BLOCKS 4 GROWTH & Step Up

In partnership with the Department of Social Development

ANNUAL REPORT 2021/2022

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The Learning INITIATIVE

Professionals Empowering Communities

KNYSNA EDUCATION TRUST

“The competencies and skills fostered through ECD programs are not limited to *cognitive gains,* but also include *physical, social and emotional gains -* all of which are determinants of health over the life course[1].”

– Clyde Hertzman

1. Hertzman C. Framework for the Social Determinants of Early Child Development. In: Tremblay RE, Boivin M, Peters RDeV, eds. Encyclopedia on Early Childhood Development [online]. https://www.child-encyclopedia.com/importance-early-childhood-development/according-experts/framework-social-determinants-early-child. Published: November 2010. Accessed March 3, 2022.

EXECUTIVE SUMMARY

The Learning Initiative (TLI) and Knysna Education Trust (KET) entered 2021 with ambitious targets and open minds amidst a sea of uncertainty. Despite the lack of clarity on school term dates and restriction levels, the teams' flexibility and responsiveness ensured a strong foundation for the year ahead.

After five years of successful delivery of Blocks 4 Growth (B4G), an Early Childhood Development (ECD) therapeutic programme developed by TLI to promote holistic child development for 4- to 5-year-olds, TLI expanded its programme offering in 2021 by launching Step Up (SU) for 5- to 6-year-olds. The new programme's key objective is to better prepare Grade R's for optimal functioning in Grade 1. SU was rolled out in Cape Town at 9 sites across 4 communities.

Upon reopening of schools on 15 February 2021, 1453 children were screened by TLI (SU = 354; B4G = 1099) of which 1069 children (SU = 240; B4G = 829) were identified to be developmentally at risk. At KET, 550 were screened (B4G only), of which 254 were selected to participate in the programme.

Operations were challenged by the inevitable repercussions of a persisting pandemic. Children started from a lower developmental base than in previous years, with therapy limited to one session per week for smaller groups to ensure Covid-19 compliance – as opposed to the standard programme offering of bi-weekly therapy sessions. Continuity was hindered by various levels of lockdown and exacerbated by the prominence of trauma in the family, hunger and parental substance abuse.

However, building on the strong foundation laid for remote offerings in 2020, the TLI and KET teams were able to underpin the limited time for group or individual therapy sessions with at-home intervention and support. To promote parents' involvement, 6245 stimulation packs were distributed by TLI and 1608 by KET, whilst therapist-led WhatsApp groups for parents ensured continued interaction. At school, weekly teacher training sessions empowered teachers with knowledge and skills to optimise in-class stimulation. TLI's reach was expanded further with the assistance of digital media specialists to amplify their therapeutic offering via social media.

To quantify the developmental progress enabled by the respective programmes, standardised, validated tools were used. For SU, the International Development and Early Learning Assessment

(IDELA) was used to measure programmatic impact, whereas the Early Learning Outcomes Measure (ELOM) remained the key metric for B4G's programmatic evaluation.

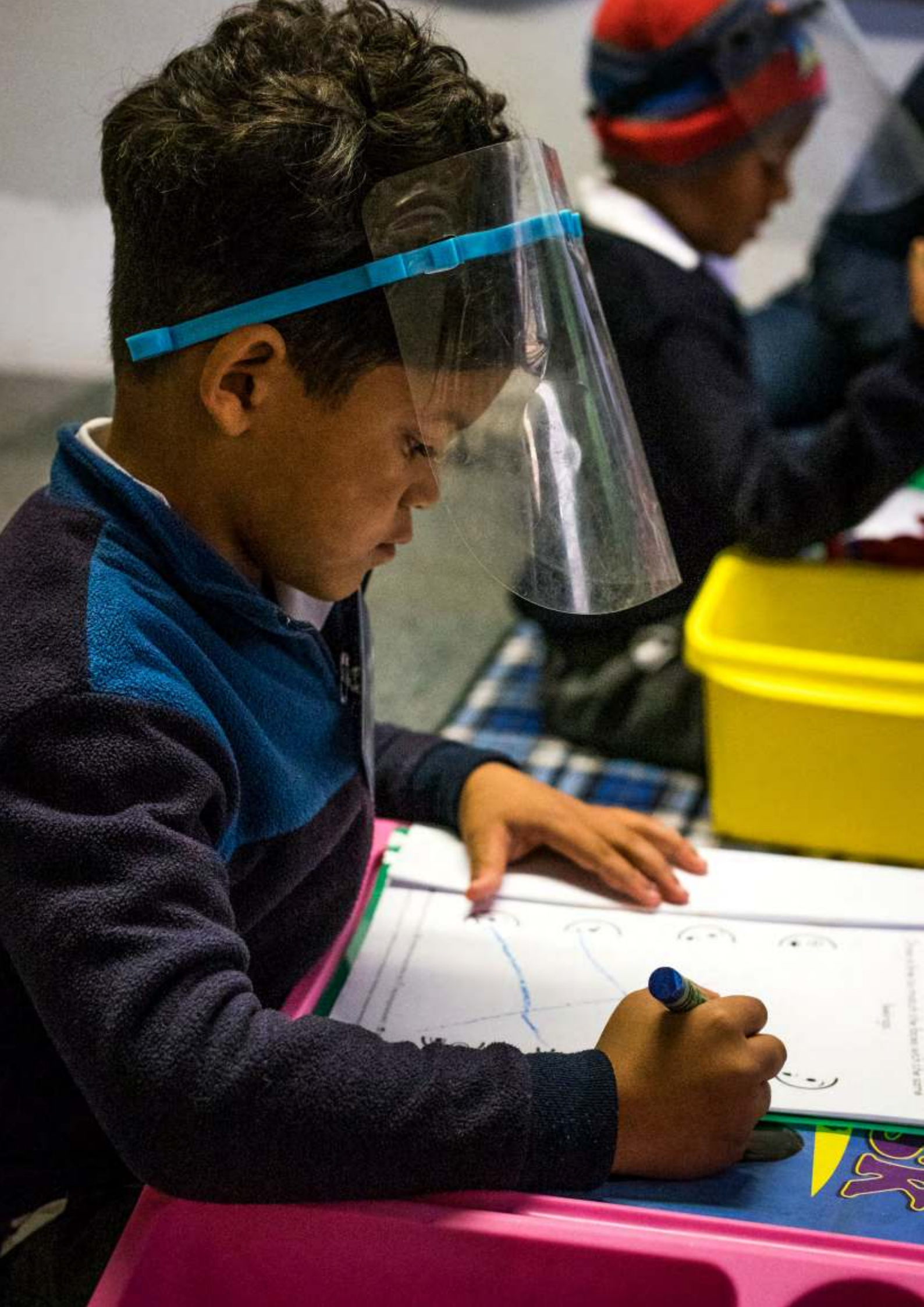
Within its first year of implementation, the SU programme proved to be resilient and impactful, with results in alignment with international standards. Children progressed, on average, from the 'emerging to about-to-master' category (average score = 51%) to the 'about-to-master to mastering' category (average score = 70%). Upon completion of the programme, 25% of children were 'mastering' the content, compared to 26% internationally, and no one was left in the 'struggling' category, compared to 6% internationally.

For the B4G programme, results proved to be stronger than the previous year, albeit still weaker than pre-pandemic levels. At TLI, children in both the 50- to 59 and 60- to 69 month age groups progressed from being 'at risk' to, on average, 'achieving the standard'. At KET, results showed that children in the 50- to 59 month age group progressed from being 'at risk' to, on average, 'achieving the standard', whereas children in the 60- to 69 month age group progressed, on average, from 'at risk' to 'falling behind'.

Evaluation of the other outcomes were centered around feedback from parents and teachers. To that extent, surveys were completed at the end of the school year. Recurring themes emerging from parents' responses include a better understanding of their child's needs, and children's improved ability to express and manage emotions. Concerns emerging from teachers' responses include frequent absenteeism from school, and lower parental involvement. The surveys were also filled with endless words of praise and thanks, emphasizing the undeniable, long-term impact on the respective beneficiary groups.

In light of the decline of Covid-19, there is more clarity for the road ahead. Although increased efforts are required to recover the developmental backlog incurred by the pandemic, the TLI and KET teams are equipped and motivated to ensure a positive learning environment for optimal progress in cognitive, social, emotional and physical skills, and above all, for children to have fun whilst learning.

This report provides an overview of the programmes' offerings, stakeholder demographics and evaluation methodologies, followed by reflections of 2021's highlights and challenges. The bulk of the report is focused on the outputs and outcomes achieved during the 2021 calendar year. The report concludes with a summary of the feedback obtained from parents, as well as recommendations for the road ahead.



REFLECTIONS *from the* PROGRAMME MANAGERS

DR. INGRID AHLERT

Chief Executive Officer | The Learning Initiative

COVID-19 continued to cause havoc in 2021, with many individuals, families and communities facing stressors and challenges that at times seemed too big to overcome. We witnessed our schools struggling to cope with the financial challenges and safety requirements resulting from the pandemic. We witnessed an increase in unemployment, trauma, abuse, and hunger in the communities. We witnessed the struggles our children were facing, many lacking stimulation, many feeling anxious and stressed, many being emotionally and socially overwhelmed. We ourselves often wondered how our work can really have an impact on all the hardship being experienced.

Reflecting on the year we can say that with guts, passion and perseverance we have once again witnessed what a tremendous impact our work is having on the children, their families and the communities at large. We were humbled by the resilience and resourcefulness of many of our principals and teachers. The majority never gave up hope, or their fighting spirit and willingness to serve. The children were hungry to learn and thrived from the input received from our teams. Parents were amazed to watch their children grow.

The true impact of the pandemic on our children will still be seen over many more years. Now more than ever, it is important that we invest early in our children so that they are equipped with the foundational skills for learning.

The responsibility lies with each one of us - we need to set our children up to succeed. TLI will continue to be versatile and to adapt. We aim to grow continuously. We aim to continue to serve with humility and empathy. ***Together*** we can ensure that our children are provided with learning environments where they are heard, respected, educated and loved. ***Together*** we can empower all our children to achieve and dream big.

BERNIKE MAARSINGH

New Programme Manager | Knysna Education Trust

The B4G programme started 2021 apprehensively, with the uncertainty of the Covid-19 pandemic hovering as we emerged from the intensity of the second wave during the December holidays.

We initially had 22 schools when we started screening, but due to the low attendance numbers in the ECD facilities we had to add 4 additional schools. With the sites increased to 26, only 7 of our ECD facilities had reached their full capacity of intake of children by April 2021. The screening process was interrupted and delayed by various levels of “lockdowns” and regulations that affected the smooth roll-out of the programme this year, but by adding more schools and extending our screening period, we still managed to screen 550 children in total.

This year, the team was better prepared for and more comfortable with adjusting to the constant change brought on by the Covid-19 pandemic regulations. With the lessons learned in 2020, we had a better template to incorporate these changes into the B4G programme roll-out of 2021.

Many new teachers joined the programme. While the teachers were very keen to learn more about the programme, it was a challenge to arrange for training as logistics and Covid-19 prevented gatherings which made it difficult to get to everyone at a suitable time. We adjusted our Teacher Training sessions to suit the needs of our teachers. This included having separate sessions at each school (instead of bigger group meetings) and even individual sessions as teachers were reluctant to mingle with each other. The material presented was also adjusted to include modules that assisted teachers with emotional support and resilience training. A total of 33 sessions were presented whenever teachers had the time and were very well received!

Group sessions could only commence in May, due to the Covid-19 lockdown regulations, the limited space available at the ECD facilities and the low attendance rates of children at the schools. The format for group intervention had to be adjusted, with group interventions presented in much smaller numbers to allow for ventilation and more individual attention, once a week, and these were continued throughout the school holiday period. In between various stages of stopping and starting throughout the year, a total of 19 sessions were presented during the year. The content was more flexible, allowing each therapist/facilitator to place the emphasis on specific learning outcomes and tailor-make each

session to the specific needs perceived. The flexibility in terms of the lesson plans were seen as a very positive coincidental outcome as it allowed the facilitators to tailor-make each session according to the school's need and the level of functioning of the children, especially because of the smaller groups where more individualized and dynamic teaching took place.

In this context, the writing of the ISP's really helped the team to identify their individual goals for each child and was considered very useful this year. Also, early referral and intervention for children who had special needs was possible and resulted in more scope for improvement during the year. The team felt that the one group session per week at each school (instead of the two sessions in previous years) did not have the same impact in terms of building rapport and achieving goals with the children. This was, however, supplemented with better skills transfer to the classroom wherever possible.

While we had to exit this year with a sense of uncertainty and some doubt, the entire team had been vaccinated, many of the teachers followed suit, and we felt that 2022 can only be better.

*We have **learned many lessons** and are **better prepared** to apply strategies that allow for **lateral thinking** and **problem solving**. We also had **little rays of joy and sunshine** along the way.*

CONTENT

ACRONYMS

B4G	Blocks 4 Growth
CEF	Cognitive and Executive Functioning
CDC	Centre for Disease Control
DAP	Draw a Person
DSD	Department of Social Development
ECD	Early Childhood Development
ELL	Emergent Literacy and Language
ELOM	Early Learning Outcomes Measure
ENM	Emergent Numeracy and Mathematics
ESI	Early Screening Inventory
FMCVMI	Fine Motor Coordination and Visual Integration
GMD	Gross Motor Development
IDELA	International Development and Early Learning Assessment
ISP	Individual Support Plan
KET	Knysna Education Trust
M&E	Monitoring and Evaluation
MGRS	Multi Growth Reference Study
OT	Occupational Therapist
PI	Programme Implementer
SD	Standard Deviation
SLT	Speech and Language Therapist
SU	Step Up
TLI	The Learning Initiative
ToC	Theory of Change
WCED	Western Cape Education Department

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BACKGROUND

What follows is an overview of the B4G and SU *programme fundamentals,* including insight to the programmes' *impact hypothesis, stakeholder landscape and TOC.* The section is concluded with a briefing of the *methods used to evaluate impact.*

PROGRAMME FUNDAMENTALS

Blocks 4 Growth (B4G) is a quality ECD programme developed to promote holistic growth within 4- to 5-year-old children to better prepare them for formal schooling. The programme was rolled out by TLI in 2016, and has since expanded to the Garden Route, where it is implemented by KET. Operations at KET are advised, supported and resourced by TLI.

In 2021, TLI expanded its offering by launching Step Up (SU), a programme providing therapeutic input to 5- to 6-year-old children to enable easier transition to Grade 1.

The programmes' impact hypothesis is presented below:

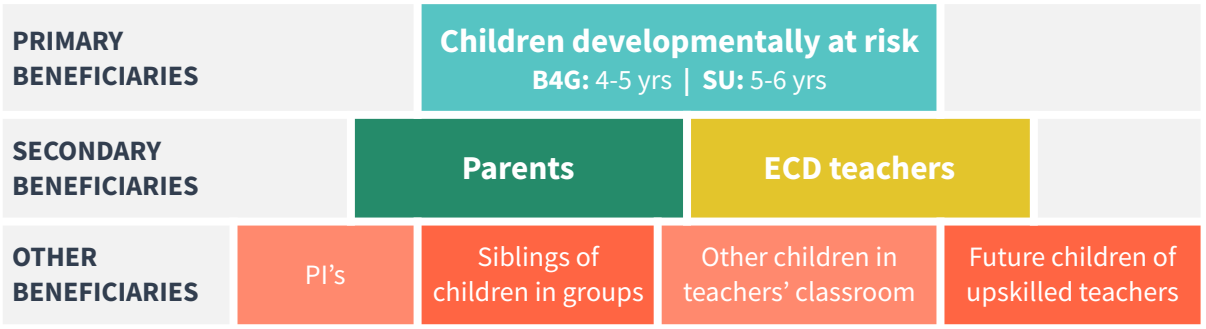
If the holistic B4G and SU programmes are implemented,

- ★ at risk 4- to 5 and 5- to 6-year-old children have the opportunity to **progress developmentally** to better meet the demands of their learning environment, and
- ★ teachers and parents have the opportunity to broaden their **knowledge, skills and attitudes** in support of their development.

This will enable:

- ★ an increase in the number of children equipped to **function optimally in a formal schooling environment,** and
- ★ the **sustainable transfer of skills** to promote child development in the home, classroom and community.

The SU and B4G programmes' beneficiaries are:



The programmes are currently being implemented at 85 pre-selected sites, 59 of which are in Cape Town (SU and B4G = 8 sites; SU only = 1 site; B4G only = 50 sites) and 26 in and around Knysna.

Figure 1: TLI landscape

NUMBER OF SITES

SU: 9 B4G: 58

COMMUNITIES

Mitchells Plain / Vrygrond / Grassy Park
Macassar / Atlantis / Fisantekraal
Masiphumelele / Winelands / Hout Bay
Somerset West / Strandfontein

Figure 2: KET landscape

NUMBER OF SITES

B4G: 26

COMMUNITIES

Knysna / Sedgefield / Plettenberg Bay

Figure 3: Rainbow Educare (TLI Site in Cape Town)

THERAPY FORMAT: Children identified to be 'at risk' are enrolled in bi-weekly therapy sessions of 45 minutes duration with a designated therapist/PI and facilitator. Each group consists of 9 to 10 children. Compliance to Covid-19 restrictions necessitated smaller groups in 2021, i.e. 4 to 5 children per group receiving therapy once a week. In 2020, the group therapy model was expanded to enable capacity for individual therapy for children who needed stimulation beyond group therapy.

Figure 4: Group therapy vs individual therapy

GROUP THERAPY	INDIVIDUAL THERAPY
1 therapist/PI & **1** facilitator **:** **9-10** children	**1** therapist/PI **:** **1** child
	

Therapy sessions follow a standard structure, closing with a short meditation to deepen the learning for the day and prepare children for their return to class. To monitor progress, therapists observe and report key metrics during each session. Reporting includes progress notes, attendance registers, Individual Support Plans (ISP), mid-year reports and year-end reports.

MEET THE STAKEHOLDERS

An active effort to know your programme's beneficiaries and to understand the landscape is necessary to ensure a focussed approach to meeting the identified need. Upon asking parents/caregivers for consent to participate in the programmes, demographic, socio-economic and general background questions are asked as well. A summary of responses are presented in Figures 5 and 6.

Figure 5: TLI stakeholders

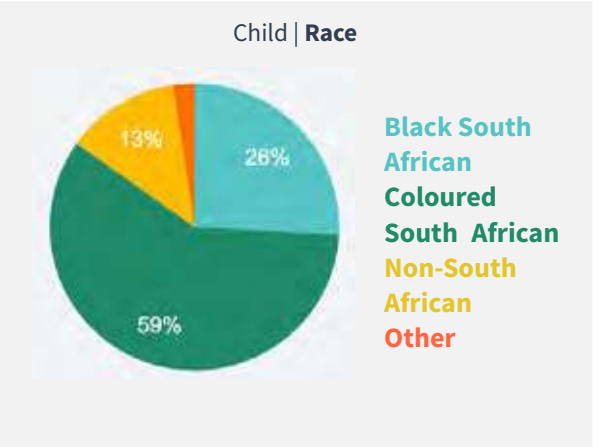
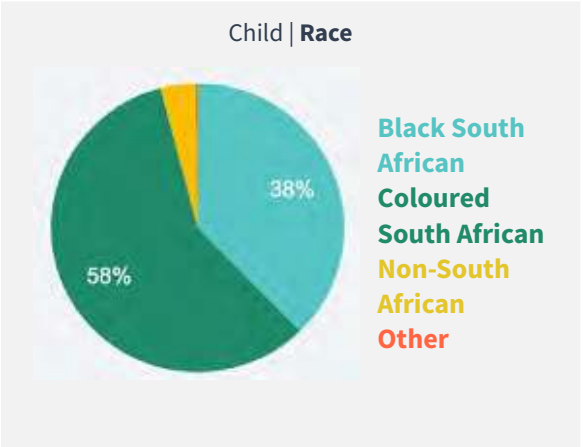


Figure 6: KET stakeholders



SUSTAINABLE DEVELOPMENT GOALS

The Sustainable Development Goals (SDG's) are the blueprint to achieve a better and more sustainable future for all as they address the global challenges[1]. All organizations, whether for-purpose or for-profit, are called to optimise efforts towards solving these challenges.

By implementing the SU and B4G programmes, TLI and KET contribute towards Goals 1, 3, 4, 10 and 17 of the SDG's. The programmes' biggest contribution to eradicating poverty and decreasing inequality is through focusing on the goals of quality education and good health and wellbeing. These efforts are strengthened and scaled through complimenting partnerships with multiple stakeholders.

Figure 7: SDG contribution

THEORY OF CHANGE

The Theory of Change (ToC) is the foundation for any mission-driven initiative solving the globe's most pressing social and environmental issues[2]. It explains how a programme's inputs and activities contribute to a chain of results that lead to the intended or observed impact, and therefore supports planning, implementation, and assessment of programmes[3]. Given its outcomes-driven approach, the programmes' inputs and activities are continuously revisited and adapted to ensure the achievement of its outcomes. Table 1 presents the ToC for both SU and B4G.

[1] United Nations. 2022. Take Action for the Sustainable Development Goals. [ONLINE] Available at: https://www.un.org/sustainabledevelopment/sustainable-development-goals/. [Accessed 15 March 2022].
[2] Sopact. 2021. Theory of Change. [ONLINE] Available at: www.sopact.com/theory-of-change. [Accessed 4 March 2022].
[3] Reinholz, D.L., Andrews, T.C. Change theory and theory of change: what's the difference anyway?. IJ STEM Ed 7, 2 (2020). [ONLINE} Available at: www.doi.org/10.1186/s40594-020-0202-3. [Accessed 4 March 2022].

Table 1: SU and B4G ToC

	'AT RISK' CHILDREN	PARENTS	TEACHERS	OTHER
INPUTS	**Pre-Implementation | Material | Staffing | Technology | Management**			
ACTIVITIES	- Screening - Bi-weekly OT/SLT - Other Activities - Stimulation packs	- Parent Observations - Parent Workshops - Communication - Homework - Resources - Stimulation packs	- Teacher Training - Communication - Resources	- Ongoing facilitator observation and training - Stimulation packs
OUTPUTS	- Children screened - At risk children identified - Therapy sessions - Children in groups - Gender difference - Children referred	- Parent workshops - Parents attended (%) - Parent observation sessions - Parents attended - Stimulation packs distributed	- Teachers trained - Mentoring sessions - ISP's issued	- Facilitators upskilled - Involved siblings
OUTCOMES	↑↑ Degree of IMPROVEMENT in identified areas of concern ↑↑ REFERRALS	↑↑ AWARENESS & UNDERSTANDING of parent's role ↑↑ KNOWLEDGE, SKILLS & MOTIVATION to stimulate child at home ↑↑ PATERNAL involvement	↑↑ AWARENESS & UNDERSTANDING of teacher's role ↑↑ EXPOSURE, COMPETENCE, CONFIDENCE, ENTHUSIASM & INITIATIVE	↑↑ Facilitators become PROGRAMME IMPLEMENTERS ↑↑ Cognitive, social, emotional & physical STIMULATION for all children in the household
IMPACT	↑↑ **CHILDREN EQUIPPED TO COPE** in a formal schooling environment Active referral network, with more referrals routinely actioned Improved health, social and education ecosystem for 4-5 and 5-6 year olds	**SUSTAINABLE TRANSFER OF SKILLS:** Parents apply acquired knowledge & skills to their other children	**SUSTAINABLE TRANSFER OF SKILLS:** Teachers better equipped to manage and teach children, especially those at risk	**SUSTAINABLE TRANSFER OF SKILLS:** PI's implement B4G programme with selective supervision by therapists

IMPACT EVALUATION

STEP UP

For the first year of implementation, TLI used the IDELA tool to measure progress enabled by the SU programme. IDELA is a free, standardised tool used to measure school readiness on a global scale. The tool is known to have strong reliability and validity, and is easy to translate and administer. According to a report published by Save The Children in 2018, the IDELA tool was specifically designed to measure the skills children need for successful transition into primary school.[4] To date, IDELA has been used by more than 120 actors in 78 countries.[5] In parallel, TLI designed a set of pre- and post tests to track progress across the key developmental domains.

BLOCKS 4 GROWTH

For the B4G programme, impact was measured using the ELOM, a South African developed, rigorously standardised, pre-school child assessment tool that is culturally fair and simple to administer. It can be used to evaluate whether an early year's intervention is effective, and can identify areas in need of programmatic improvement[6]. The instrument has been peer-reviewed by a wide range of experts and published internationally, and is aligned with the South African National Curriculum Framework and other relevant guidelines. Similar to the SU programme, internal pre- and post tests were also performed to ensure tracking of all areas of development.

MONITORING AND EVALUATION

To ensure unbiased, third party validation of programmatic results, external M&E specialists have been contracted to set up, guide and analyse the data required for informative reporting. The M&E approach is guided by Lean Data[SM] principles published by Acumen in 2013, in which programme beneficiaries are central to evaluation. Feedback is obtained from representative samples of beneficiaries by utilising existing programmatic touch points and low-cost technology solutions. M&E findings are used to a) determine the effectiveness of the programme model, b) guide programme development, c) ensure scalability, d) optimize organizational functioning, and e) provide key information to government stakeholders for policy development.

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[4] IDELA. 2018. Beyond Access: Exploring equity in early childhood learning and development. [ONLINE] Available at: https://idela-network.org/resource/beyond-access/. [Accessed 1 February 2022].
[5] IDELA. 2020. International Development and Early Learning Assessment [ONLINE] Available at: https://idela-network.org. [Accessed 12 March 2022].
[6] Innovation Edge. 2021. The Early Learnings Outcomes Measure. [ONLINE] Available at: https://innovationedge.org.za/project/elom/. [Accessed 12 March 2022].

2021 IN REVIEW

Despite challenging circumstances, TLI managed to *push boundaries* in *programme offering* and *reach.*

NEW IN 2021

LAUNCH OF NEW PROGRAMME

In response to repeated requests from parents and teachers to expand to other age groups, TLI, in partnership with DSD, launched SU in 2021. SU focusses on Grade R's, with its key objective being to **better prepare participants for Grade 1**.

Programmatic material for SU was developed in 2020, and formalised, digitised and validated in 2021. Material includes a screener, therapeutic activities, and evaluation tools.

SCREENER: The therapist-designed screener was digitised using KoBoToolbox, an open source suite of tools developed for field data collection in challenging environments[7]. To normalise biases caused by language barriers whilst ensuring inclusivity, the screener was developed in English, Afrikaans and Xhosa. The screener has four main categories:

- ★ **Gross Motor;**
- ★ **Language;**
- ★ **Cognitive & Numeracy; and**
- ★ **Fine Motor.**

In addition, emotional regulation, behaviour and co-operation, and DAP are also assessed.

In the first year of implementation, therapeutic knowledge and experience were used to identify children who were developmentally at risk. After each screening assessment, children were grouped into 'yes', 'maybe' and 'no' categories. In comparing these categorical variables with the results obtained from the screener, cut-off scores were derived to enable automated categorisation for future screenings. A detailed explanation of the cut-off score methodology is available in Addendum A.

THERAPEUTIC ACTIVITIES: Content for each week was developed in synergising knowledge and efforts of Speech and Language Therapists (SLT), Occupational Therapists (OT) and Psychologists. Although advised to remain true to the programme material until the programme has been validated,

[7] KoBoToolbox. 2022. About KoBoToolbox. [ONLINE] Available at: https://www.kobotoolbox.org/. [Accessed 21 March 2022].

therapists were encouraged to put emphasis on selected activities based on groups' developmental needs.

EVALUATION: As mentioned in the previous section, programme evaluation was done through IDELA, an internationally standardised tool used to measure school readiness. Results obtained from IDELA assessments indicate where 6-year old children fall on the continuum of development. IDELA uses the following categories:

- **Struggling: Score of 0 - 24%**
- **Emerging: Score of 25 - 74%**
- **Mastering: Score of 75 - 100%.**

Important to note that reaching the 'mastering' category is not a prerequisite for performing well in primary school. Children in the 'Emerging' category are those who are "actively engaging with the content and moving along the continuum of skills growth".[8]

To provide more insight, however, the M&E team advised that the "'merging' section (Score of 25% - 74%) ought to be expanded into three subsections:

- **Struggling to Emerging: Score of 25% - 49%**
- **Emerging to About-to-Master: Score of 49% - 70%**
- **About-to-Master to Mastering: Score of 70% - 74%.**

VALIDATION: The SU programme has been validated by comparing the results obtained to global IDELA standards. The comparison is presented in the Results section of the report. The validation enables TLI to confidently implement SU without the need for further IDELA assessments. Future outcomes measurement will therefore be limited to internal evaluation tools.

BENEFIT OF B4G & SU: The following case study emphasizes the advantage of offering both B4G and SU at any given site, as it ensures that no child in need of developmental stimulation is left behind.

CASE STUDY: Child A is a seven-year-old in Grade R at Hangberg Pre-Primary in Hout Bay, Cape Town. After showing a delay in developmental skills, he joined the B4G programme for group therapy in 2020, as well as the SU programme for both group and individual therapy in 2021.

In the groups, he was seated strategically near the therapist and facilitator in order to be brought back

[8] IDELA. 2018. Beyond Access: Exploring equity in early childhood learning and development. [ONLINE] Available at: https://idela-network.org/resource/beyond-access/. [Accessed 1 February 2022].

to task regularly, and next to a quiet child to limit distractions. The sessions involved positive reinforcement, movement breaks when needed and an emphasis on foundational skills of learning.

Child A was discharged from individual therapy at the end of Term 2 as he was starting to meet many developmental age norms. In class and group sessions his concentration was improving, allowing him to become more open to learning. In two years, he has shown **tremendous progress** both in his **academic skills** and in **behaviour.**

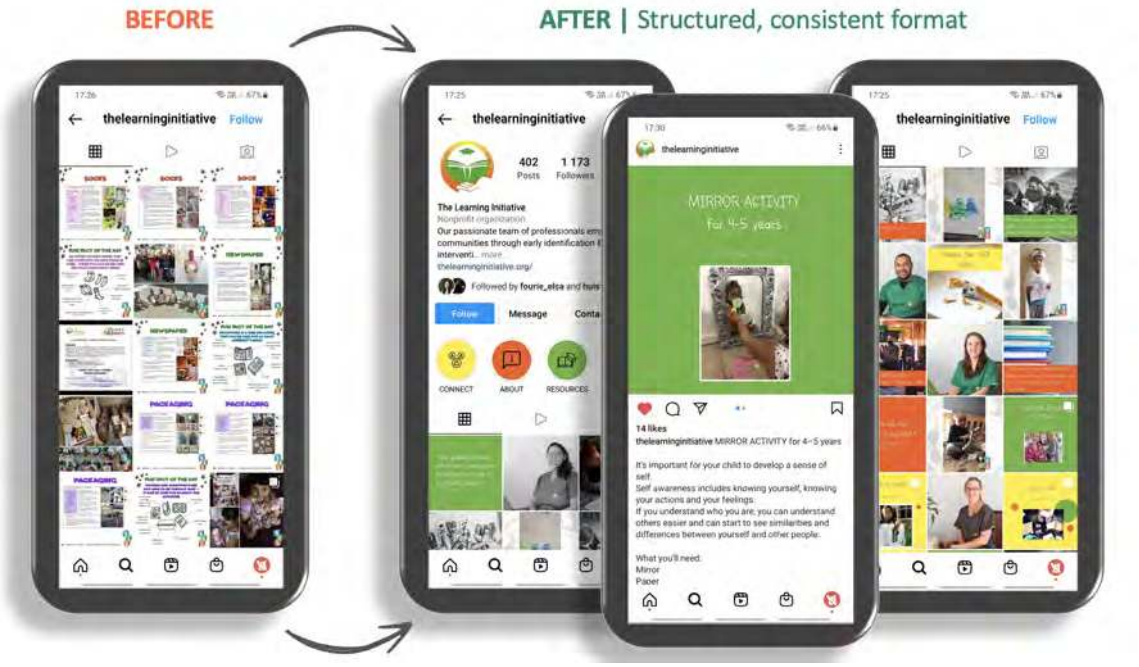
CONTINUOUS IMPROVEMENT: Open communication between therapists/PI's and TLI management ensures continuous improvement. Feedback from a SU therapist highlighted that "SU needs some more trial and error like any new programme." These growing pains will be addressed in 2022. When asked what the highlight of the SU programme was, another therapist responded:

*"The attention we give to one child can have a **major impact**, not only on **academic success** but their **self confidence and self worth."***

EXTERNAL SOCIAL MEDIA EXPERTISE

As per recommendation in the 2020/2021 annual report, TLI sourced external expertise to strengthen and scale the programmes' social media presence. The consultants generated new content, assisted in setting up a structured social media strategy for posts, created a Canva account to create content, and enabled a targeted approach.

Figure 8: TLI Instagram account before and after professional digital assistance



The types of Instagram and Facebook adverts included a) therapist driven content such as developmental activities to try at home, b) shared footage of children demonstrating programmatic activities, as well as c) informative, educational posts underpinned by professional photography. As a result, TLI managed to accelerate in social media reach, awareness and engagement (Table 2).

Table 2: Increase in social media reach

INSTAGRAM *followers*		FACEBOOK *followers*	
675 *March 2021*	1 192 *March 2022*	1 461 *March 2021*	1 704 *March 2022*
Increase of 76% *year-on-year*		*Increase of* 17% *year-on-year*	

Quarterly reports were generated to ensure a targeted approach (Figure 9), of which key statistics are presented in Table 3.

Figure 9: Quarterly social media reports

Table 3: Key statistics obtained from quarterly reports

People reached *per post*	Link clicks *per post*	Profile visits *per post*	Website visits *per post*
10 460 *on average*	**204** *on average*	**226** *on average*	**12** *on average*
18 376 *maximum achieved*	**503** *maximum achieved*	**503** *maximum achieved*	**19** *maximum achieved*

Consultants ensured a good foundation to enable in-house management of social media content going forward. Feedback from consultant (logo on right):

*"It is always a pleasure to work with non profits who **make an impact** in the community. I aim to **simplify** things so they can **focus on their task at hand**."*

STUNTING MONITORING

A child is considered stunted if they are less than –2 standard deviations (SD) from the median in a normalised distribution of height in the Multi Growth Reference Study (MGRS)[9]. The potentially irreparable physical and neurocognitive damage that accompanies stunted growth is a major obstacle to human development[10].

Given the detrimental impact of stunting on cognitive abilities and educational performance, TLI started to include height and weight measurements as part of the screening process. The methodology used to identify stunting given children's age and height is based on the Centre for Disease Control's (CDC) National Centre for Health Statistics.

Analysis of results indicated that 87% of the children were within a healthy range, whereas the remaining 13% were only -1 SD from the healthy range. Going forward, it is advised to perform the stunting analysis at the beginning of the year to ensure early intervention if required.

DEEPER ANALYSIS THROUGH CASE STUDIES

Therapists/PI's were encouraged to do case studies to gain insight to a) cases where progress were evident, b) cases where no progress were made, and c) effects of specific intervention strategies, e.g. children partaking in both B4G and SU programmes consecutively.

Insights obtained from one of the case studies: Child B is a six-year-old residing in Cloetesville, Stellenbosch. His grandparents are his primary caregivers as his mother engages in substance abuse and is declared incapable of caring for him. He is seen by the social worker at Child Welfare. Upon assessment, he showed several developmental difficulties, and was placed in the B4G programme. At the end of the year, Child B has shown excellent progress academically and behaviourally. Although he still requires prompting at times to wait his turn, he is not disruptive and does not require therapy anymore.

[9] Karlsson, O. and Kim, R., 2022. Revisiting the stunting metric for monitoring and evaluating nutrition policies. The Lancet, [Online]. 10/2, 1. Available at: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00504-0/fulltext [Accessed 15 March 2022].

[10] De Sanctis V, Soliman A, Alaaraj N, Ahmed S, Alyafei F, Hamed N. Early and Long-term Consequences of Nutritional Stunting: From Childhood to Adulthood. Acta Biomed. 2021;92(1):e2021168. Published 2021 Feb 16. doi:10.23750/abm.v92i1.11346

2021 CHALLENGES

COVID-19: "Both the immediate and long-term negative effects of the pandemic on children's health and development are likely to disproportionately affect families in communities with high concentrations of poverty, lack of access to quality healthcare and affordable childcare, food and housing insecurity, and limited services for family support."[11]

LONG TERM EFFECT OF COVID-19: Entering the second year of the pandemic, the repercussions of prolonged instability started to appear in many areas. Educators of 3-year-old children flagged a notable increase of children being mute due to challenging circumstances at home, and an analysis of TLI's B4G screening data indicated that, on average, children started the school year from a weaker developmental base (Figure 10).

Figure 10: SD Scores of children selected for therapy at TLI

The **SD SCORE** is a composite score of the five targeting items used to screen children at the onset of the school year. Given specified ranges documented in the ELOM Technical Manual, children are selected for group and/or individual therapy based on their SD scores.

As is evident from Figure 10, TLI's average SD score of children developmentally 'at risk' and therefore selected for therapy was weaker in 2021, compared to 2019 and 2020. At KET, the average SD score was higher than previous years as a result of including a combination of children 'at risk' (75%) and 'falling behind' (25%).

LESS THERAPY TIME: In addition to the Covid-related reduction in school days, therapy time was hindered further by Covid-19 protocols that necessitated smaller therapy groups receiving therapy only once a week, compared to the standard offering of bi-weekly therapy sessions. An article published in February 2022 highlighted that "the loss of face-to-face teaching time affects the youngest learners the most as they do not have the self-discipline, maturity or structure to cope with rotating timetables and

[11] UNICEF. 2020. Early childhood development and COVID-19. [ONLINE] Available at: https://data.unicef.org/topic/early-childhood-development/covid-19/. [Accessed 21 March 2022].

learning at home."[12] At the end of the year, a number of therapists emphasised the disadvantages of one therapy session per week. As noted by a TLI therapist:

*"It impacts the children's **ability to focus** and **retain information** well."*

TLI Therapist

ABSENTEEISM: Both teachers and therapists raised concerns about children's frequent absenteeism from school. As noted by Bernike Maarsingh, **"**absenteeism of children at the ECD centres before and especially after the third wave lockdown was a recurring theme of concern and frustration … It resulted in a stunted development process where children would regress during phases of absence, and a lot of "catching-up" had to be done upon the return of the child to school."

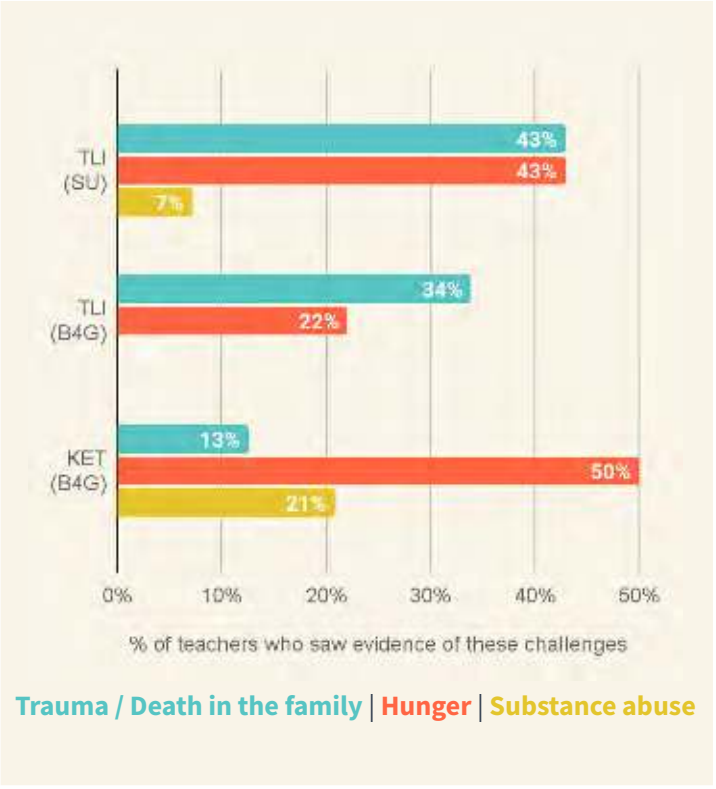
*"The **skills transfer** this year was **limited** due to the frequency of the group interventions as well as the children's **non-attendance.**" - KET Therapist*

UNSTABLE HOME ENVIRONMENT:

The reduction in teaching and therapy time was exacerbated by difficult household circumstances. In a survey completed by teachers at the end of the year, the high prevalence of children who experienced trauma or death in the family, persistent hunger, or parental substance abuse were flagged. Figure 11 presents the percentage of teachers who saw evidence of the aforementioned challenges.

Other issues raised include families' loss of income as well as cases of physical abuse.

Figure 11: Prevalence of difficult circumstances



[12] Business Tech. 2022. Shock drop in school test marks in South Africa. [ONLINE] Available at: https://businesstech.co.za/news/government/563282/shock-drop-in-school-test-marks-in-south-africa/. [Accessed 21 March 2022].

*"Mitigating the **negative impact of COVID-19** on young children will require strategic **multi-sectoral approaches** and the **synergy of interventions** in health, nutrition, security, protection, participation and early education."*[13]

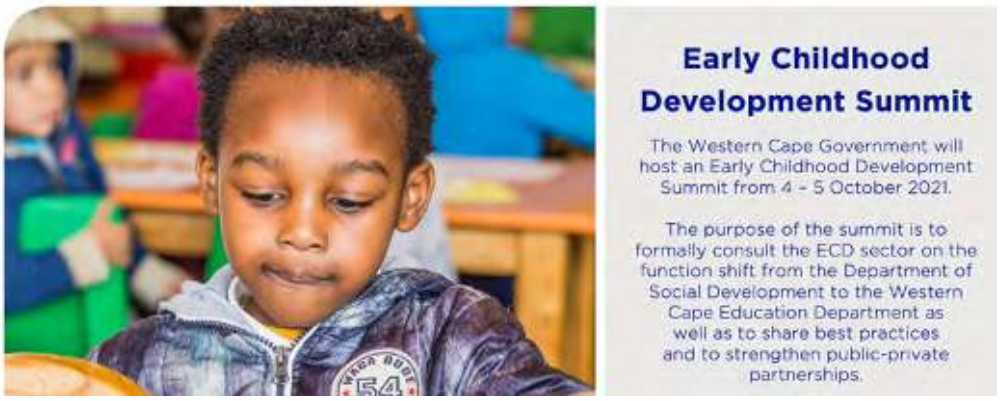
[13] UNICEF. 2020. Early childhood development and COVID-19. [ONLINE] Available at: https://data.unicef.org/topic/early-childhood-development/covid-19/. [Accessed 21 March 2022].

2021 HIGHLIGHTS

HIGHLIGHT #1: CONTRIBUTE TO THE EARLY CHILDHOOD DEVELOPMENT SUMMIT

Dr Ingrid Ahlert was invited by the Western Cape Government to speak about specialised learner support programmes at the ECD Summit, hosted in October. Attendees included the Premier, Minister Schaefer, Minister Fernandez, HOD Walters (WCED) and HOD McDonald (DSD).

Figure 12: Extract of the ECD summit invitation



HIGHLIGHT #2: EDUCATIONAL BOOKS AND PUZZLES

In 2021, TLI collaborated with a publisher in writing three educational books for the SU programme (Figure 13). The books will be launched at the V&A Waterfront on April 21st, 2022. In addition, five books were written internally to form part of the B4G programmatic material (Figure 14). The internal books will also be handed out at schools. TLI also developed ten educational puzzles to be used as part of the B4G programme.

Figure 13: Educational books to be published

Figure 14: Books internally written by TLI

The books and puzzles are culturally diverse, inclusive, and speak to a range of different audiences.

Table 4 (right): Nr of puzzle pieces per puzzle

Figure 15 (below): The 'Shopping' puzzle

Picture	Nr of Pieces
Airport	9
Farming	9
Barber	9
Building	12
Clinic	12
School	12
Fishing	24
Mechanic	24
Shopping	35
Street/City Centre	35

HIGHLIGHT #3: TRAINING

To ensure continuous improvement and alignment with international best practices, Dr Ingrid Ahlert attended the Management Development Programme for Non-Profit Organisations presented by the University of Stellenbosch Business School.

Topics covered:

Leadership and Team Dynamics	**Labour Law**	**Governance**	**Project Management**	**Financial Management**	**Marketing**	**Strategic Management / Sustainability**

Key learnings communicated by Dr. Ahlert:

- ★ *TLI has grown from a Family size organisation and we are currently in the **transition between Professional Leader- and Programme-size organisation**.*
- ★ *We need to **put structures in place to ensure a more organised way of operating**, by for example expanding management and introducing team leaders.*
- ★ *It is important to **remain true** to our **vision and mission.***
- ★ *We tend to assume that our communities want change, with us approaching them as if the "burning platform" already exists. Usually, however, our communities don't know anything different or have a great sense of learned helplessness, not seeing a better future for themselves or their families. As a team we will have to **revisit how we will more effectively lead the change in the communities**.*
- ★ *From personal experience I can say that **endurance, persistence and flexibility** are key in the NPO world. Evolvement, resourcefulness and adaptability ensure you remain relevant, address needs and grab opportunities.*
- ★ *Despite NPO's being undervalued, fundraising being difficult, and the needs growing daily, **I would not change my job for anything in the world**.*

*"Success isn't about how much money you make. It's about the **difference you make in people's lives.**"*

(Michelle Obama)

HIGHLIGHT #4: BUILDING ON PREVIOUS YEAR'S SUCCESSES

From Bernike Maarsingh (KET): "Some of the highlights included incorporating elements of the 2020 roll-out into the original template to allow for a unique format that accommodated our challenges. For instance, instead of having parent meetings, we continued to hand out stimulation packs at the end of each term. This included 'parent wellness' packs to assist parents with the aftermath of the Covid-19 pandemic."

Figure 16: Stimulation pack distributed in 2021

*"**Really enjoyed** the **activity pack** that was sent!" - Parent*

RESULTS

The programmes' results are presented in terms of *outputs* and outcomes. While outputs focus on the organizations' *activities and reach* during the calendar year, *outcomes* address the *value or impact* of the programmes for the identified beneficiaries.

CHILDREN DEVELOPMENTALLY ‘AT RISK’

OUTPUTS

Since inception, the TLI and KET teams have screened a total of **7,561** children, of which **4,003** children received therapy and **340** were referred. Whereas screening and therapy numbers were negatively affected during the first year of the pandemic, Figures 17 and 18 highlight the substantial recovery made in 2021.

Figure 17: Number of children screened per annum

Figure 18: Number of children receiving therapy in groups or individually

Table 5 presents a more detailed view of 2021 outputs for children developmentally at risk.

Table 5: Outputs for children developmentally at risk

	TLI: SU	TLI: B4G	KET: B4G
CONSENT FORMS RETURNED	**RESPONSES** **Yes:** 365 | **No:** 1	**RESPONSES** **Yes:** 2,045 | **No:** 9	**RESPONSES** **Yes:** 443 | **No:** 0
CHILDREN SCREENED	354	1,099	550
ALLOCATED TO THERAPY	240	829	254
COMPLETED THE PROGRAMME	214	720	242
CHILDREN REFERRED	4	31	14

OUTCOMES

Outcomes as per ToC for children developmentally at risk:

1. Degree of improvement in identified areas of concern
2. Increase in referrals

Outcome #1: Degree of improvement in identified areas of concern

Standardised, validated tools were used to quantify the developmental progress enabled by the respective programmes. For SU, the IDELA was used to measure programmatic impact, whereas the ELOM remained the key metric for programmatic impact evaluation for B4G. Table 6 presents the evaluation categories of relevance for each programme:

Table 6: Evaluation categories per programme

<table>
<tr><th></th><th>B4G</th><th>SU</th></tr>
<tr><td rowspan="2">SELECTED FOR PARTICIPATION IN PROGRAMMES:</td><td rowspan="2">At risk</td><td>Struggling</td></tr>
<tr><td>Struggling to Emerging</td></tr>
<tr><td></td><td>Falling Behind</td><td>Emerging to About-to-Master</td></tr>
<tr><td rowspan="2">AIM TO ACCOMPLISH AT THE END OF THE PROGRAMMES:</td><td rowspan="2">Achieving the standard</td><td>About-to-Master to Mastering</td></tr>
<tr><td>Mastering</td></tr>
</table>

Although screening results provide the foundation for programme participation, therapists' are asked to motivate whether children ought to be included or not, irrespective of screening scores. This practice reduces the risk of leaving children out who are severely at risk in one or two developmental areas, yet flourish in the rest, as their average scores are not representative of their overarching developmental abilities.

On the contrary, to avoid unnecessary therapeutic intervention, children are monitored throughout the year, and if progressed sufficiently, are taken out of groups.

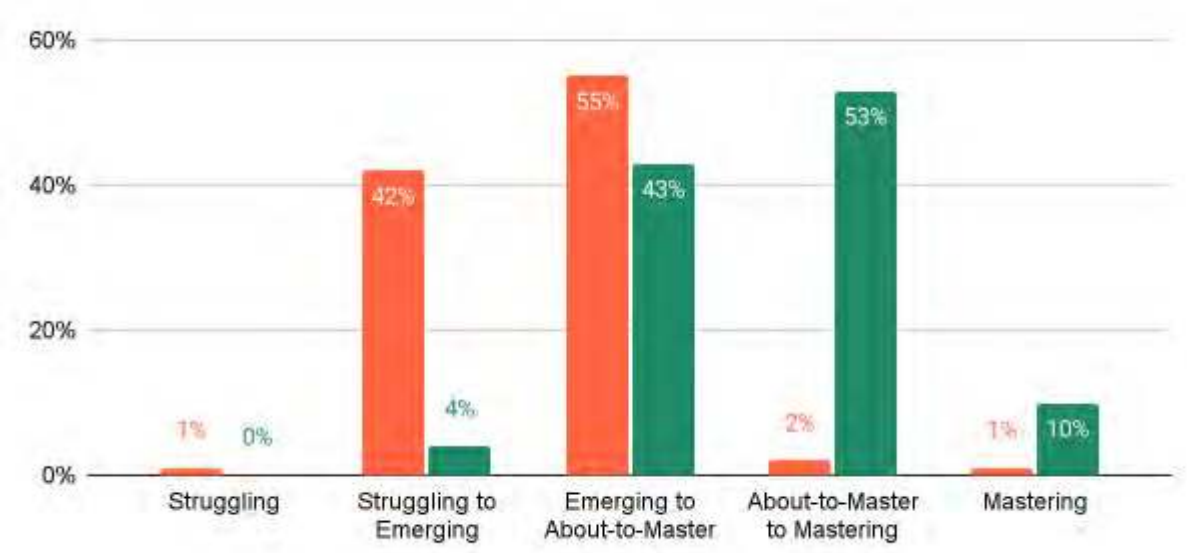
What follows is a detailed presentation of results obtained by SU and B4G.

STEP UP RESULTS EVALUATION

For the IDELA evaluation, 243 children were pre-tested upon commencement of the SU programme, of which 144 were in groups, and 98 were not in groups. At the end of the year, 79 children were post-tested. Post-testing was limited to children who took part in the programme.

The following graph shows the results obtained during pre-testing. The red bars represent children who were selected to partake in the programme (in groups), and the green bars represent children who continued Grade R without intervention.

Figure 19: IDELA pre-test: Children in groups vs children not in groups



LEGEND: In groups | Not in groups

From Figure 19, the significant difference between the two groups is evident, as the performance of children placed in groups were centred around the lower categories, whereas the performance of the children who did not need therapy were centred around the higher categories. In some cases, children performed well in the majority of developmental areas, but struggled in one or two weaker areas. Although their average scores fell in the top two categories, they were still included in groups.

Examples of motivations from therapists to select children with high scores for group therapy:

- *"Her DAP is on par. Fine motor and cutting skills are very good. Recommend that she participates in the group to improve her socio-emotional skills and to focus on her numeracy and cognition."*

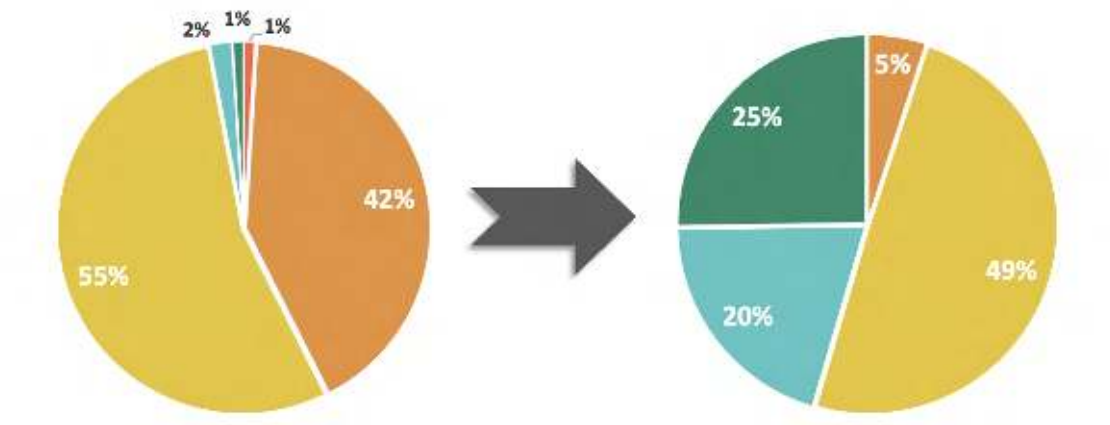
- *"Z.M. engages well and is eager to learn. However, he needs more help with language and numeracy concepts."*
- *"There were a few questions that he was unable to answer. He's easily distracted. He is good with basic concepts and social skills but his language skills need improvement."*

This emphasises the importance of therapeutic expertise required during screening processes, as children in need of therapy would fall through the cracks if programme participation was based on numeric scores alone.

The following graphs present the performance of children before and after the SU intervention.

Figure 20: Pre SU results per category

Figure 21: Post SU results per category



LEGEND: Mastering | About-to-Master to Mastering | Emerging to About-to-Master | Struggling to Emerging | Struggling

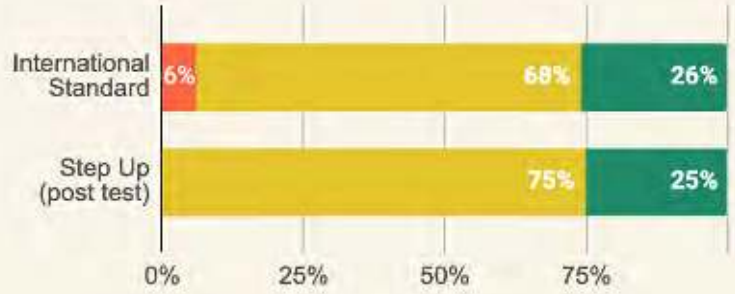
From Figures 20 and 21, it is evident that 25% of children that were in groups managed to advance to the "Mastering" level, whereas 20% performed within the 'About-to-Master' section. As presented in Table 5, combining the aforementioned two sections is aligned to the 'Achieving the Standard' category obtained from the ELOM. Almost half the children performed in the 'Emerging to About-to-Master' category, with only 5% left in 'Struggling to Emerging', and no one in the 'Struggling' category.

To validate the significance of the performance achieved by participating in SU, results were compared to the IDELA results obtained from a global study conducted by Save The Children in 2011[14] (Figure 22). The study evaluated 3 491 children from multiple countries.

The comparison of the overall IDELA scores are presented in Figures 23, followed by a breakdown per domain in Figures 24.

Figure 22: IDELA report

Figure 23: Comparison of total scores

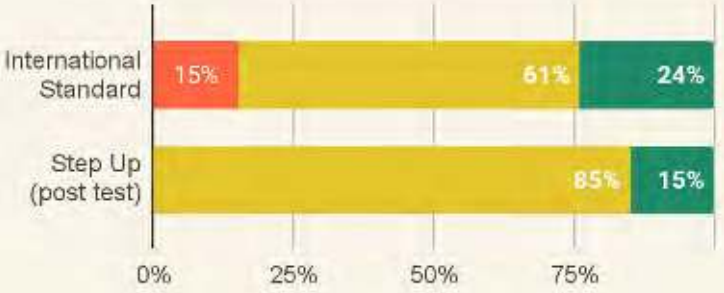
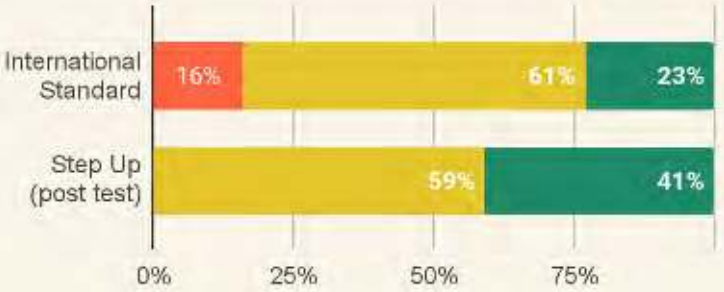
SCORE	COMPARISON
OVERALL IDELA SCORE	
	LEGEND: Mastering | Emerging | Struggling

From Figure 23, it is evident that a quarter (25%) of children who completed the SU programme were mastering the skills required for primary school, which is in line with the global study (26%). SU's remaining 74% of children performed in the 'emerging" section, with no children left in the 'struggling' section, compared to 6% in the global study.

For further insight to the specific development areas, Figure 24 presents a detailed breakdown of performance per domain.

[14] IDELA. 2018. Beyond Access: Exploring equity in early childhood learning and development. [ONLINE] Available at: https://idela-network.org/resource/beyond-access/. [Accessed 1 February 2022].

Figure 24: Comparison of results per domain

DOMAIN	COMPARISON
GROSS MOTOR	
EMERGENT LITERACY	
EMERGENT NUMERACY	
SOCIAL EMOTIONAL	
	LEGEND: Struggling | Emerging | Mastering

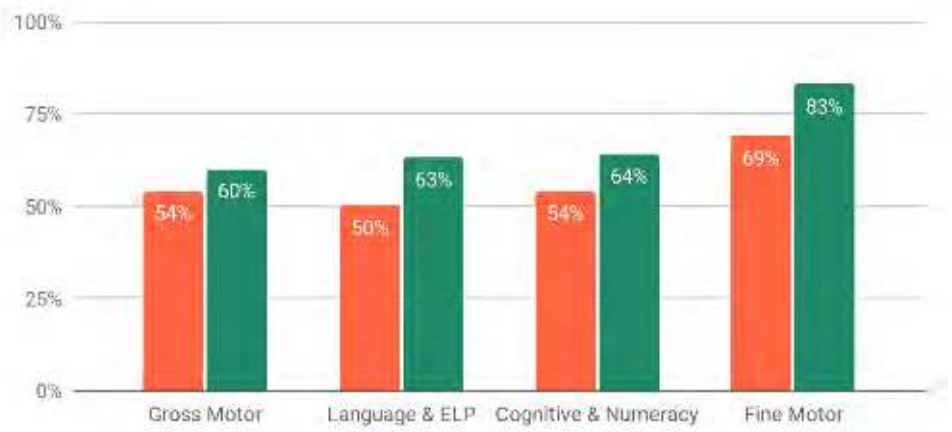
From Figure 24, it is evident that the SU programme performed above international standards in both Gross Motor and Social Emotional categories, compared to slightly lower performance in Emergent

Literacy and Emergent Numeracy. No children were struggling in any of the domains at the end of the programme.

THERAPIST DESIGNED PRE- AND POST TESTING

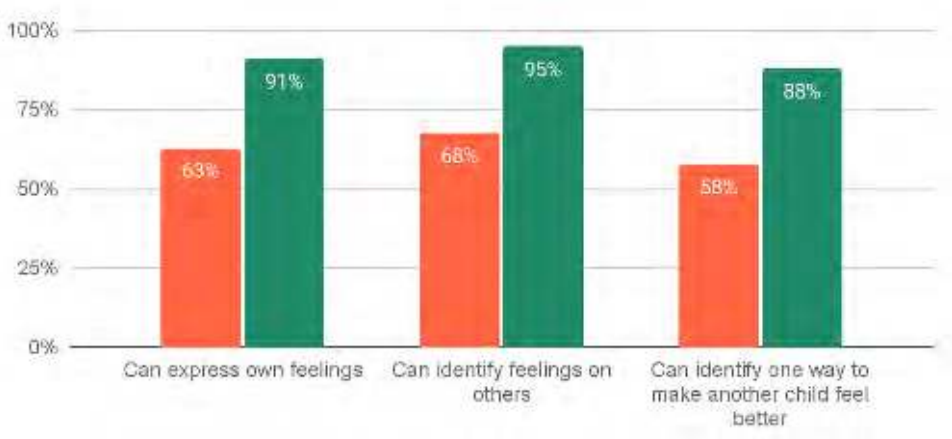
In addition to IDELA, therapists at TLI developed pre- and post tests to monitor progress across areas of focus, and to have an internal tool readily available for future evaluations. Figure 25 presents performance per domain before and after programmatic intervention, followed by a pre-post analysis of social/emotional abilities in Figure 26.

Figure 25: Pre vs Post test results per domain



LEGEND: SU pre-test | SU post-test

Figure 26: Pre vs Post test results per social/emotional category



LEGEND: SU pre-test | SU post-test

The significant improvement in emotional awareness, which enables better resilience to difficult circumstances, was echoed in the feedback obtained from parents and teachers:

- *"Yes, he's **showing more feelings** and he will **tell me what kind of feeling** is that."*
- *"She **speaks how she is feeling** instead of throwing tantrums."*
- *"Yes, she loves doing these kinds of work, interacting with others, being in charge and she **learned to express her feelings.**"*

CONCLUSION

Although natural age-related development and the impact of Grade R itself should not be ignored, the impact of the SU programme is evident from this pre-post test analysis.

B4G RESULTS EVALUATION

The TLI and KET ELOM reports[15], released on 16 and 17 December 2021 respectively, are summaries of children's performance on early learning outcome measures, of which the five domains are:

1. Gross Motor Development (GMD),
2. Fine Motor Coordination and Visual Integration (FMCVMI),
3. Emergent Numeracy and Mathematics (ENM),
4. Cognitive and Executive Functioning (CEF), and
5. Emergent Literacy and Language (ELL).

As benchmarks, children enrolled in the B4G programme are compared to:

a) The ELOM Reference Group children within the same age category as most of the children in the groups, and
b) The ELOM Reference Group children within the same age category and various socio-economic backgrounds within the Western Cape.

Of the 1,099 children screened at TLI using the ELOM 5-Item Screener, 829 children (75%) were identified to be developmentally 'at risk' or on the periphery of being 'at risk' and therefore selected to participate in the B4G programme. At KET, 550 children were screened of which 254 children (46%) were selected to participate in the programme. Of those selected for participation at KET, 189 children (75%) were initially 'at risk', and 63 children (25%) were 'falling behind'. Important to note that all children who were initially 'falling behind' were in the 50- to 59 month age category.

Entering Term 4, the programme had 962 participating children (TLI: 720, KET: 242), of which a representative sample[16] was selected for post testing. For TLI, 293 assessments were submitted, of which 290 (99%) met the required criteria, and 141 assessments were submitted by KET, of which 135 (96%) met the required criteria. Results from the assessment show to what extent the B4G programme enabled the progression from being 'at risk' to either 'achieving the standard' or 'falling behind', and which proportion of children did not progress above the 'at risk' category at all.

A pre-post comparison of TLI's programmatic impact is presented in Figures 27 to 28, followed by KET's programmatic impact-in Figures 29 and 30.

[15] Full report shared as Addendum. Permission to re-create graphs obtained from the ELOM team on 13 January 2020.
[16] Representative sample: 95% confidence level; 5% margin of error

TLI: Pre-Post population based comparisons (Age: 50 - 59 months)

Figure 27: All children selected to join B4G

Figure 28: Post-B4G ELOM results per category

Results from the ELOM Post Test assessment indicated that 56% of children in the 50- to 59 month age group were 'achieving the standard', and therefore slightly lower than the previous year (59%). 28% of children were 'falling behind', compared to 23% in 2020, and only 16% of children remained at risk, which is slightly lower than the previous year's results (18%).

TLI: Pre-Post population based comparisons (Age: 60 - 69 months)

Figure 29: All children selected to join B4G

Figure 30: Post-B4G ELOM results per category

Performance in the 60- to 69 month age group was stronger than the previous year, as half the children (50%) were 'achieving the standard', compared to 45% in the previous year, and 35% of children were 'falling behind', compared to 28% in the previous year. Only 15% of children remained 'at risk', which is substantially lower than the previous year's 27%.

KET: Pre-Post population based comparisons (Age: 50 - 59 months)

Figure 31: Children selected for B4G

Figure 32: Breakdown of post-B4G ELOM results

As mentioned on page 46, KET's 50- to 59 month age group started with 200 children (69%) 'at risk' and 63 children (31%) in the 'falling behind' category. At the end of the year, 57% of children were 'achieving the standard', whereas 30% were still 'falling behind'. Only 13% of the children remained 'at risk'. The 50- to 59 month age group was not assessed in 2020.

KET: Pre-Post population based comparisons (Age: 60 - 69 months)

Figure 33: Children selected for B4G

Figure 34: Breakdown of post-B4G ELOM results

In the 60- to 69 month age group, 46% of children were 'achieving the standard' at the end of the year, which is substantially higher than the previous year (22%), and 34% of children fell in the 'falling behind' category, which is almost on par with the previous year's 37%. After last year's concerning

number of children who remained ‘at risk’ (41%) in this category, results at KET recovered to pre Covid-19 levels (19% in 2019 and 20% in 2021).

Figures 35 to 38 display the overall trajectory of results from pre- to post implementation for both TLI and KET. The red areas on the graphs are the parameters of the ‘at risk’ category, which is the starting point for children participating in the B4G programme. The black diamond presents the average of the ELOM total scores obtained by children at the end of the programme. The black arrow shows the trans-categorical shift in average performance.

TLI: Trajectory from being ‘at risk’

Figure 35: ELOM total score vs quintile reference groups (50 - 59 months)

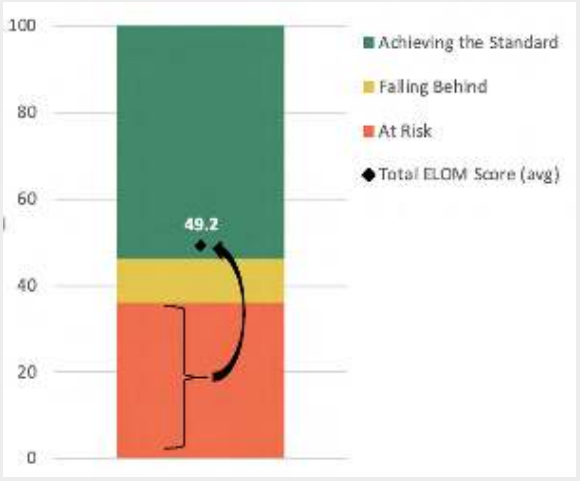
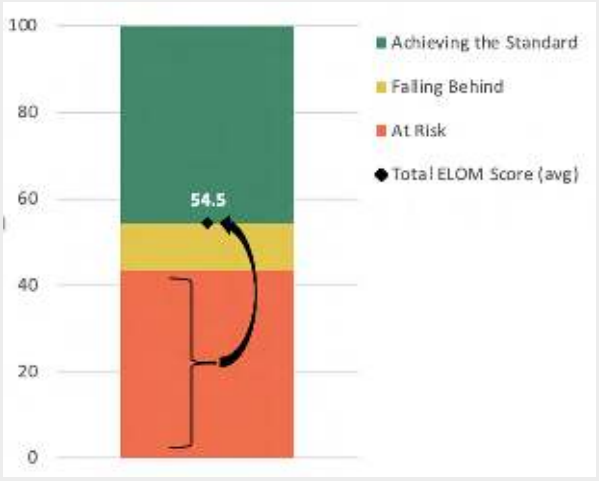


Figure 36: ELOM total score vs quintile reference groups (60 - 69 months)



As is evident from Figures 35 and 36, on average, both TLI’s 50- to 59 and 60- to 69 month age groups progressed from being ‘at risk’ to ‘achieving the standard’.

*“This programme really helped our children in **preparing them for Grade R.** We could see how they **grow and develop.**”*

Teacher (Mitchell’s Plain)

KET: Trajectory from being 'at risk'

Figure 37: ELOM total score vs quintile reference groups (50 - 59 months)

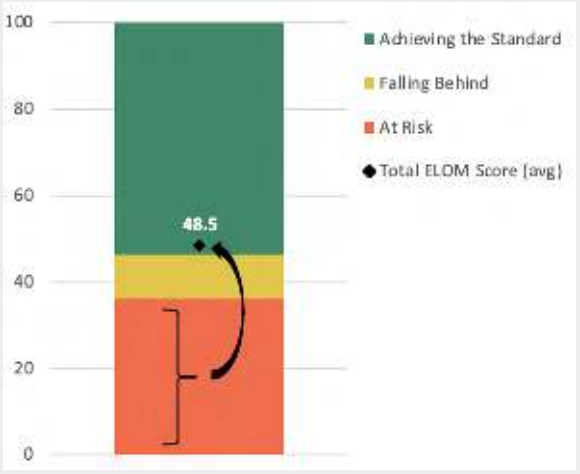
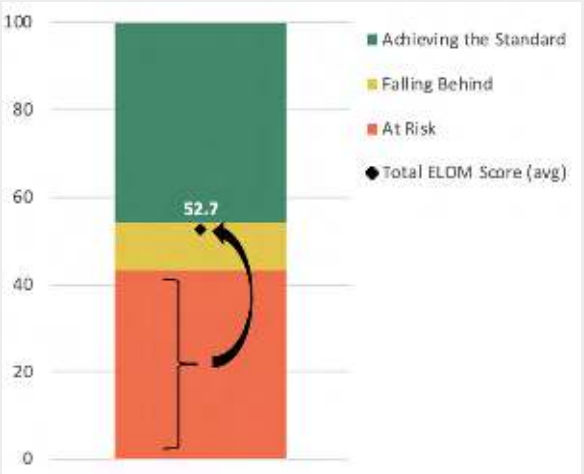


Figure 38: ELOM total score vs quintile reference groups (60 - 69 months)



At KET, the 50- to 59 month age group progressed, on average, from being 'at risk' to 'achieving the standard', whereas the 60- to 69 month age group progressed to the upper end of the 'falling behind' category.

Table 7 presents a breakdown of results per domain, as well as an indication whether the average scores per domain were 'achieving the standard' (highlighted in green), 'falling behind' (highlighted in yellow), or still 'at risk' (highlighted in red).

Table 7: Average results per domain for TLI and KET

	TLI		KET	
DOMAIN	**50-59m**	**60-69m**	**50-59m**	**60-69m**
GMD	8.4	9.0	8.7	10.3
FMCVMI	13.8	14.4	11.9	12.9
ENM	7.5	8.4	7.7	8.2
CEF	8.6	9.8	7.1	8.4
ELL	11.0	13.0	13.1	12.9
TOTAL	49.2	54.5	48.5	52.7

At TLI, children managed to progress to 'achieving the standard' in all categories except GMD and ENM. KET's 50- to 59 month age group progressed to 'achieving the standard' in GMD and ELL, yet fell behind in the rest, whereas their 60- to 69 month age group fell behind in all categories except ELL.

To evaluate whether the results of the children participating in the B4G programme are aligned with their peer groups, their scores were compared to that of comparable socio economic[17] reference groups in the Western Cape. Both TLI and KET's sites fall in Quintile 2/3. For this comparison, only the 60- to 69 month age group was reviewed. Figures 39 and 40 below display the ELOM total scores for TLI and KET respectively, denoted by the black diamond, as well as the corresponding Western Cape reference group scores across Quintile 2/3 and Quintile 4/5, denoted by the horizontal lines.

Relative Comparison Against Socio-Economic Reference Groups (WC)

Figure 39: TLI ELOM total score compared to WC quintile reference groups

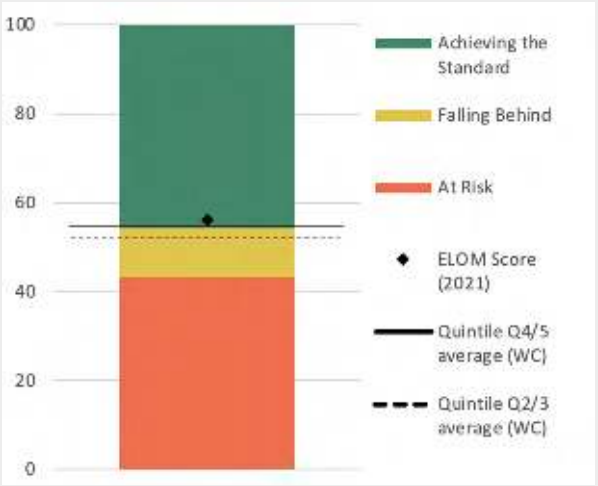
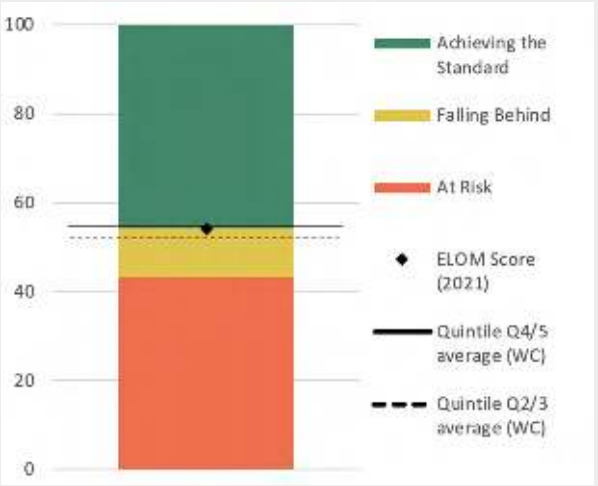


Figure 40: KET ELOM total score compared to WC quintile reference groups



From Figures 39 and 40 it is evident that TLI's average of the total ELOM score (54.5) performed above the average of its reference group, Quintile 2/3 (53.1), as well as the Quintile 4/5 (55.0), whereas KET's average of the total ELOM score (52.7) fell between Quintile 2/3 and Quintile 4/5.

[17] South African schools are classified into quintiles based on the relative wealth of the surrounding community, with Quintile 1 being the poorest and Quintile 5 the wealthiest. TLI and KET sites' socio economic statuses are based on the quintile of the public school closest to the site.

Table 8: Results compared to corresponding Western Cape socio-economic reference group

DOMAIN	Quintile 2/3 ave. (WC)	Quintile 4/5 ave. (WC)	TLI			KET		
			2019	2020	2021	2019	2020	2021
GMD	10.8	9.0	9.6	9.5	9.0	10.3	9.1	10.3
FMCVMI	13.4	14.9	15.0	13.7	14.4	14.2	10.9	12.9
ENM	9.0	9.3	10.5	7.9	8.4	10.4	7.4	8.2
CEF	8.6	9.8	10.2	11.4	9.8	8.5	9.2	8.4
ELL	11.4	11.9	12.8	9.6	13.0	12.4	9.8	12.9
TOTAL	**53.1**	**55.0**	**58.1**	**52.2**	**54.5**	**55.8**	**46.3**	**52.7**

TLI's domain scores were above the scores of its reference group, Quintile 2/3, in all domains except GMD and ENM, whereas KET's domain scores were below its reference group for four of the five domains. Figures 41 and 42 present the change in average scores per domain over time.

Figure 41: TLI ELOM domain scores over time (60 - 69 months)

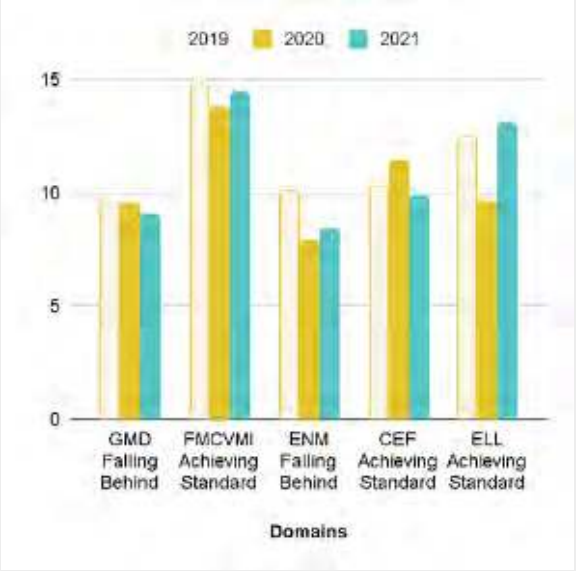
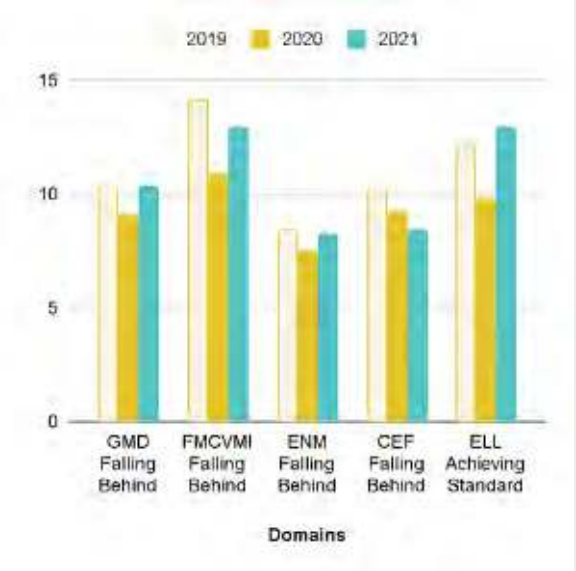


Figure 42: KET ELOM domain scores over time (60 - 69 months)



At TLI, notable recovery was evident in FMCVMI, ENM and especially ELL, whereas GMD and CEF were weaker than the previous year. At KET, with the exception of CEF, an improvement in performance was seen across the board.

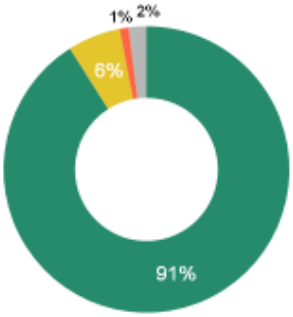
FEEDBACK FROM TEACHERS

In order to get teachers' input on developmental progress, teachers were asked to complete End-Year Teacher Feedback surveys. Summaries of their responses are presented in Figure 43 below.

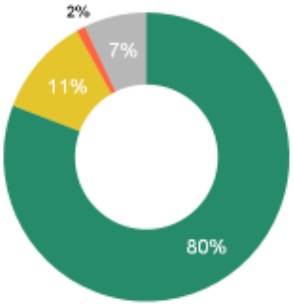
Figure 43: Feedback from teachers on children's developmental progress

QUESTION: Since attending the group, how is he/she doing in class?

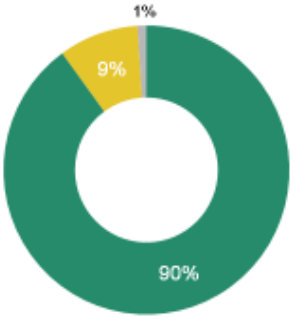
TLI SU responses



TLI B4G responses



KET B4G responses



LEGEND: Shows improvement | **No specific changes noticed** | **Shows more difficulties** | **Blank**

Of the sample of 419 children for whom feedback was provided at TLI (SU = 155; B4G = 264), teachers indicated that 91% of children who attended SU showed improvement since attending sessions, compared to 80% of children who attended B4G. For SU, 6% did not portray any specific changes, and 1% of children showed more difficulties, whereas for B4G, no changes were noticed for 11% of children, and 1% showed more difficulties. At KET, 90% showed improvement, whereas 9% of children did not present any specific changes.

Similar to last year, the key reason provided for cases where no changes were observed remains poor school attendance. For the cases where more difficulties were observed, the Covid-related closing and reopening of schools had an impact.

*"He **was doing well and showed improvement** in term 1, but then, **due to Covid-19**, school had to close and opened late again. When he came back he **struggled to understand anything**." - Therapist*

Below is an example of exceptional progress made by a child at KET. According to the therapist, the child attended groups regularly and her mother used a lot of the material that was sent home. In the therapist's words:

*"It is proof that we can**,** despite all the **challenges of a pandemic**, still make a significant **impact, one child at a time**."*

Figure 44: DAP drawing - Beginning of 2021

Figure 45: DAP drawing - October 2021

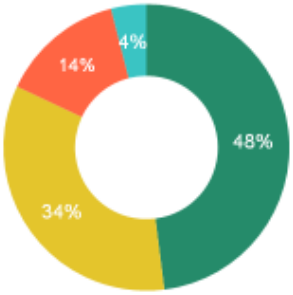
Feedback from the child's mom: "You really make my child so excited for school and she loves doing activities."

When teachers were asked whether the children needed more therapy, SU teachers indicated that 14% of children need more individual therapy, and 34% need more therapy in groups, with similar feedback obtained for B4G (13% = more individual therapy; 34% = more group therapy). At KET, teachers indicated that 11% of children needed more individual therapy, compared to only 33% needing more group therapy (Figure 46 below).

Figure 46: Teachers' opinion on whether children need for more therapy

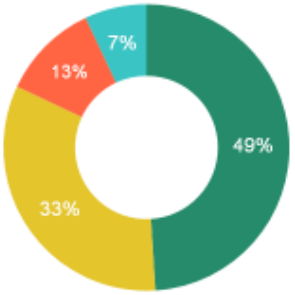
QUESTION: Do you think the child needs more therapy?

TLI SU responses



TLI B4G responses

KET B4G responses



LEGEND: **No, the child has progressed sufficiently and does not need further therapy** | **Yes, I think the child needs more therapy in groups** | **Yes, I think the child needs individual therapy** | **I dont know** | **Blank**

This finding highlights the need for higher dosage than the amount provided in 2021.

OUTCOME #2: Increase in referrals

In 2020, almost no referrals could be made as therapists did not have access to schools to make referrals or follow-up on initial cases flagged during screening. 2021 saw an increase in referrals made, albeit not back to pre-pandemic levels. As shown in Figure 47, 31 referrals were made by the Cape Town B4G team, as opposed to only 4 referrals by the SU team. At KET, 14 children were referred in 2021.

Figure 47: Referrals per annum

GAP IDENTIFIED: SU's low referral rate highlights the following gap in the system: The Department of Health only sees children under 6 years, whereas children over 6 years fall under the Department of Education. Children in Grade R at DSD registered ECD's therefore fall through the system as they cannot be referred anywhere.

The following case study highlights the importance of early intervention:

CASE STUDY: Child Y is a 5-year-old girl attending Brak en Jan Educare. Her development has been affected by her mother's use of substances during pregnancy. She was due to be in grade R but was still in the pre-grade R class as she presented difficulties in all developmental areas. With the doctor's recommendation, she went for an appointment at a neurodevelopmental clinic for further investigation. Thanks to individual OT sessions from the clinic, group therapy with the TLI OT and her teacher's support, she progressed enough this year to cope successfully at formal school. Her father ensured placement at the local primary school and will continue seeking medical care from the clinic.

PARENTS

One of the key objectives of the SU and B4G programmes is to encourage and guide parents to be actively involved in their children's developmental progress. Parents' critical role in early childhood development has been re-emphasized in the Save The Children report: "Our analyses demonstrate that supportive home learning environments, which include toys and books for young children, as well as a diversity of learning and play activities and freedom from harsh discipline, are the most conducive to optimal learning and development."

*"It is clear that **parenting practices** and **home environments** play **critical roles** in young **children's development** and efforts to **improve early learning**."*[18]

TLI and KET teams ensured continuous, open communication with parents through WhatsApp groups, homework books and individual parent meetings. As confirmed by Bernike Maarsingh, the WhatsApp groups enabled teams to stay in touch with parents remotely, provide feedback on progress, share more ideas for stimulation at home and gave parents an opportunity to share updates on progress made at home. Parents were encouraged to assist their children with homework, and stimulation packs provided fresh activity ideas to promote learning through playing.

Going forward, TLI will encourage more parental involvement and ensure understanding of the programmes by implementing some of the learnings obtained from the training attended by Dr. Ahlert. During the training, the following problem was identified: "To date, we have always hosted meetings from the second term, which clearly is too late, as parents have only been orientated through letters and indirect communication through the teachers." It was subsequently decided to meet with parents before the intervention starts, and explain what it means to be developmentally at risk and the implications thereof in school and later in life.

[18] IDELA. 2018. Beyond Access: Exploring equity in early childhood learning and development. [ONLINE] Available at: https://idela-network.org/resource/beyond-access/. [Accessed 1 February 2022].

OUTPUTS

Outputs as per ToC for parents:

Table 9: Outputs for parents

Number of parents supported via parent or community WhatsApp groups		Ave. number of WhatsApp groups administered per therapist/PI		Number of stimulation packs distributed	
TLI	**KET**	**TLI**	**KET**	**TLI**	**KET**
696	**126**	**16**	**3**	**6245**	**1608**

Note: *Parent Workshops and Parent Observation sessions were not possible in 2021 due to Covid-19.*

OUTCOMES

Outcomes as per ToC for parents:

1) Increase in awareness of the child's additional developmental needs, and learning potential
2) Increased understanding of the parent's role in a child's developmental progress
3) Increase in knowledge, skills and motivation to stimulate child at home
4) Increased paternal involvement

Outcomes were evaluated based on surveys completed by parents at the end of the school year, as well as feedback provided by therapists. The following section includes a breakdown of the questions asked, followed by an analysis of the feedback obtained. Due to limited responses from KET parents, only TLI parents' responses could be analysed.

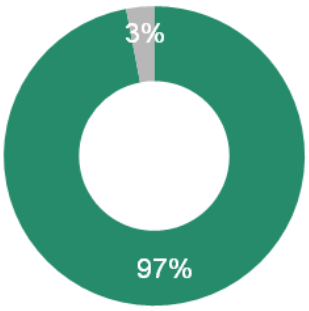
OUTCOME #1: Increase in awareness of the child's developmental needs and learning potential

Once a parent becomes aware of their child's specific strengths or challenges which either help or hinder them in learning, and can articulate an observed challenge as an improvement they would like to see, it facilitates a better understanding of how their child's learning potential can be maximised. To evaluate whether an increase in awareness was achieved, the following question was asked:

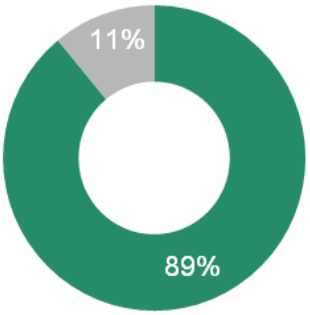
Figure 48: Survey responses from parents

QUESTION: Did you learn anything new about your child through the activities you did together?

TLI SU responses



TLI B4G responses



LEGEND: Yes, I did learn something new | **No, I did not learn anything new** | **Blank**

Examples include:

Yes I now know how my child can focus, and needs time to complete activities.

We didn't know that he likes reading, colouring and writing, or that he was still struggling to deal with numbers.

Examples include:

My child was struggling with shapes and after doing that house shape with her she knew what to do and understood better.

I realised he gets frustrated when he doesn't get the puzzle pieces right .

A key theme that emerged from the explanations provided is **parents' ability to understand their children better**:

- ★ *"The activities helped my child alot at home and school. She doesn't even sit with my phone anymore and she's not a child that talks much. She's opening up. I can see a big difference in my child."*
- ★ *"I learnt that he is not as shy as I thought he was. He just lacked confidence in himself so the program is helping him come out of the shell."*
- ★ *"Things that I thought he knew well were not always the case and the things I thought he struggled with were not always the case."*
- ★ *"I notice that she doesn't really like to be shouted at, so I need to talk to her once or twice. And then she does what I say."*
- ★ *"I learnt that I, as his mother, made him angry when we were doing the emotion activity."*

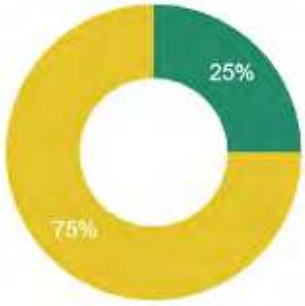
OUTCOME #2: Increased understanding of the parent's key role in his/her child's developmental progress

Increasing the awareness of parents of their key role in reinforcing their child's learning, how to use everyday resources to promote learning at home, as well as the importance of the environment in supporting learning are all key. In order to gauge parents' involvement in their children's developmental progress in 2021, both therapists and parents were approached for inputs. Figures 49 and 50 provide their respective responses.

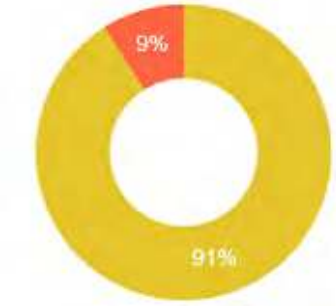
Figure 49: Therapists' feedback on parental involvement

QUESTION: How positive do you feel about your current parent involvement in your therapy groups?

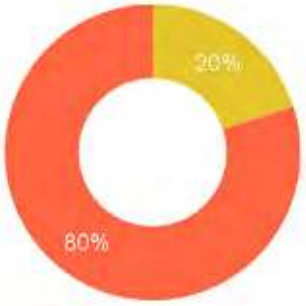
TLI SU responses



TLI B4G responses



KET B4G responses



LEGEND: There is regular involvement of the majority of parents which supports the therapy program | **There is inconsistent involvement of parents** | **There is generally very poor involvement of parents which is a constant barrier to progress of children in therapy** | **I dont know** | **Blank**

From Figure 49 above, it is evident that TLI parents' involvement in 2021 were predominantly flagged to be inconsistent, and very poor at KET. Involvement ought to pick up as soon as Covid-19 allows for parent workshops and parent observation to return. As noted by a KET team member:

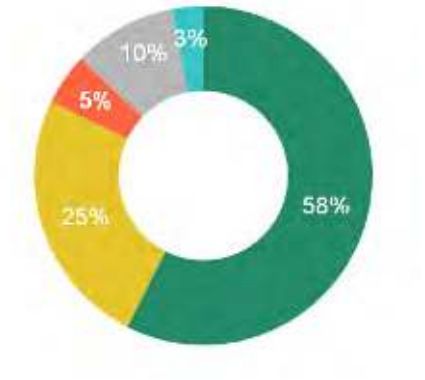
*"Before, B4G's **parenting workshops** did well to **address concerns** about **poor parent involvement.**" - KET Therapist*

For the parents who participated well, and were open to completing the surveys, showed a clear understanding of their role as parent (Figure 50 below).

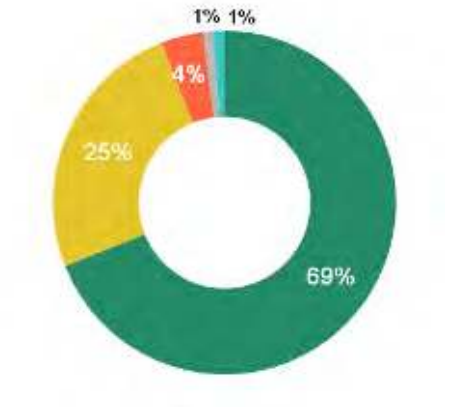
Figure 50: Role of parent in stimulating child

QUESTION: Do you think you as a parent/guardian play any role in stimulating your child's development?

TLI SU responses



TLI B4G responses



LEGEND: Yes definitely, there are so many ways I can help my child to develop at home | **Yes, but it is sometimes hard to help my child at home** | **I am happy to try, but I don't know how to help my child** | **No, I think the teacher knows best. I prefer to leave it up to the school** | **Blank**

The majority of parents who completed the surveys confirmed their understanding of their role in stimulating their children at home. A quarter of parents were aware of their role, but flagged that they find it hard to stimulate their children at home. A small percentage of parents were happy to try, but did not know how to help their child (SU = 3%; B4G = 1%) , whereas around 5% parents noted that learning and development are teachers' responsibility alone (SU = 5%; B4G = 4%).

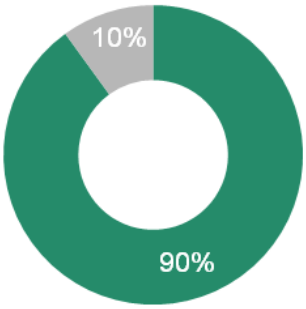
OUTCOME #3: Increase in knowledge, skills and motivation to stimulate child at home

With parents being the primary and most influential educators of their children, it is critical to equip them with the necessary skills to optimise at-home stimulation and development. In order to assess whether the programmes improved parents' required knowledge and skills, the following question was asked:

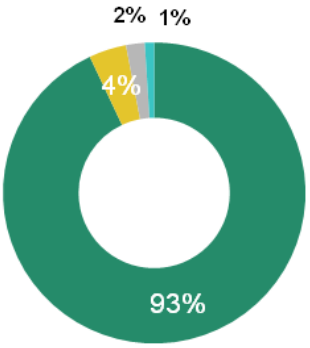
Figure 51: Increased knowledge and skills to ensure at-home stimulation

QUESTION: Do you think the SU/B4G programme increased your knowledge and skills on how to stimulate your child at home?

TLI SU responses



TLI B4G responses



LEGEND: Yes definitely | **Maybe a little** | **I need help with some of the activities** | **No** | **Blank**

From the responses it was evident that the programmes helped in increasing parents' knowledge and skills in stimulating their children at home, as 90% of SU parents confirmed "Yes, definitely", compared to 93% B4G parents.

*"You helped us as parents a lot. Sometimes you **don't know what to teach** your child, but the **B4G programme made it easier.**" - Parent*

To gauge parents' level of motivation, the following pictures and comments from parents speak a thousand words:

Figure 52: WhatsApp pictures and messages from parents

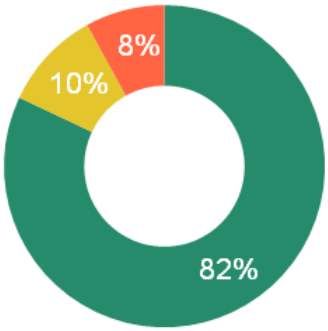
OUTCOME #4: Increased paternal involvement

Fathers' critical role in children's development cannot be emphasised enough. It has been proved that supportive and affectionate fathers affect a child's cognitive and social development, and also instills an overall sense of well-being and self confidence[19]. Both SU and B4G programmes therefore strive to encourage father-child interaction.

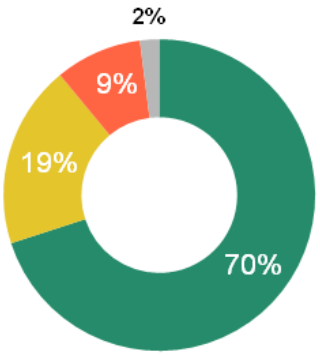
Figure 53: Parents' feedback on level of paternal involvement

QUESTION: Do you think the programme encouraged more paternal involvement, i.e. was there more father-child interaction?[20]

TLI SU responses



TLI B4G responses



LEGEND: Yes definitely | Maybe a little | No | Blank

From Figure 53 it is evident that both programmes managed to increase paternal involvement, with 82% of SU parents confirming increased father-child interaction, compared to 70% of B4G parents.

*"We enjoyed doing all the **activities as a family** and **bonded more** with these activities" - B4G Parent*

[19] Psychology Today. 2021. The Importance of Fathers for Child Development. [ONLINE] Available at: https://www.psychologytoday.com/za/blog/parenting-and-culture/202106/the-importance-fathers-child-development. [Accessed 1 April 2022].

[20] For SU, 2 out of 40 responses mentioned "not relevant to our family", and 6 out of 169 responses for B4G. GIven its irrelevance, these responses were excluded from the analysis.

TEACHERS

By providing mentorship, support and resources to teachers, the programmes enhance the quality of education for both children developmentally at risk as well as other children in the teachers' classes.

OUTPUTS

Outputs as per ToC for teachers are presented in Table 10.

Table 10: Outputs for teachers

TLI	OUTPUTS	KET
SU = 17 | B4G = 78	Nr of teachers supported	B4G = 26
SU = 127 | B4G = 791	Nr of teacher training sessions	B4G = 33
SU = 243 | B4G = 812	Nr of ISP's issued	B4G = 268

TOTAL no. of B4G classroom intervention sessions offered: 97

TOTAL no. of SU classroom intervention sessions offered: 25

OUTCOMES

Outcomes as per ToC for teachers:

1. Improved exposure, competence, confidence, enthusiasm and initiative
2. Increased awareness and understanding of the teacher's role

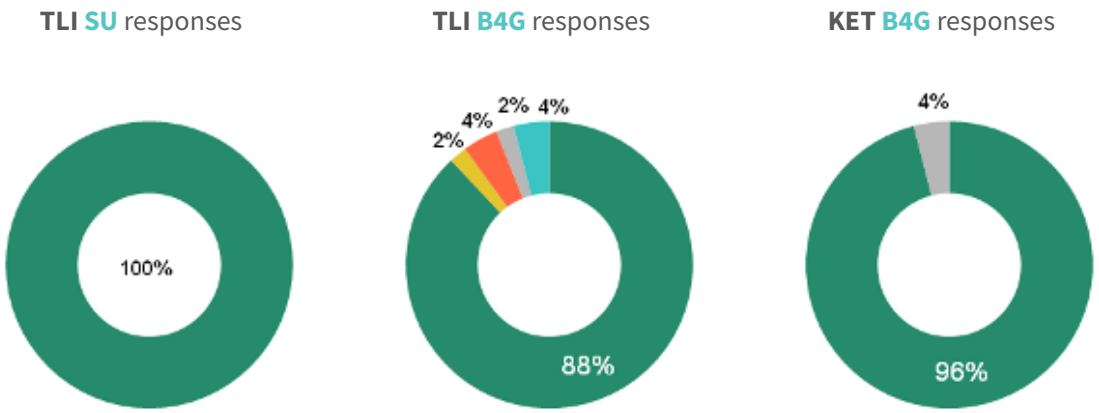
Outcomes were evaluated based on year teacher feedback forms completed at the end of the calendar year.

OUTCOME #1: Increased exposure, competence, confidence, enthusiasm and initiative

To ensure the sustainability of the model, teachers are upskilled through in-class therapeutic demonstrations, teacher support packs as well as weekly support sessions with therapists. When asked whether the SU and B4G programme increased their knowledge and skills to stimulate children who are falling behind developmentally, the following feedback was provided (Figure 54).

Figure 54: Teachers' responses to survey question (1)

QUESTION: Do you think the SU/B4G programme increased your knowledge and skills to stimulate children who are falling behind developmentally?



LEGEND: Yes, definitely | Maybe a little | I did not learn anything new | I don't know | Blank

As is evident from Figure 54, the majority of teachers confirmed the positive influence of the respective programmes. Examples of feedback include:

- *"The B4G programme is very helpful for me, it taught me to be more patient and creative with the children. Their practical activities opened doors for me to improve myself in theme planning."*
- *"I really enjoyed the teacher training, because I used some ideas in class and the kids enjoyed them."*
- *"Very pleased to be part of B4G teacher sessions, not (only) did the children benefit but also our teachers, as the OT refreshed our minds and thoughts."*
- *"This programme helped us as teachers to cope and understand how to handle the children and also gave us more confidence."*
- *It (SU) is a very good programme. My kids benefited a lot, and so did I as a teacher."*
- *"Step Up had a positive and profound influence on learners and teachers."*
- *"Step Up also helped me with children who are doing well in class but have one or two things that they are struggling with."*

The following picture (Figure 55) demonstrates enthusiasm and initiative taken by the teacher based on an idea shared by the OT. The activity addressed fine motor skills and exposure to colours.

Figure 55: Proud teacher with her class

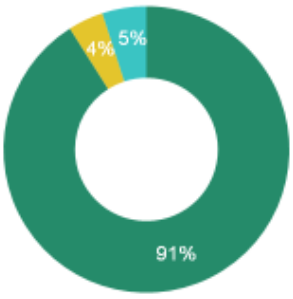
OUTCOME #2: Increased awareness and understanding of the teacher's role

According to the Teacher Feedback survey, more than 90% of TLI and KET teachers confirmed that they are aware of their role in helping the child to improve and reach his/her full potential (Figure 56).

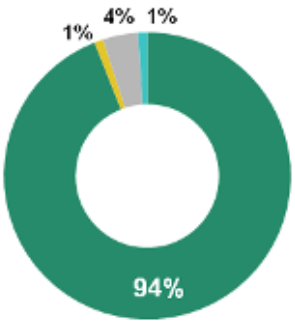
Figure 56: Teachers' responses to survey question (2)

QUESTION: Do you think you played a role in helping the child to improve?

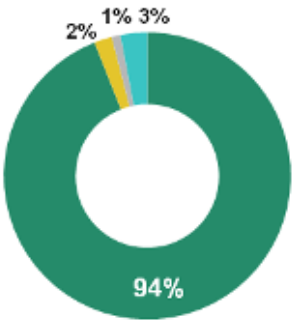
TLI SU responses



TLI B4G responses



KET B4G responses



LEGEND: Yes definitely | Not really | No | I don't know | Blank

OTHER BENEFICIARIES

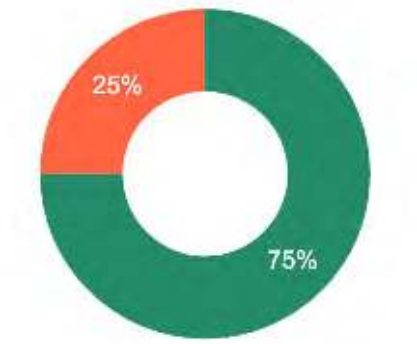
INVOLVEMENT OF SIBLINGS

Parents were asked whether the child's brothers and sisters, or other children also joined for some of the activities. The vast majority of responses confirmed recurring involvement of siblings.

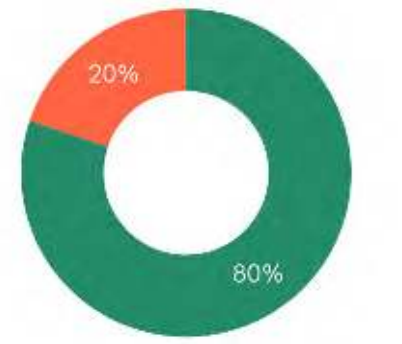
Figure 57: Parents' responses to level of sibling involvement

QUESTION: Did your child's brothers and sisters, or other children join for some of the activities?[21]

TLI SU responses



TLI B4G responses



LEGEND: Yes they did. It was fun! | **No, other children did not get involved** | **Blank**

*"B4G has been of great help in assisting my son and being able to do the activities at home where **his sister and niece could also join**, basically assisting them as well." - B4G Parent*

UPSKILLING OF FACILITATORS

To date, two Facilitators have been upskilled to become PI's. Pam Thwala and Stacey James continued to administer groups at Vrygrond and Masi under supervision of a therapist. Feedback from one of the PI's at TLI: "Highlights include seeing the progress, great and small, made by the children. Even though groups are structured and planned, the personal interaction between implementer, facilitator and children grows session by session and is full of new experiences.

[21] For SU, 8 out of 40 responses mentioned "not relevant to our family", and 32 out of 169 responses for B4G. GIven its irrelevance, these responses were excluded from the analysis.

PRAISE FOR THE PROGRAMMES

The *impact* of the SU and B4G programmes are *widely recognised and applauded* by participating parents. What follows is a *summary of feedback* obtained through anonymous parent surveys conducted at the end of 2021.

STEP UP | FEEDBACK FROM PARENTS

Parent-child interaction

*"The program encourages **parent-child interaction** and we get to **learn a lot about our little ones** and their **progress at school.**"*
*"Thank you, it encourages kids to do more homework and us parents **to engage more with our children** when it comes to their development."*

Insightful

*"There are a lot of things **we learnt** which **I didn't know** myself."*
*"Most of us parents **need knowledge** on how to **stimulate our kids**."*

Evident progress

*"I can **see the improvement in my** son in skills and much appreciate you."*
*"My child is **doing good because of step up**, I really appreciate your programme."*
*"This program is very good. It **helps my child a lot**."*
*"The Step Up program is good for children. They **learn easily** and adapt fast."*

Child insight

*"I **learn more about my child** and **how to help him** with his school homework."*

Stimulation packs

*"We find **packages** they got during the course of the year **so helpful**."*
*"**Love the activity packs** the children receive."*

Specific skills

*"I like the way you help me and my child. He **knows how to build toys**."*

Fun

*"This program was really helpful and my child **enjoyed every moment** of it."*

Ready for Grade 1

*"I see the progress. Next year is going to be **easy to apply for Grade 1.**"*
*"My girl is **promising to be bright** come Grade 1. 🙏 "*

Transformational

*"I really appreciate the step up programs,it has **transformed our lives**." 🙏*

Words of praise

*"You guys are doing an **amazing job**, keep it up."*
*"You are **doing a great job**, thank you so much."*
*"Keep it up, **Step Up helps us a lot.**"*
*"The **program is great.**"*

Words of thanks

*"**Thank you** for the whole program you offered to my child."*
*"Thanks Step Up for your **support to our kids**."*
*"Thank you so much for **all your help**."*
*"Thank you for **helping my child** with this program."*

*"Most children would be **left behind** in school because of the sizes of the classrooms but I'm sure the **ones that attended Step Up** can **strive in any educational environment**." - SU Parent*

BLOCKS 4 GROWTH | FEEDBACK FROM PARENTS

Wish it could continue

*"I feel sad that the sessions have ended, and would **like for it to continue.**"*
*"**Please continue** providing assistance and recommending activities to help develop our children."*

Specific skills

*"My **child's speech** has grown tremendously. He says more words when spoken too."*
*"Thank you for allowing my son to be part of your program. It definitely improved his **numerical and communication skills**."*

Success in life

*"Thank you so much guys for the **contribution** towards my child's way to **success in life.**"*

Improved confidence

*"My child is more **confident and outspoken** , thank you B4G."*
*"Just love to express my thanks to the team. Without their help, my child wouldn't have gained so much **confidence and knowledge.**"*
*"My son was very shy but now he's more **confident and well spoken**. Like to share ideas with his siblings."*

Parent-child interaction

*"I really like the program and I appreciate everything you are teaching my child because my child and I **learnt how to work together** even more."*
*"I was happy to ask questions about **how to handle my child** and get answers and they all worked, thanks to B4G."*
*"I would like to thank you for this programme. It has helped me **build my relationship with my daughter**, I actually enjoyed it all the way."*

Evident progress

*"Thank you very much for your time and for your support to my child. You make a big **difference to my child**. Keep it up."*
*"Just want to thank you for giving my daughter this opportunity. She has **matured a lot** in this short time."*
*"My child has **improved a lot**."*
*"Thank you very much as I **can really see my child's development.**"*

Fun

*"I **really enjoyed doing the activities** with my child."*
*"Thank you for helping with my son's development. I really **enjoyed doing the activities with him**."*

General words of thanks

*"Thank you for your **hard work and time** to teach our children. We appreciate it."*
*"I can just say thank you for **being part of this important stage of learning** in my child's life. You did very well. Thanks."*
*"The **smile on my daughter's face** is priceless. Thank you for doing such amazing work... God bless."*

Ready for Grade R

*"He really enjoyed the program and **prepared him (and me) for grade R** next year. Thank you so much."*

*"Thank u for **investing** in my child's life" - B4G Parent*

THE ROAD AHEAD

At the time of writing this report, both TLI and KET were already *well underway* to meet the ambitious *screening targets* set for 2022.

With the decreasing prevalence of Covid-19, the road ahead looks more promising for optimal programme implementation. However, it will require extra motivation and effort to make up for the developmental losses incurred by the pandemic. As advised by an article in Business Tech:

*"The most important way to **claw back these losses** is to ensure that every child is at school every day, that **teaching and learning time is maximised**, and that every effort is made to **promote a learning culture beyond the school.**"*

The following recommendations are based on a) guidance from an M&E perspective, b) feedback obtained from parents and teachers, and c) inputs from implementing teams.

1. **STUNTING ANALYSIS:** Going forward, it is advised to perform the stunting analysis at the beginning of the year to ensure early intervention if required.

2. **EMPHASIS ON WEAKER DOMAINS:** For each programme, more emphasis ought to be placed on the following developmental areas which showed relatively weaker results.

    a. **SU (TLI):** Emergent Literacy and Emergent Numeracy
    b. **B4G (TLI):** Gross Motor Development and Emergent Numeracy and Mathematics
    c. **B4G (KET):** Fine Motor Coordination and Visual Integration, Emergent Numeracy and Mathematics and Cognitive and Executive Functioning

3. **OBSERVATIONS BY TEACHERS:** Although teachers are invited to observe sessions, they often cannot leave their classes due to capacity constraints. To enable teacher observation for each teacher at least once a year, preferably in the first half of the year, TLI/KET should explore the option of having Facilitators hosting a fun activity for the teacher's class for the duration of a group therapy session.

4. **SU SCREENER:** It is advised to re-assess SU cut-off scores using the combined 2020 and 2021 screening sample.

5. **TARGETED APPROACH FOR SU FROM 2023 ONWARDS:** As soon as the SU programme has been refined and consistently proved to make an impact, a targeted approach should be considered.

6. **VARIED THERAPY CADENCE:** A number of therapists raised concern about offering therapy only once a week. It is therefore recommended to have two group categories:

    a. Stronger groups (high SD scores): Therapy once a week.
    b. Weaker groups (low SD scores): Therapy twice a week.

*"The success of the programme is greater when we get to **see groups twice a week** rather than once a week." - TLI Therapist*

7. **PROGRAMMATIC EXPANSION:** For the second year in a row, teachers requested programmatic intervention for younger ages, e.g. 3 to 4 year olds. The possibility should be explored by TLI and funding partners.

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*"**Early interventions** significantly increase the child's ability to **integrate in future social environments**, including school, community, and ultimately employment."*[22]

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ADDENDUM A

Methodology to determine the cut-off score for the Step Up Screener

DATA SOURCES

The following two data sets were merged to compare the a) therapeutic knowledge required to place children in groups with b) numerical data obtained from the screener:

- Step Up Consent forms - Step Up Groups (N=271)
- Step Up Screener data (N=161)

The approach is based on the assumption that children placed in groups have obtained lower scores than children not requiring therapeutic input.

THERAPIST KNOWLEDGE

Upon screening 5- to 6-year-old children at the beginning of the year, therapists tagged each child with one of the following categories:

- "Would benefit from groups" (100)
- "Maybe" (45)
- "No" (6)
- "Refer" (2)

This data set included 1 duplicate and 8 cases without tags. Therapists also provided written motivation for each selection.

DATA ANALYSIS

The screener is subdivided into 4 sub-categories (maximum obtainable score in brackets):

- Gross Motor (10)
- Language & ELP (24)
- Cognitive & Numeracy (14)
- Fine Motor (6)

Using IDELA's methodology as guidance, an equal weighting was given to each sub-category by multiplying the respective scores by 0.25, which produces an overall Step Up score (x%).

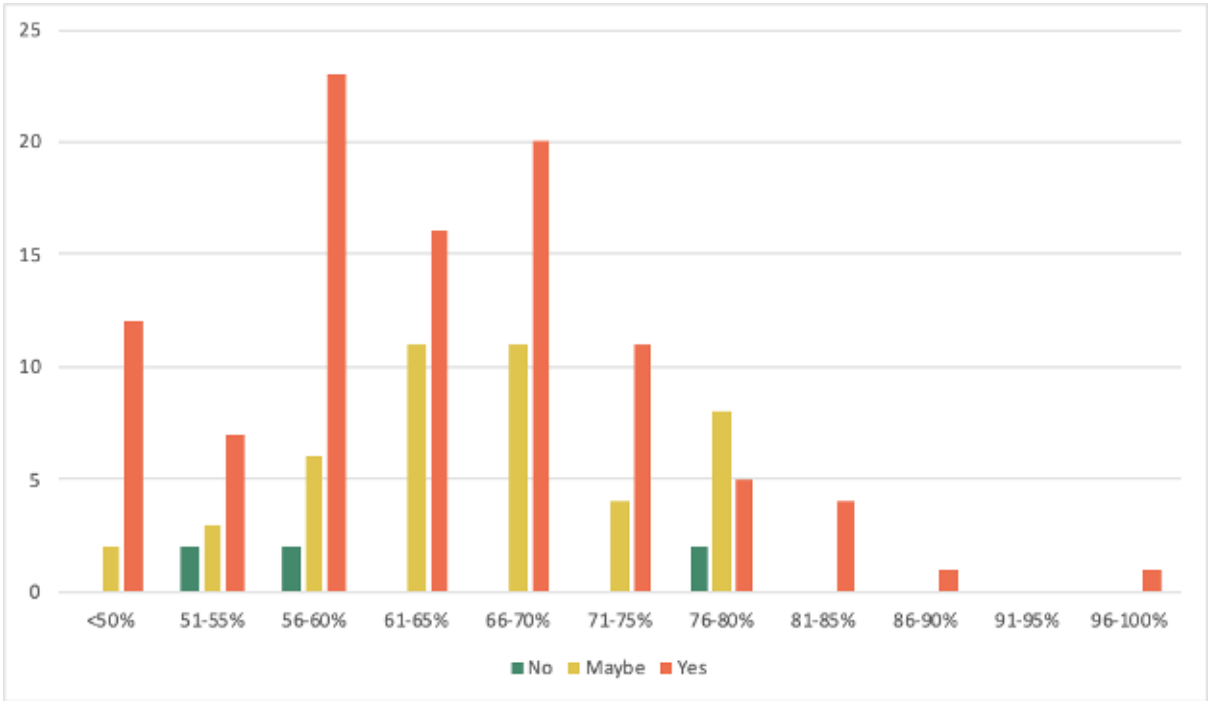
Table 11: Child A (Example)

	Gross Motor	Language & ELP	Cognitive & Numeracy	Fine Motor	Overall Score
Child Score	6	15	9	5	
Max Score	10	24	14	6	
Percentage	**60%**	**63%**	**64%**	**83%**	**68%**

MERGING THE DATA SETS

The two data sets were merged using the children's names as unique identifiers. Different spelling and the ad hoc use of second names necessitated manual comparison in many cases.

Figure 58: Breakdown of SU screening scores per category



From Figure 58, it is evident that no clear cut-off point can be derived based on the respective categories. To understand why children with high scores were placed in groups, an analysis of the therapeutic motivations followed. Examples of motivations include:

- *"There were a few questions that he was unable to answer. He's easily distracted. He is good with basic concepts and social skills but his language skills and basic concepts need improvement."*
- *"DAP is on par. Fine motor and cutting skills are very good. Recommend that she participates in the group to improve her socio-emotional skills and to focus on her numeracy and cognition."*
- *"Would benefit from social engagement."*
- *"[Child name] engages well and is eager to learn. However, needs more help with language and numeracy concepts."*
- *"[Child name] is developmentally behind where he should be. There were many tasks he was unable to do. He will benefit from extra support. Language, Numeracy and cognitive skills need improvements."*

Combining the outcomes from the numerical analysis with the insights obtained from the motivations, the following is advised:

- **Score below 65:** In groups
- **Score 66 to 80:** Maybe, review therapist motivation
- **Score above 80:** Not in groups, however, still important to review therapist motivation

FUTURE WORK

It is advised that this methodology is reviewed and revised in 2022 by combining 2021 and 2022 data to have a larger data set to work from.

ADDENDUM B

Standard Programme Offering

INPUTS

The SU and B4G programmatic inputs include the screening and preparation of sites for programme implementation, as well as equipping of the implementing staff.

PRE-IMPLEMENTATION

- **Community identification:** Communities feasible for SU and B4G implementation in 2021/2022 were identified towards the end of 2020. The selection is focussed on disadvantaged communities.
- **Criteria determining centre feasibility:** Centres should be registered, offer a safe environment and a suitable venue for the intervention and there must be sufficient learners to test - a minimum of 18 learners per centre. Responsiveness to an information session, school buy-in and agreement from the staff and principal are key factors influencing implementation. Community buy-in provides essential external support, extending benefits of SU/B4G into the classroom, home and each child's community.
- **Training of B4G implementers:** Qualified OT's and SLT's, supplemented by PI's, run the SU/B4G programmes at different creches. Each therapist implements eight to ten groups per week, assisted by facilitators who provide additional support to learners in the group as required e.g. language translation, behaviour management, child handling and reinforcement of learning in the session.
- **Partnerships:** TLI delivers the programme in partnership with KET and the Department of Social Development (DSD).

MATERIAL

The SU and B4G material include a i) toolkit, ii) session plan & materials, iii) fine motor book, iv) homework book, v) home programs vi) stimulation packs and vii) teacher training manuals.

STAFFING

SU and B4G have two staffing models, the Standard Model and the Expanded Model:

- The **Standard Model** consists of one therapist and one facilitator administering the programme at selected creches.

- **Expanded Model:** To enable scaling of the programme whilst promoting the upskilling of community members, facilitators are identified and trained to become PI's. Under part-time supervision of therapists, PI's take ownership and implement the therapy groups with a facilitator.

Roles and responsibilities of Therapists/PI's:

- Leading/Facilitating group sessions.
- Using provided tools and equipment.
- Completing the attendance list per group.
- Providing comprehensive, up-to-date tracking and feedback for each child and each group session.
- Travelling to and from group sessions, and organizing with the Facilitator to collect or meet her.
- Pack-up and clean-up.
- Building relationships with Principals and Teachers at each school, and providing feedback and guidance to them.
- Managing, guiding and supporting growth for the Facilitator.
- Providing input in session development.
- Developing content for Facebook and posting it.
- Communicating regularly with immediate peers, managers, principals, teachers and children.

Roles and responsibilities of Facilitators:

- Facilitating the delivery of SU/B4G curricula from therapist to child through translation from English into the language of learning of the child.
- Interacting with children and keeping them busy and engaged when needed.
- Transporting children to and from the facilitated sessions to ensure sessions run smoothly.
- Handling equipment.
- Setting up sessions by moving/carrying tables and chairs to the relevant rooms.
- Picking up and packing up after the session is complete.
- Communicating regularly with immediate peers, managers, principals, teachers and children.

TECHNOLOGY

- **Open Data Kit (ODK) and Ona Platform:** SU/B4G uses ODK to capture data which is stored on two Ona databases. Albeit initially set up to meet the majority of data collection requirements, operational inefficiencies in using and managing ODK forms have necessitated changing a selection of data capturing activities to paper-based. This includes attendance registers and progress notes. The former is then re-captured on Google Sheets on the shared Google Drive, whereas the latter is currently stored in hard copy only for reference, auditing and quality of practice purposes.

- **Phones/Tablets:** TLI and KET have a number of phones and tablets used for screening and reporting.

ACTIVITIES

AT RISK CHILDREN

A. **Screening:** Each child completes a screening test used to identify children who are developmentally at risk. Screening tests are conducted by therapists who capture the results using ODK, from where the results are stored on the Ona platform. The results serve as a baseline for the end-of-year programme evaluation. Results obtained from the screeners are used for group allocations. Therapists also use these results to guide ISP's, progress reports, parent and teacher feedback, and to refer children who require additional management to the relevant service providers.

B. **Bi-weekly therapy:** Children identified to be 'at risk' are enrolled in bi-weekly therapy sessions of 45 minutes duration with a designated therapist/PI and facilitator. Each group consists of +/-9 children. All sessions follow a standard format set by the SU/B4G programme, closing with a short meditation to deepen the learning for the day and prepare children for their return to class. To monitor progress, therapists observe and report key metrics during each session. Reporting includes progress notes, attendance registers, ISP's, mid-year reports and year-end reports. Therapists are responsible for their own groups each week.

C. **Other Activities:** Therapeutic initiative ensures that any adaptation of the kit, structure of the session and handling of the group, lesson plans, home programme and any ad hoc individual therapy is geared to meet the identified needs of each specific group and context.

PARENTS

A. **Parent Observations:** Parents of children participating in the B4G programme are invited to participate in three opportunities to observe their children during therapy sessions. This provides them with insight into their child's behaviour and performance during learning and an opportunity to observe Therapists/PI's in B4G action.

B. **Parent Workshops:** Parents are invited to attend Parent Workshops in their area. A core focus of the workshop is to equip parents with the basic information, practical skills, attitudes and resources to engage in fun ways with their child's learning and development.

C. **Communication:** Therapist-parent liaison is critical to the success of SU/B4G, enabling communication about the child's strengths, challenges and progress, group attendance and outcome from referrals. Communication is enabled through WhatsApp support groups created by Therapists, face to face meetings at observation and workshop sessions, and through the use of the homework diary.

D. **Homework:** Children participating in the B4G programme receive homework twice a week to complete at home with their parents. This encourages parent-child interaction as well as parent-therapist interaction, and also provides an opportunity to transfer knowledge and skills of home-based learning activities to parents.

TEACHERS

A. **Teacher Training:** Teacher capacity building opportunities are offered to all teachers each week at the ECD. Mentoring of teachers is fundamental to the sustainability of the programmes as it provides an opportunity to transfer therapeutic skills and initiatives into the regular classroom thereby expanding reach to more children.

B. **Communication:** Regular Therapist-Teacher communication is encouraged throughout B4G to foster common understanding about each child, and to reinforce progress in the classroom and to make the necessary adaptations to the learning environment.

ADDENDUM C

Sampling Methodology

What follows is a detailed overview of the two methods used to determine the optimal sample size for post testing.

Method 1: Sensitivity analysis on historical data: One Sample t Test

- Review 2020's post test results shared by Innovation Edge to compare the mean of the entire set (N = 193) with the mean of randomly selected smaller samples (n = 10, 20, 30, … , 100).
- Using an iterative approach, perform multiple One Sample t Tests to determine at which point there is a statistically significant difference between the two means.
- The iterative approach pointed towards a sample size of at least 31 children per stratum.
- To ensure a buffer for invalid tests, a lower bound of 35 children per stratum is recommended.

The various strata refer to children participating in the B4G in different formats, e.g. group therapy or individual therapy. Children should be randomly selected from the respective communities. Important that all communities are represented in the sample.

Method 2: Sample size calculator:

$$\text{Sample size} = \frac{\frac{z^2 \times p\,(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p\,(1-p)}{e^2 N}\right)}$$

- Given N = 488 children identified for need of therapy/stimulation (N = population size),
- z-score = 1.65 (determined by a 90% confidence interval),
- and e = 10% (e = margin of error),

Final recommendation: Use Method 2 to determine the advised sampling size, whilst Method 1's result is used as determinant of the lower bound.

“The program is great for children. It encourages parent-child interaction and *we get to learn a lot about our little ones* and their *progress at school.”*

(Parent - Step Up)

“As a society, we cannot afford to postpone investing in children until they become adults, nor can we wait until they reach school age – a time when it may be too late to intervene. The best evidence supports the policy prescription: *invest in the very young and improve basic learning and socialisation skills*[1].”

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