID-19 pandemic, we are living in an age of uncertainty with the possibility of future pandemics looming. It is important for schools to adopt pandemic preparedness measures that utilise open learning resources to encourage collaborative and adaptable learning contexts. The Department of Basic Education must encourage schools to adopt open sharing practices in teaching and learning.

This responsibility prioritises the accountability policymakers have in order to addresses measures that can promote children's wellbeing and ease the burden of caregiving during the COVID-19 and future pandemics. A study on the pressures for education stakeholders to navigate policy development during COVID-19 argued that, significant changes in policy and pedagogy occurred in response to the pandemic (Fotheringham et al., 2022). This had an impact on how the child interacts with the family, school, and peer groups as well as how these interact with the surrounding socio-economic contexts to influence child development and wellbeing. The study findings also emphasised that the delivery and support during COVID-19 implemented changes were often poor. These decisions had immediate implications for schools, hospitals, and other public and private services. Bronfenbrenner's ecological systems model emphasises on the macrosystem as having an influence on children's wellbeing. Hence, the family's socioeconomic position within the larger socioeconomic pool impacts on a child's activities, access to resources and/or support

services, and their educational positioning. Literature highlights that the development of external and internal interactions within and among the ecological systems serves as a window which individuals interpret their experiences in the future (Ettekal & Mahoney, 2017). In this study's case, the development of external and internal interactions within and among: primary caregiver-child relationships, schooling, and play; home and the school; primary caregiver occupational status, child support, and community support services; and families' socioeconomic status within the hierarchical society serve as focal points with which primary caregivers and their children may experience future pandemics.

Furthermore, findings suggest that to ensure children's wellbeing within a low socioeconomic status school context, collaboration between primary caregivers and teachers must be nurtured and reinforced. It is argued that a learner's experience of education within the South African context is influenced by his/her socioeconomic status together with the misunderstood individual learning characteristics (Soudien et al., 2021). Thus, inequality tends to rise from a combination of interactions between support systems due to a combination of factors such as caregiver engagement with the school and vice versa.

The benefits of home learning were indicated as providing the chance to take care of children, thus an individualised experience during COVID-19 was possible (Ludji & Marpaung, 2021). In this case, taking stock of the lessons learned during COVID-19, it is crucial to consider how to approach and frame interventions that respond to critical developmental periods in childhood, and to promote wellbeing at this stage as a key foundation for various health behaviours (Laurenzi et al., 2023). The reopening of schools led to the re-emergence of nervousness about COVID-19 in learners (Pittinsky, 2020). Educators therefore have crucial roles in reducing learner's anxiety during COVID-19 and beyond by confronting the change in routines children that children face and engaging constantly and

meaningfully around the implications of these changes with both children and more importantly the primary caregivers.

In summary, there is a need for educational governing institutions to prioritise evidence-based interventions that seek to promote the optimal wellbeing of children within the school context. Interventions that facilitate collaborations between primary caregivers and educators to improve and develop material, physical, emotional and social dimensions of children's wellbeing. Further research must be conducted paying close attention to the notion that children exist as members of society interacting with others within the micro-, meso-, exo- and macrosystems in Bronfenbrenner's ecological model of perspectives.



CHAPTER SIX:
CONCLUSIONS, STRENGTHS AND LIMITATIONS OF THE STUDY,
RECOMMENDATIONS FOR FUTURE RESEARCH AND IMPLICATIONS FOR
INTERVENTION

6.1 Introduction

2020 saw the world affected by COVID-19, with nationwide lockdowns implemented to reduce infection in order to stabilise constrained health services. The school context was shuffled between virtual and actual school campus interactions for most of 2020 and 2021 with normal school hours resuming in February 2022. This study focused on the impact of COVID-19 on children's wellbeing in low SES school contexts from the perspective of the primary caregiver. The study findings highlighted the challenges, barriers, and negative effects of the pandemic and a snapshot of the lessons learned in order to address children's wellbeing during their engagement with the school context. These lessons can be utilised by prioritising children's wellbeing in disadvantaged communities through inclusive and equitable school-primary caregiver-learner collaboration and support. These collaborative practices minimise the effects the disruption of learning and daily routines had on children's wellbeing during pandemic conditions.

In addition, the findings of this study highlight the important role that policy makers have during pandemics, specifically with regard to facilitating, reinforcing and nurturing collaborative educational support. Most importantly, the need for support in disadvantaged contexts which can help to address and minimise negative impacts on children's well-being post-COVID and during future pandemics. The previous chapter discussed the research findings and connected the research themes and objectives to answer the research question. This chapter presents strengths of the study, limitations of the study, recommendations for

future research and implications for interventions that can respond to COVID-19 implications to children's wellbeing within a low socioeconomic school context and the way forward.

6.2 Strengths of the study

There is little research focused on the perceptions of primary caregivers on children's wellbeing within the South African context. Therefore, conducting research in this under researched area can be challenging given the scarce literature one must rely on. Even so, this study highlighted some strengths that are noteworthy within the topic of children's wellbeing. These can be used by future researchers to navigate the tools and theoretical frameworks suitable for this topic. Additionally, this study contributes to bridging the knowledge gap that exists within child wellbeing and primary caregiver perceptions within low socioeconomic status school contexts in South Africa. The available literature tends to focus on parents (mothers and/or fathers) in the caregiving role. It forgets contexts such as South Africa whose population reflects the historical consequence of Apartheid in the structure of families and also amidst the AIDS epidemic that has rendered a good number of children orphans left in the care of their aunts, uncles, grandparents, and siblings as primary caregivers. Furthermore, in a number of families residing in low socioeconomic status contexts, primary caregivers are not limited to the biological parents of children. Given the South African context, this study contributes to the knowledge on primary caregiver perceptions of children's wellbeing within a low socioeconomic status school context during COVID-19. The study has contributed to the knowledge of the interaction between the child, primary caregiver, school, and support services in influencing children's wellbeing during sociohistorical conditions such as COVID-19. It has emphasised the necessary steps needed to promote children's wellbeing by supporting and fostering a synergy between these interactions within a low socioeconomic status school context.

Secondly, the study realised its exploratory goal by utilising use of semi-structured interviews which yielded insights into the primary caregivers' perceptions of children's wellbeing. The semi-structured interviews allowed the acquisition of in-depth information which provided an opportunity for interviewers to understand the response to answers in greater detail and clarification. Semi structured interviews also allowed the interviewees the time they needed to respond to sensitive questions. This provided the interview process with a supportive and validating atmosphere for interviewees, leading to a more open communication with the interviewer.

Finally, the study was guided by a theoretical framework that mapped out the relevant objectives necessary to further research into the topic of primary caregivers' perception of children's wellbeing. This study has thus put a spotlight on Bronfenbrenner's ecological model perspective as a theoretical framework that can be used to highlight primary caregiver perceptions of their children's wellbeing particularly in specific contexts and the influence of multiple systems in making meaning within low socioeconomic contexts. Hence, research on macrosystems can be explored in a more in-depth manner and more in-depth with a focus on community-viable, cost-effective, and systemic solutions to improve wellbeing outcomes of children within low socio-economic status school contexts.

6.3 Limitations of the Study and Recommendations for Future Research

The research study had limitations pertaining to challenges of collecting data from participants belonging to low socioeconomic status contexts during COVID-19 social distancing periods. Firstly, the interviews were conducted virtually, potentially creating challenges regarding access to smartphones and internet data for participants. This may have threatened the establishment of rapport between the researcher and participants. Future research, particularly in low resource contexts must utilise face to face engagement with participants to garner a more in depth and natural encounter which can generate better

understanding between the researcher and research participant. Furthermore, conducting interviews via the telephone offered the research study critical reflections needed to evaluate the extent to which the lack of visual cues may have an impact on the interview process.

In addition, the majority of participants were female primary caregivers with only one male primary caregiver, this disproportion meant female perceptions of children's wellbeing were highlighted greatly over male perceptions. As such, an opportunity for getting rich data from male caregivers was thus missed. Future research must facilitate for more inclusive inquiry that seek to elicit insights from, and experiences of, both females and males. In this way, research can provide a holistic perception of primary caregivers on their children's wellbeing during COVID-19. While a great number of studies focus on the female caregiver as responsible for childcare, male counterparts are increasingly involved in this role. Research must evaluate perceptions and effects of COVID-19 on children's wellbeing and learning in accordance with the probability that primary caregiver roles shifted towards fathers as the lockdown permitted families to be in the same spaces. Furthermore, male primary caregivers may share different perceptions of children's wellbeing during COVID-19 especially within low socioeconomic status school contexts.

Additionally, the study was limited to primary caregivers with children attending one specific school. The research may have lacked a comprehensive view of perceptions of primary caregivers with children attending a different school within the same socioeconomic status school context. Future research must be prepared to explore research with primary caregivers in more than one school in order to acquire more comprehensive research results. This study provides researchers with information to be better prepared when carrying out substantive studies and choose more comprehensive tools for data collection on this topic.

The findings of this research highlight that when it comes to designing and providing effective solutions that improve and promote children's wellbeing for families, a one-stop approach (a combination of multiple support service providers in a single location delivering services) would be proven ineffective if contextual inadequacies are not addressed. Future research should emphasise designing implementation of evidence-based solutions focused on: improving access to early intervention; establishment of tiered services individualised to the child and family within contexts; facilitate partnerships for community interventions that promote health and wellbeing; facilitate community engagement, capacity building, and development. Research must strive to evaluate the interrelationships between concepts such as individual participation, human and social capital by putting an emphasis on the roles and responsibilities the local governments have in facilitating human and social capital, thereby contributing to children's wellbeing within the wider context. Thus, a systems synergy is required for the promotion of children's wellbeing, making the reduction of negative outcomes for children the responsibility of every social service program in the Cape Metropole.

6.4 Implications for intervention

Research focusing on perceptions of individuals must put a spotlight on practical directions to address the findings and recommendations put forward by primary caregivers. Firstly, the benefits of individualised experiences during COVID-19 have shone a light on the need for interventions that keep students engaged in school contexts. Given the complexity of the South African context, stakeholders (educational board and policymakers) should emphasise educational programmes that are inclusive and equitable to minimise educational disruption inflicted on children during COVID-19. To ensure children's wellbeing within low socioeconomic school contexts moving forward, primary caregiver-teacher involvement must be encouraged and supported. This can be achieved through creative curriculum

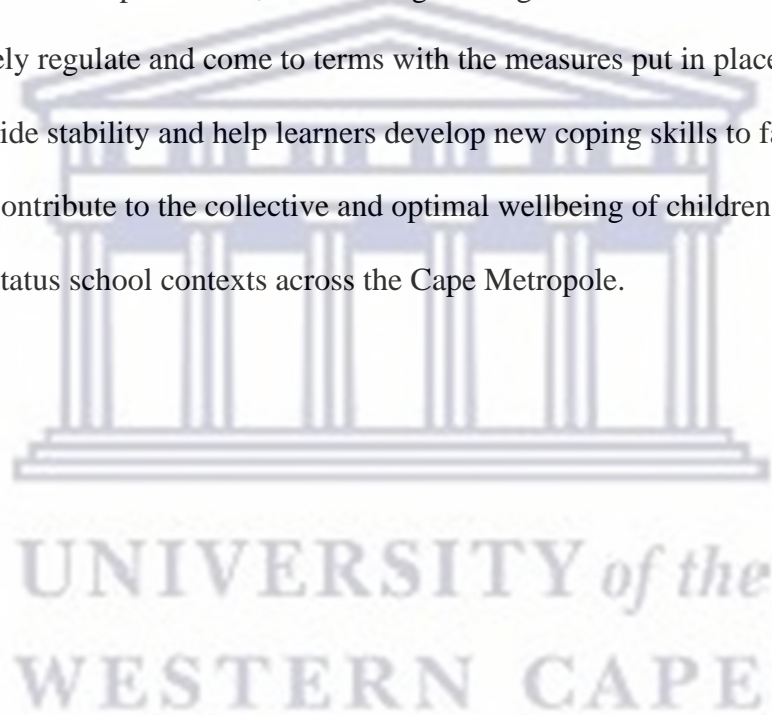
building to close the digital divide experienced by learners in economically disadvantaged contexts. Increasing the level of school preparedness will improve primary caregivers' responsibility for children's schooling. Hence, utilising the hybridity of online and physical schooling should bring better coordination and collaboration between caregivers and educators, this could ensure that learning materials are of high quality and widely accessible.

Secondly, to increase the chances for better child wellbeing outcomes, policymakers are required to swiftly act on providing financial support and flexible childcare that assist primary caregivers in fulfilling their caregiving responsibilities. Provisions such as the COVID-19 grant managed to bring millions of families who were not in the system, with the majority belonging to low socioeconomic status contexts. The COVID-19 pandemic has shifted the socioeconomic status of families belonging to middle socioeconomic status context down to the lower socioeconomic status context, pushing the poor further down the socioeconomic distribution level. This increased the number of families who need state support during and post-Covid. As such, socioeconomic support provisions need to be specifically designed and exercised to reduce poverty. In doing so, learners in low socioeconomic school contexts have an equal chance at regaining the learning losses incurred during COVID-19. Future response to pandemics should consider not only the health impact but the collective impact on society in relation to education and the economic burden that pandemics create.

Furthermore, the sudden and continuing economic decline that occurred and increased the rate of unemployment continues to jeopardise children's wellbeing. This calls for governments and policymakers to financially support families who are at most risk of financial adversity. Governments, employers, and policymakers clearly have a useful role to establish programs that financially support families and reduce the stress and mental health issues culminating from COVID-19. Specifically, the present findings serve to highlight the

need for giving attention to and managing processes of communication, collaboration and change may support school leadership by facilitating better policymaking. Improvements in these areas have the potential to improve resilience in the face of the current pandemic and for future crisis

Therefore, the Department of Basic Education must support and facilitate training of educators whose roles were extended to include the responsibility of reducing their learners' anxieties of reopening schools during COVID-19. A collaboration between primary caregivers and educators must be encouraged and improved in order to translate learners' anxieties on the ongoing ramifications of COVID-19. These collaborations can help children to understand the risks of pandemics, their feelings during and after COVID-19, and how they can positively regulate and come to terms with the measures put in place to protect them. This would provide stability and help learners develop new coping skills to face future pandemics and contribute to the collective and optimal wellbeing of children within low socioeconomic status school contexts across the Cape Metropole.



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APPENDICES

Appendix A: Ethics Approval



UNIVERSITY of the
WESTERN CAPE



16 July 2021

Ms ST Mamutse
Psychology
Faculty of Community and Health Sciences

HSSREC Reference Number: HS21/5/2

Project Title: Exploring primary caregivers perceptions of children's wellbeing during COVID-19 within a low socio-economic status (SES) school context in the Cape Metropole.

Approval Period: 24 June 2021 – 24 June 2024

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

NHREC Registration Number: HSSREC-130416-049

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

Appendix B: Permission Request Letter

Ms Sihle T Mamutse

16 Sondal Road

Eversdal

Durbanville

7550

Email: 3717915@myuwc.ac.za

[REDACTED]
Cape Town

Western Cape

South Africa
[REDACTED]

RE: REQUESTING PERMISSION TO ACCESS THE SCHOOL AND SPECIFICALLY THE PARENTS/PRIMARY CAREGIVERS OF THE GRADE R-3 FOUNDATION PHASE AS PART OF MY RESEARCH STUDY?

My name is Sihle T Mamutse, currently a masters' student at the University of the Western Cape. I am writing to request permission to access the school and specifically the parents/primary caregivers of the grade R-3 foundation phase as part of my thesis project which is submitted in partial fulfilment of the requirements of Masters' Psychology (structured) in the Faculty of Community and Health Sciences, University of the Western Cape. Under the supervision of Dr. Tracey-Ann Adonis (Tel: 021959 2283; email: tadonis@uwc.ac.za) and co-supervision by Professor N. Z Somhlaba (Tel: 021-959-3717; email: nsomhlaba@uwc.ac.za).

Purpose of the study

The aim of this study is to explore the primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socio-economic status school context in the Cape Metropole.

What is children's wellbeing?

children's effective experiences of the school environment together with the personal, interpersonal, and contextual factors. Thus, the balance point between an individual's resource pool, that is psychological (fear, anxiety and stress), social (interactions), physical and the challenges faced.

Participation

Should the primary caregivers/parents choose to participate in the study, they will take part in a semi-structured interview process with an estimated duration of each interview is 30-45 minutes.

Should you have any queries, please feel free to contact me at email: 3717915@myuwc.ac.za Tel: +263776215313

Warm Regards,

S Mamutse

Sihle T Mamutse

Appendix C: Western Cape Education Department Permission Letter



**Western Cape
Government**

Education

Directorate: Research

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20210426-2511

ENQUIRIES: Dr A T Wyngaard

Ms Sihle Mamutse
16 Sondal Road
Eversdal
Durbanville
7550

Dear Ms Sihle Mamutse

RESEARCH PROPOSAL: EXPLORING PRIMARY CAREGIVERS' PERCEPTIONS OF CHILDREN'S WELL-BEING DURING COVID-19 WITHIN A LOW SOCIO-ECONOMIC STATUS (SES) SCHOOL CONTEXT IN THE CAPE METROPOLE

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **03 May 2021 till 30 September 2021**.
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

Directorate: Research

DATE: 26 April 2021

Lower Parliament Street, Cape Town, 8001
tel: +27 21 467 9272 fax: 0865902282
Safe Schools: 0800 45 46 47

Private Bag X9114, Cape Town, 8000
Employment and salary enquiries: 0861 92 33 22
www.westerncape.gov.za

Appendix D: Code Report Excerpt

Project: S_Mamutse_Exploring Primary Caregivers Perceptions_Coding_12_October_2022

Report created by Sihle Mamutse on 2022/11/19

Code Report

All (33) codes

○ capacity of school support on children's wellbeing

15 Quotations:

1:4 ¶ 42 – 43, interviewer: What, what do you say is necessary steps that are needed in PID_caregiver 1

interviewer: What, what do you say is necessary steps that are needed to promote children's wellbeing in, in this primary school, especially during COVID 19?

caregiver 1: I think what we should have as else should have done is that we had to engage more with these little ones and, um, you know, it was all about, um, keeping myself safe and keeping this and that. And, um, when I think when I look at these children, they were so used to coming to an institution where they knew they would be educated. They would come for a specific day and they would have a routine. And all of a sudden it was this routine changed. And nobody because the area that we work, we also have, you must not understand that. Parents are not educated. You have parents who, uh, they became parents at 14, 16, so it's difficult for them to impart certain knowledge to these learners, to, to specific to these, um, children. So I think from our side, um, we have tried to, to make it as simple as possible for these children, because it was at the very start.

1:21 ¶ 126, caregiver 1: Um, he's not at the school. Mm-hmm so, um, I think they d in PID_caregiver 1

caregiver 1: Um, he's not at the school. Mm-hmm so, um, I think they did. I think they did. Because they had, um, they very, um, they into technology. So I think they did, they did everything cuz they each had to have the moment to buy a, uh, I dunno if it's a tablet or iPad or something, but where they did all because all the textbooks were on.

1:22 ¶ 129 – 130, caregiver 1: I cannot say to the full capacity, but I think, um, academe in PID_caregiver 1

caregiver 1: I cannot say to the full capacity, but I think, um, academically, yes, they, they did it, I think mentally not. Um, because why is he struggling then still with, um, you know, he doesn't like school, he doesn't and somebody for somebody who.

caregiver 1: I mean, he's not too long in school now. It's his third year he grade R to three to two. But, um, so he just don't want to be in a school environment, you know? So that's a little of a concerning.

2:20 ¶ 146 – 147, interviewer: Mm. Um, do you think the school has supported your child' in PID_caregiver 2

interviewer: Mm. Um, do you think the school has supported your child's wellbeing to its full capacity during COVID 19?

caregiver: No.

2:21 ¶ 148 – 157, interviewer: and what do you think the school should and can do more? in PID_caregiver 2

interviewer: and what do you think the school should and can do more?

caregiver: then again with what're saying now I also have to add

interviewer: mm-hmm

caregiver: that there is no handbook, cause this is something (covid) that has never happened. I mean, you teacher that they've been teaching for years and they've never seen something like this ever

interviewer: mm-hmm

caregiver: so. It is also in a way it is wrong for me to say what they would have had with cause, cause nobody knew the right and the roles of what we were going through.

interviewer: Mm-hmm

caregiver: so for me it is, they were probably also just winging it as best as they could. Some children gain and some didn't. And unfortunately, my daughter was one of those that I said since the beginning

interviewer: mm-hmm

caregiver: with the first. When they closed down for COVID 19. And, and when we saw the thing was lingering out too long,

3:14 ¶ 93 – 98, interviewer: Mm-hmm. And has the primary school offered any support co in PID_caregiver 3

interviewer: Mm-hmm. And has the primary school offered any support concerning your child's wellbeing during COVID 19?

caregiver: yes, they have to, most kids, not only mine

interviewer: mm-hmm

caregiver: um, we actually have a popup class

interviewer: mm-hmm

Appendix E1: Interview guide (English)

Primary Caregivers' Semi-Structured Interview

Title of the project: *Exploring primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socio-economic status (SES) school context in the Cape Metropole.*

N.B. This is just a guide containing envisaged questions for the open-ended interview format (some follow-up questions will be determined by the answers that participants give to questions).

ICE BREAKING QUESTIONS

- How often do you sit down with your child to discuss schoolwork?
- How well does your child like school, does he/she say they have friends at school?

Demographic Data

Participant ID:

Gender: -----

Age: -----

Home Language: -----

Place of residence: (just the community) -----

Grade of child: -----

Age of child:

Number of children:

Relation to child:

CONTENT QUESTIONS

Children's Psychological Well-being:

Now that you have given me more information about the child and family dynamic, I am going to ask a few questions that relate to children's wellbeing.

- What do you think children's wellbeing is all about?
- What do you see children's wellbeing to be in this primary school context during COVID-19?
- What do you see as the necessary steps that are needed to promote children's wellbeing in this primary school during COVID-19?

Impact of COVID-19 on child's well-being

- What do you think are the challenges that COVID-19 has had on your child's wellbeing?
- Can you describe any specific challenges your child has faced in accessing resources that might improve his/her wellbeing during COVID-19?

Impact on Relationship with the Child

- How would you describe your relationship with your child during COVID-19? (Prompts: what were the challenges you experienced?)
- In what way has your relationship with your child changed during COVID-19? (Prompts: what do you think are the reasons for the change?)
- How do you think your relationship with your child has improved their wellbeing during COVID-19?

Parental Involvement in Child's schooling

- Primary caregiver involvement in children's schooling is important. How do you think primary caregiver involvement can be encouraged in this primary school in order to promote children's wellbeing? (Prompt: What needs to be done to make this happen?)
- What do you think is the responsibility of the primary school in contributing to the overall (optimal) wellbeing of your child during COVID-19?
- Has the primary school offered any support concerning your child's wellbeing during COVID-19?
- Do you think the school has supported your child's wellbeing to its full capacity during COVID 19?
- What do you think the school should and can do more to provide the support you need to promote your child's wellbeing?
- What should the measures that promote children's wellbeing in this primary school look like?
- What do you think is the most important way to promote children's wellbeing during COVID-19 in this primary school?
- What ways do you think will be effective in promoting the overall (optimal) wellbeing of children during COVID-19? (Prompt: How can the school and the community possibly assist?)
- As a primary caregiver what do you think should be done by the school that can promote children's wellbeing in this primary school during COVID-19?

CONCLUDING QUESTIONS:

- Are you raising your child singlehandedly or with the emotional and social support from your partner/father of the child?
- Do you have any questions you would like to ask me?
- Any questions they had in mind and thought would be asked, but was not?
- Anything else to comment on regarding the questions they have been asked?

Thank you very much for your time!!!



Appendix E2: Isikhokelo sodlwinondlebe (isiXhosa)

Abanakekeli bokuqala' Udliwanondlebe olwenziwe ngokwesiqingatha

Isihloko seprojekthi: *Ukuphonononga kwembono yabanakekeli bokuqala malunga nempilo yabantwana ngexesha le COVID-19 kwisikolo esuku mngangatho ophantsi ngentlalo noqoqosho eCape Metrople.*

N.B. Esi sisikhokelo nje esiqulathe imibuzo ecingelweyo yefomathi yodliwanondlebe evulekileyo (Eminyane imibuzo elandelayo iya kumiselwa ziimpendulo ezinikwa ngabathathi-nxaxheba)

IMIBUZO YOKUHLAHLA INDLELA NOKUZIQHELANISA NEMIBUZO EZA KUBUZWA.

- Uhlala kangaphi phantsi nomntwana wakho nixoxe ngomsebenzi wesikolo?
- Umntwana wakho usithanda kangakanani isikolo, uyatsho ukuba unabo abahlobo esikolweni?

Idatha yabantu

Isazisi ezithatha inxaxheba:

Isini:

Ubudala:

Ulwimi lwasekhaya:

Iindawo zokuhlala: (uluntu nje)

Ibakala lomntana:

Ubudala bomntana:

Inani labantwana:

Ubudlelwane nomntwana:

IMIBUZO MXHOLO

Impilo-ntle yabantwana:

Njengokuba undinikile ulwazi oluthe kratya ngomntwana nangosapho, ndizokubuza imibizu emibalwa ehlobene nempilo yabantwana.

- Ucing impilo yabantwana imalunga nantoni?
- Uyibona iyintoni impilo yabantwana kwesisikolo samabanga aphantsi ngelixesha le COVID-19?
- Ngawaphi amanyathelo owabona eyimfuneko ukunyusa impilo yabantwana kwesisikolo samabanga aphantsi ngelixesha le COVID-19?

Impembelelo ye-COVID-19 kwimpilo yomntana

- Ucinga zeziphi iingxaki iCOVID-19 eye yabanazo kwimpilo yomntana wakho?
- Ungakwazi ukucha ingxaki umntwana wakho ajongene nayo ekufikeleleni kwizibonelelo ezinophuhlisa impilo yakho ngexesha le COVID-19?

Impembelelo kubudlelwano nomntana

- Ungabuchaza kanjani ubudlelwano bakho nomntwana wakho ngexesha le COVID-19? (Ukukhuthaza: ngeziphi iingxaki obunazo?)
- Itshinthe kanjani ubudlelwano bakho nomntwana wakho ngexesha le COVID-19? (Ukukhuthaza: ucinga zeziphi izizatho ezenze utshintsho?)
- Ucinga udlelwano bakho nomntwana wakho buyiphucule njani impilo yakhe ngexesha le COVID-19?

Ukubandakanyeka kwabazali kwisikolo somntwana

- Ukubandakanyeka komnankekeli wokuqala kubalulekile kwisikolo somntwana. Ucinga ukuba ukubandakanyeka komnankekeli wokuqala kungakhuthazwa kanjani

kumabanga aphantsi ukuze kuphuhlise impilo yomntwana? (Ukukhuthaza: Yintoni ekufuneka yenziwe ukuze lento yenzeke?)

- Ucinga yintoni inxanduva lesikolo samabanga aphantsi ekugaleleni kwimpilo yonke yomntwana ngelixesha le COVID-19?
- Isikolo samabanga aphantsi besikhe sanikezela ngenxaso emalunga nempilo yomntwana wakho ngexesha le COVID-19?
- Ucinga ukuba isikolo siye saxhasa impilo yomntwana wakho ngokupheleleyo ngexesha le COVID-19?
- Ucinga ukuba yintoni ekufuneka yenziwe sisikolo kwaye ingenza ntoni ngaphezulu ukubonelela ngenxaso oyifunayo ukuphuhlisa impilo yomntwana wakho?
- Imilinganiselo enokuphuhlisa impilo yabantwana kwesisikolo samaphanga aphantsi inganjani?
- Ucinga ukuba yeyiphi eyona ndlela ibaluleke kakhulu eyokukhuthaza impilo yabantwana ngexesha le COVID-19 kwesisikolo samabanga aphantsi?
- Zeziphi iindlela ocinga ukuba zingasebenza ekuphuhliseni impilo yabantwana ngokupheleleyo ngelixesha le COVID-19? (Ukukhuthaza: Isikolo nabahlali banokunceda njani?)
- Njengo mnakekeli wokuqala ucinga yintoni enokwenziwa sisikolo ukuphuhlisa impilo yomntwana ngelixesha le COVID-19?

UKUQUKUMBELA IMIBUZO:

- Umkhulisa wedwa umntwana okanye ufumane inkxaso yezentlalo kunye neemvakalelo esuka kwiqabane lakho okanye utata womntwana?
- Unayo imibuzo ofuna ukundibuza yona?
- Ikhona imibuzo esengqondweni kwaye oyicingayo ocinga ukuba ngeyibuziwe, kodwa khangela ibuzwe?
- Ikhona enye into ofuna ukuyithetha malunga nemibuzo ebuziweyo?

Ndibulela kakhulu ngexesha lakho !!!

Appendix E3: Gids vir die Onderhoud (Afrikaans)

Primêre Versorgers se Semi-gestruktureerde Onderhoud

Titel van Projek: *'n Verkenning van primêre versorgers se persepsies oor kinders se welstand gedurende Covid-19 binne 'n lae sosiale-ekonomiese status (SES) skool konteks in die Kaapse Metropol.*

Let wel: Hierdie is slegs 'n gids wat beoogde vrae vir die oop onderhoudsformaat (sommige navolgsvrae sal deur die deelnemer se antwoorde op vrae gedetermineer word).

YSBREKER VRAE

- Hoe gereeld sit jy met jou kind om oor skoolwerk te gesels?
- Hoe baie hou jou kind van die skool, sê hy/sy dat hulle vriend by die skool het?

Demografiese Data

Deelnemer ID: _____

Geslag: _____

Ouderdom: _____

Huistaal: _____

Plek van woning: (slegs die gemeenskap) _____

Graad van kind: _____

Ouderdom van kind: _____

Aantal kinders: _____

Verband/verhouding met kind: _____

INHOUDELIKE VRAE

Kinders se Sielkundige Welstand:

Noudat u meer inliging oor die kind en sy/haar familie dinamika geskaf het, sal ek nou u 'n paar vrae met verband met kinders se welstand vra.

- Waaroor, dink jy, gaan kinders se welstand die meeste?
- As wat sien/beskou jy kinders se welstand in hierdie laerskool konteks tydens COVID-19?
- Wat, volgens jou, is die nodige stappe om kinders se welstand in hierdie laerskool tydens COVID-19 te bevorder?

Impak van COVID-19 op kinders se welstand

- Wat, dink jy, is die uitdagings wat COVID-19 op jou kind se welstand gehad het?
- Kan jy enige spesifieke uitdagings beskryf wat jou kind gehad het met betrekking tot toegang tot bronne wat sy/haar welstand tydens COVID-19 kon verbeter.

Impak op Verhouding met die Kind

- Hoe sou jy jou verhouding met jou kind tydens COVID-19 beskryf?
(wenk: watter uitdagings het jy ervaar?)
- Op watter manier het jou verhouding met jou kind tydens COVID-19 verander?
(wenk: wat, dink jy, is die redes vir hierdie verandering?)
- Hoe, dink jy, het jou verhouding met jou kind hulle welstand tydens COVID-19 verbeter?

Ouerlike Betrokkenheid in Kinders se Skoolopleiding

- Die betrokkenheid van die primêre versorger in kinders se skoolopleiding is belangrik. Hoe, dink jy, kan die betrokkenheid van versorgers in hierdie skool aangemoedig word om kinders se welstand te bevorder? (wenk: wat moet gedoen word om dit te laat gebeur?)
- Wat, dink jy, is die verantwoordelikheid van die laerskool om tot die algehele (optimale) welstand van jou kind tydens COVID-19 by te dra?
- Het die laerskool enige ondersteuning met betrekking tot jou kind se welstand tydens COVID-19 aangebied?
- Dink jy dat die skool jou kind tot hulle volle kapasiteit tydens COVID-19 ondersteun het?
- Wat, dink jy, moet of kan die skool meer van doen om jou kind die nodige ondersteuning te voorsien wat waarskynlik hulle welstand sal bevorder?
- Hoe sal hierdie die maatreels om kinders se welstand te bevorder lyk?

- Wat dink jy, is die mees belangrikste manier om kinders se welstand tydens COVID-19 by hierdie skool te bevorder?
- Wat dink jy, sal doeltreffend wees in die bevordering van algehele (optimale) welstand van kinders gedurende COVID-19? (wenk: hoe kan die skool en die gemeenskap moontlik help?)
- Wat dink jy, as 'n primêre versorger, moet deur die skool gedoen word wat kinders se welstand by hierdie skool tydens COVID-19 kan bevorder?

Afsluitingsvrae:

- Bring jy jou kind eiehandig op of met die emosionele en sosiale ondersteuning van jou vennoot/die pa van die kind?
- Het jy enige vra wat jy vir my wil graag vra?
- Is daar enige vrae wat jy dink ek moes vra, wat ek miskien nie gevra het nie?
- Het jy enige verdere kommentaar met betrekking tot die vrae wat gevra is?

Baie dankie vir jou tyd!!!



Appendix F1: Information Sheet (English)



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Private Bag X 17, Bellville 7535, South Africa

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16 April 2021

INFORMATION SHEET

Project Title: Exploring primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socio-economic status (SES) school context in the Cape Metropole.

What is this study about?

This is a research project being conducted by Sihle Tafaranazvo Mamutse (Research Psychology Masters student) at the University of the Western Cape under the supervision of Dr. Tracey-Ann Adonis and co-supervision by Professor N. Z Somhlaba. We are inviting you to participate in this research project because you are a primary caregiver with school age children in Grades R – 6: (foundation, intermediate, and senior classes) attending a low SES school in the Cape Metropole. The purpose of this research project is to explore primary caregivers' perceptions of children's wellbeing during COVID-19 within a low SES school context in the Cape Metropole. Your participation in this research project will add to the body of knowledge about the perceptions of children's wellbeing by primary care givers in a low socio-economic status school context especially during COVID-19.

What will I be asked to do if I agree to participate?

- You will be asked to participate in a semi-structured interview between 30-45 minutes in duration. You will be required to sign an informed consent form as well as a focus group confidentiality binding form for research participation. The interview will be scheduled adhering to national guidelines and regulations that are in place at the time due to the corona virus global pandemic experienced and at a time that is convenient.
- Initially you will be asked to provide demographic information that includes as ethnicity, home language, place of residence (just the community), and grade of child.
- A sample of the questions asked in the interview includes:
 1. From your point of view what are the necessary steps needed to promote children's wellbeing in this primary school during COVID-19?
 2. In your opinion how has your relationship with your child promoted your child's wellbeing during COVID-19?
 3. In what way has the school supported your child's well-being during COVID 19?

4. What contributions would you recommend as a primary caregiver that can promote children's wellbeing in this primary school during COVID-19?

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity and confidentiality of the information shared (no personal identifiers in and during analysis/final report) and securing of research data will be guaranteed. Hence the following will be guaranteed: (1) your name will not be included on the interview response and other collected data; (2) a code will be placed on the interview response and other collected data; (3) through the use of an identification key, the researcher will be able to link your interview response to your identity; and (4) only the researcher will have access to the identification key.

To ensure your confidentiality, the researcher will guarantee having locked filing cabinets and storage areas, using identification codes only on data forms, and using password-protected computer files.

If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities' information that comes to our attention concerning child abuse or neglect or potential harm to you or others. *In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.*

What are the risks of this research?

There may be some risks from participating in this research study.

All human interactions and talking about self or others carry some number of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about primary caregivers' perceptions of children's wellbeing especially during COVID-19. The study will also help to develop an understanding on contributions that school contexts can make to promote children's wellbeing during COVID-19. Furthermore, the study will inform the nature of primary caregiver-child relationships during COVID-19. Possible findings may provide information relating to resources caregivers' need to adequately care for their children and inform school-based intervention programmes that promote children's wellbeing.

We hope that, in the future, other people might benefit from this study through improved understanding of children's wellbeing in low socio-economic school contexts.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Sihle Tafaranazvo Mamutse (a Masters' Psychology student under the supervision of Dr. Tracey-Ann Adonis Email: tadonis@uwc.ac.za and co-supervisor Professor N. Z Somhlaba Email: nsomhlaba@uwc.ac.za) at the University of the Western Cape. If you have any questions about the research study itself, please contact

Sihle Tafaranazvo Mamutse

3717915@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: **Prof. Anita Padmanabhanunni**

Head of Department (HOD): Department of Psychology

University of the Western Cape

Private Bag X17

Bellville

7535

apadmana@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: **Prof. A. Rhoda**

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

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This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee. [The REFERENCE NUMBER is: HS21/5/2

UNIVERSITY of the
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Appendix F2: IPHEPHA LOLWAZI (isiXhosa)**I-Yunivesithi yeNtshona Koloni**

Private Bag X 17, Bellville 7535, Mzantsi Afrika

Nombolo: 00263776215313

Imeyile: 3717915@myuwc.ac.za

IPHEPHA LOLWAZI

Isihloko seprojekthi : Ukuphonononga imbono yabanakekeli bokuqala malunga nempilo yabantwana ngexesha le COVID-19 kwisikolo esuku mngangatho ophantsi ngentlalo noqoqosho eCape Metrople.

Singantoni isifundo?

Le yi projekthi yophando eyenziwa nguSihle Tafaranazvo Mamutse (Umfundi wengqondo yophando) kwiYunivesithi yaseNtshona Koloni ongaphantsi kweliso lika Dr. Tracey-Ann Adonis kunye no Professor N. Z Somhlaba. Siyakumema ukuba uthathe inxaxheba kule projekthi yophando ngenxa yokuba ungumnakekeli wokuqala sabantwa abakumabakala R – 3: (foundation) abaya kwisikolo esiphantsi sentlalo noqoqosho eCape Metrople. Injongo yolu phando kukuphonononga imbono yabanakekeli bokuqala malunga nempilo yabantwana ngexesha le COVID-19 esuku mngangatho ophantsi ngentlalo noqoqosho eCape Metrople. Inxaxheba yakho kule projekthi yophando izakongeza kulwazi olukhoyo malunga nembono yabanakekeli bokuqala kwisikolo esiphantsi sentlalo noqoqosho ingakumbi ngexesha le COVID-19.

Yintoni endizayibuzwa xa ndivuma ukuthatha inxaxheba?

- Uzocelwa ukuba uthathe inxaxheba kudliwanondlebe olwenziwe ngokwesiqingatha phakathi kwemizuzu engama 30-40 ubude. Uyakucelwa ukuba utyikitye ifom yemvume ukuze uthathe inxaxheba kule projekthi yophando. Udliwanondlebe luza kucwangciselwa ngokuhambelana nezikhokelo nemigaqo kazwelonke esebenzayo ngexesha elifanelekileyo ngenxa yesifo ekuthiwa yicorona.
- Uzoqale ucelwe ukuba unikeze ngenkcukaca zakho ezibandanyaka ubuhlanga, ulwimi lwasekhaya, indawo yokuhlala (uluntu nje), kunye nenqanaba lomntwana.
- Ukudliwanondlebe luya kwenziwa ngesiNgesi, ngesiXhosa nangeSibhulu. Uguqulelo lwemibuzo lodliwanondlebe, amaxwebhu emvume enolwazi, kunye nephepha lolwazi ziza kunikwa abathathi-nxaxheba

- Isampulu yimibuzo ezobuzwa kudliwanondlebe ibandakanya:
 5. Ngokokubona kwakho ngawaphi amanyathelo ayimfuneko ukuphuhlisa impilo yabantwana kwesi sikolo samabanga aphantsi ngexesha le COVID?
 6. Ngoluvo lwakho ubudlelwane bakho nomntwana wakho buyiphuhlise njani impilo yomntwana wakho ngexesha le COVID-19?
 7. Ungakwazi ukuchaza naziphi na iingxaki umntwana wakho athe wajongana nazo ekufikeleleni kwizibonelelo ezinophucula impilo yakhe ngexesha le COVID-19?
 8. Ucinga ukuba luyinto uxanduva lwesikolo samabanga aphantsi ekugaleleni kwimpilo yabantwana ngokupheleleyo ngexesha le COVID-19?
 9. Ngoluphi ugalelo onokuyicebisa njengo mnakekeli wokuqula ukuphuhlisa impilo yabantwana kwisikolo samabanga aphantsi ngexesha le COVID-19?

Ingaba ukuthatha inxaxheba kwam kolu phando kuzakugcinwa kuyimfihlo?

Abaphandi bayathembisa ukukhusela isazisi sakho kunye nohlobo logalelo lwakho. Ukuqinisekisa. Ukuqinisekisa ukungaziwa kwakho kunye nokugcinwa kolwazi othe wayigalela koluphando luyimfihlo (akukho zichonga zobuqa kunye nangexesha lokuhlalutya/ingxelo yokugqibela) kwaye ukukhusela idata yophando kuyaqinisekiswa. Kungoko oku kulandelayo kuza kuqinisekwa: (1) igama lakho alizufakwa kwimpendulo yodliwanondlebe kunye nenye idatha; (2) Ikhawudi iya kuba yindawo kwimpendulo yodliwanondlebe kunye idatha eqokelelweyo; (3) ngokusebenzisa iqhosa lokuchonga, umphandi uya kuba nakho ukudibanisa impendulo yakho yodliwanondlebe nesazisi sakho; kwaye (4) ngumphandi kuphela oya kuba nokufikelela kwisitshixo sokuchonga.

Ukuqinisekisa kwemfihlo yakho, umphandi uzakuqinisekisa iikhabhathi zefayile kunye neendawo zokugcina, esebenzisa ikhowudi yokuchonga kwifom zedatha kuphela, nangokusebenzisa inombolo yokuvula ekhuselekileyo zefayile zekhompuyuter,

Ukuba sibhala ingxelo okanye Inqaku ngale projekthi yophando, kuya kukhuselwa isazisi sakho.

Ngokuhambelana neemfuno zomthetho/okanye imigangatho yobungcali, siyakuthi sixelelwe abantu abafanelekileyo kunye/ okanye nabasemagunyeni'ulwazi olumalunga nokuphathwa gadalala komntwana okanye ukungahoywa komntwana okanye ukwenzakala okukhoyo kuwe okanye abanye. *Kulo mcibmbi, siya kukwazisa ukuba kufuneka sophule imfihlo yakho ukuze sizaliseke ixanduva lwethu olusemthethweni lokunika ingxelo kwabasemagunyeni.*

Bobuphi ubungozi kolu phando?

Kunobakho umngcipheko ekuthatheni inxaxheba kolu phando.

Lonke unxibelelwano lomntu kunye nokuthetha ngesiqu sakho okanye abanye abantu kuza nomngcipheko othile. Siza kuyanciphisa le mingcipheko kwaye senze ngokungathandabuzekiyo ukukunceda xa ufumane ubunzima, obusengqondweni okanye

ngenye indlela ngexesha lokuthatha kwakho inxaxheba kolu phando. Apho kukho imfuneko khona, uzakuthunyelwa kwingcali efanelekileyo uzofumana uncedo olungaphazulu okanye unganelelo.

Zithini izibonelelo zolu phando?

Olu phando lwenzelwe ukunceda wena ubuqu, kodwa iziphumo zizonceda umphandi ukuba afunde banzi ngembono yabanakekeli bokuqala malunga nempilo yabantwana ingakumbi ngexesha le COVID-19. Olu phando luziphinda luncede ekuphuhliseni uphando/uqondo malunga nogalelo elinokwenziwa sisikolo ekuphuculeni impilo yabantwana ngexesha le COVID-19. Nangaphezulu, esisifundo sizakwazi isimo sobudlelwane phakathi komnakekeli wokuqala nomntwana ngexesha le COVID-19. Iziphumo ezinokubakho zinokubonelela ngolwazi olunxulumene nezixhobo ezidingwa ngabanakekeli ukuze bakwazi ukunakekela abantwana ngokwanelelyo kwaye zinokwazi nge ngeenkqubo zongenelelo ezinokuphucula impilo yabantwana.

Siyathemba, kwilixa elizayo, abanye abantu banokuzuzwa koluphando ngoku phuhlisa ukuqonda ngempilo yabantwana kwisikolo esikwi meko engaphantsi ngokwentlalo noqoqosho.

Kunyanzelekile ukuba ndibeyi nxalenya yolu phando, kwanye ndikwazi ukuyeka ukuthatha inxaxheba naninina?

Ukuthatha kwakho inxaxheba koluphando kuxhomekeke kuwe. Ungazikhethela ukungathathi inxaxheba kwaphela. Ukuba uyewathatha isigqibo sokuthatha inxaxheba koluphando, ungayeka naninina. Ukuba uyewathatha isigqibo sokungathathi inxaxheba kolu phando okanye ukuba uye wayeka naninina awuzokohlwaywa okanye uphulukane naziphina izibonelelo ezikufanelelyo.

Ndithini ukuba ndinembizo?

Le yi projekthi yophando eyenziwa nguSihle Tafaranazvo Mamutse (Umfundi wengqondo yophando ongaphantsi kweliso lika Dr. Tracey-Ann Adonis Imeyile: tadonis@uwc.ac.za kunye no Professor N. Z Somhlaba Imeyile: nsomhlaba@uwc.ac.za) kwiYinivesithi yaseNtshona Koloni. Ukuba unemibuzo ngale projekthi yophando ubuqu, nceda uqhangashelane no:

Sihle Tafaranazvo Mamutse

3717915@myuwc.ac.za

Ukuba unayo imibuzo malunga noluphando namalungelo akho njengo mthathi-nxaxheba okanye uqwenela ukuxela iingxaki oyewazifumana ezihlobene noluphando, nceda uqhagamshelane no:

Intloko yesebe: **Prof. Anita Padmanabhanunni**

Intloko yesebe: Isebe lezengqondo

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I-Dean yecandelo loluntu kunye nesayensi yezempilo: **Prof. A. Rhoda**

I-Dean yecandelo loluntu kunye nesayensi yezempilo

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I-ofisi yophando

Inombolo: 021 959 4111

Imeyile: research-ethics@uwc.ac.za

Olu phando luvunyiwe yiYunivesithi yaseNtshona Koloni yoLuntu kunye neNzululwazi yezeNtlalo. INOMBOLO YEFEFURENSI: HS21/5/2

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Appendix F3: Inligting Blad (Afrikaans)

Inligting Blad

Titel van Projek: 'n Verkenning van primêre versorgers se persepsies oor kinders se welstand gedurende Covid-19 binne 'n lae sosiale-ekonomiese status (SES) skool konteks in die Kaapse Metropol.

Waaroor gaan hierdie studie?

Hierdie navorsingsprojek word deur Sihle Tafaranazvo Mamutse (Meesters student in Navorsingsielkunde) by die Universiteit van Wes-Kaapland onder die toesig van Dr. Tracey-Ann Adonis en mede-toesig deur Professor N.Z. Somhlaba. Ons nooi u uit om in hierdie navorsingsprojek deel te neem omdat u 'n primêre versorger van skoolgaande kinders in grade R-3: (fondasie fase) is, wat by 'n lae SES skool in die Kaapse Metropol ingeskryf is. The doel van hierdie navorsingsprojek is om primêre versorgers se persepsies oor kinders se welstand tydens Covid-19 binne 'n lae SES skool konteks in die Kaapse Metropol te ondersoek. U deelname in hierdie navorsingsprojek sal aan die inligtingsliggaam oor die persepsies van kinders se welstand deur primêre versorgers in 'n lae SES skool konteks vertal tydens Covid-19 bydra.

Wat sal ek gevra word indien ek saamstem om deel te neem?

- U sal gevra word om in 'n semi-gestruktureerde onderhoud tussen 30 en 40 minute deel te neem. U sal 'n ingeligte toestemmingsvorm moet teken vir navorsingsdeelname. Die onderhoud sal volgende nasionale riglyne en regulasies geskeduleer word wat in plek is weens die Koronavrius pandemie en teen 'n tyd wat gerieflik is vir u.
- Aanvanklik sal u gevra word om demografiese inligting te verskaf wat die volgende insluit: huistaal, woonbuurt/gemeenskap, en graad van die kind.
- Onderhoude sal in Engels, isiXhosa en Afrikaans aangebied word. Vertalings van die onderhoudsvrae, ingeligte toestemmingsvorms en inligtingsblad sal aan die deelnemendes beskikbaar wees.
- Voorbeelde van die vrae wat u gevra sal word sluit in:
 1. Van u standpunt af, wat is die nodige stappe om kinders se welstand in hierdie laerskool tydens COVID-19 te bevorder?
 2. Na u mening, hoe het jou verhouding met u kind, u kind se welstand tydens COVID-19 bevorder?
 3. Kan u enige spesifieke uitdagings beskryf wat u kind gehad het met betrekking tot toegang aan bronne wat sy/haar welstand tydens COVID-19 kan verbeter?
 4. Wat, dink u, is die verantwoordelikheid van die laerskool om aan u kind se algehele (optimale) welstand gedurende COVID-19 by te dra?
 5. Watter bydraes sal u as 'n laerskool versorger aanbeveel wat kinders se welstand in hierdie laerskool tydens COVID-19 kan bevorder.

Sal my deelname in hierdie studie vertroulik gehou wees?

Die navorsers onderneem om u identiteit en die aard van u bydra te beskerm. Om u u anonimiteit en vertroulikheid van die inligting gedeel te verseker (geen persoonlike identifiseerders in en gedurende die analise/finale verslag) en beskerming van navorsingsdata sal toegestaan word. Dus, sal die volgende waargeborg word: (1) u naam sal nie op die onderhoudsrespons en ander versamelde data ingesluit word nie; (2) 'n kode sal op die onderhoudsrespons en ander versamelde data geplaas word; (3) deur die gebruik van 'n identifikasie sleutel, sal die navorser u onderhoudsrespons aan u identiteit kan skakel; en (4) slegs die navorser sal toegang tot die identifikasie sleutel hê.

Om u vertroulikheid te verseker, sal die navorser waarborg om geslote liaseerkabinette en stoorareas te hê, en om identifikasie kodes slegs op datavorms, en op kode-beskernde rekenaarleers te gebruik.

As ons 'n verslag of artikel oor hierdie navorsingsprojek skryf, sal u identiteit beskerm word.

In ooreenstemming met wetlike vereistes en/of professionele standaarde, sal ons aan die gepaste individue en/of gesagte openbaar wat na ons aandag kom wat kindermishandeling of verwaarlosing of moontlike leed aan uself of ander betref. *In hierdie geval, sal ons u in kennis stel dat ons vertroulikheid verbreek om ons wetlike verantwoordelikheid na te kom.*

Wat is die risiko's van hierdie navorsing?

Daar mag sommige risiko's wees om in hierdie navorsingsprojek deel te neem.

Alle menslike interaksies en praat oor self of ander dra 'n aantal risiko's. Ons sal nietemin sulke risiko's minimaliseer en vinnig reageer om u by te staan indien u enige ongemak, sielkundig of andersins, ervaar tydens u deelname in hierdie studie. Waar nodig, 'n gepaste verwysing sal na 'n geskikte professionele persoon vir verdere bystand of intervensie gemaak word.

Wat is die voordele van hierdie navorsing?

Hierdie navorsing is nie ontwerp om u persoonlik te help nie, maar die resultate sal die ondersoeker help om meer te leer om oor primere versorgers se persepsies van kinders se welstand gedurende COVID-19. Hierdie studies sal ook help om 'n verstaanbaarheid oor die soort bydraes wat skole tot kinders se welstand tydens COVID-19 kan maak om dit te bevorder. Verder, die studie sal die aard van versoger-kind verhoudings tydens COVID-19 inlig. Moontlike bevindinge mag inligting heg aan die bronne wat versorgers nodig het om voldoende sorg vir hulle kinders verskaf en skoolgebaseerde intervensieprogramme wat kinders se welstand bevorder verskaf.

Ons hoop dat ander mense in die toekoms deur hierdie studie sal baatvind deur 'n verbeterde verstaanbaarheid van kinders se welstand in lae sosio-ekonomiese skool kontekste.

Moet ek in hierdie navorsing deel neem, en mag ek teen enige tyd ophou deelneem?

U deelname in hierdie navorsing is heeltemal vrywillig. U mag verkies om glad nie deel te neem nie. Indien u besluit om in hierdie navorsing deel te neem, mag u op enige tyd ophou om deel te neem. Indien u besluit om nie in die navorsing deel te neem nie of indien u ophou om deel te neem, sal u nie geenaliseer word of enige voordeel verloor waarvoor u kwalifiseer nie.

Wat as ek vrae het?

Hierdie navorsingsprojek word deur Sihle Tafaranazvo Mamutse ('n Meesters student in Navorsingsielkunde onder die toesig van Dr. Tracey-Ann Adonis E-pos: tadonis@uwc.ac.za en mede-toesig van Professor N. Z Somhlaba E-pos: nsomhlaba@uwc.ac.za) by die Universiteit van Wes-Kaapland. Indien u enige vrae oor die navorsing het, kontak asseblief:

Sihle Tafaranazvo Mamutse

3717915@myuwc.ac.za

Indien u enige vrae oor hierdie studie en u regte as 'n navorsingsdeelnemer het, of indien jy enige probleme wat u as gevolg van hierdie studie ervaar het, wil aanmeld, kontak asseblief:

Departmentshoof: **Prof. Anita Padmanabhanunni**

Departmentshoof (HOD): Department van Sielkunde

Universiteit van Wes-Kaapland

Private Bag X17

Bellville

7535

apadmana@uwc.ac.za

Dekaan van die Fakulteit Gemeenskaps- en Gesondheidswetenskappe: **Prof. A. Rhoda**

Dean of the Faculty of Community and Health Sciences

Universiteit van Wes-Kaapland

Private Bag X17 Bellville

7535

chs-deansoffice@uwc.ac.za

Navorsingskantoor

Tel: 021 959 4111

Epos: research-ethics@uwc.ac.za

Hierdie navorsing is deur die Geestes- en Sosialewetenskappe se Navorsingetiek Kommittee van die Universiteit van Wes-Kaapland goedgekeur.

(Verwysingsnommer: HS21/5/2)



Appendix G1: Consent Form (English)



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: 00263776215313

E-mail: 3717915@myuwc.ac.za

CONSENT FORM

Title of Research Project: *Exploring primary caregivers' perceptions of children's wellbeing during COVID-19 within a low socio-economic status (SES) school context in the Cape Metropole.*

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I agree to be recorded during my participation in this study.

I do not agree to be recorded during my participation in this study.

Participant's name...

Participant's signature...

Date:

Appendix G2: IFOM YEMVUME (isiXhosa)



I-YUNIVESITHI YENTSHONA KOLONI

Private Bag X 17, Bellville 7535, Mzantsi Afrika

Inombolo: 00263776215313

Imeyile: 3717915@myuwc.ac.za

IFOM YEMVUME

Isihloko seprojekthi yophando: *Ukuphonononga kwembono yabanakekeli bokuqala malunga nempilo yabantwana ngexesha le COVID-19 kwisikolo esuku mngangatho ophantsi ngentlalo noqoqosho eCape Metrople.*

Isifundo sichazwe kum ngolwimi endiliqondayo. Imibuzo yam malunga nesifundo iphenduliwe. Ndiyaqonda ukuba ukuthatha inxaxheba kuya kubandakanya ntoni, kwaye ndiyavuma ukuthatha inxaxheba ngokuzifunela nango khetho lwam. Ndiyaqonda ukuba isazisi sam asizukuxelelwa mntu. Ndiyaqonda ukuba ndingarhoxa esifundweni nangaliphi ixesha ngaphandle kokunika isizathu kwaye nangaphandle koloyiko lweziphumo ezimbi okanye ukulahlekelwa kwezibonelelo.

___ Ndiyavuma ukurekhodwa nge-audio xa ndithatha inxaxheba kwesisifundo.

___ Andivumi ukurekhodwa nge-audio xa ndithatha inxaxheba kwesisifundo.

Igama lomthathi-nxaxheba.....

Utyikityo lomthathi-nxaxheba.....

Umhla.....

Appendix G3: TOESTEMMINGSVORM (Afrikaans)**Universiteit van Wes-Kaapland**

Private Bag X 17, Bellville 7535, South Africa

*Tel: 00263776215313***E-mail: 3717915@myuwc.ac.za****TOESTEMMINGSVORM**

Titel van die Navorsingsprojek: *'n Verkenning van primêre versorgers se persepsies oor kinders se welstand gedurende Covid-19 binne 'n lae sosiale-ekonomiese status (SES) skool konteks in die Kaapse Metropol.*

Hierdie studie is ten volle aan my verduidelik in 'n taal wat ek verstaan. My vrae oor die studie is beantwoord. Ek verstaan wat my deelname sal behels, en ek stem in om deur my eie keuse en vrye wil deel te neem. Ek verstaan dat my identiteit nie aan enige iemand geopenbaar sal word nie. Ek verstaan dat ek enige tyd van die studie mag onttrek sonder om 'n rede te verskaf of vrees van negatiewe gevolge of verlies van voordele.

___ Ek stem saam om tydens my deelname in hierdie studie opgeneem (oudio) te wees.

___ Ek stem nie saam om tydens my deelname in hierdie studie opgeneem (oudio) te wees nie.

Deelnemer se naam:

Handtekening van deelnemer:

Datum:



UNIVERSITY *of the*
WESTERN CAPE