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**The Feasibility of Instruments used to Measure Children's Social Networks and Social Support, and their Implications for Mental Health and Well-Being**

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## Abstract

Little research has mapped children's social networks using the convoy model of social relations, nor has it examined the implications of various network characteristics for children's mental health and well-being. This pilot study falls under a larger study and looks at participant recruitment strategies and the feasibility of measures used to examine children's social networks, mental health and well-being. We interviewed 10 children aged 9 to 11 years and their parents, administering the various measures, including the convoy mapping procedure and several questionnaires assessing mental health and well-being. This was followed by a short questionnaire asking about their experiences of the measures. Issues with participant recruitment and the measures were identified, including problems with wording, format, length and overall interview experience, and recommendations for the broader study were made.

**Keywords:** children, convoy model, mental health measures, feasibility study

According to the World Health Organization (2005), childhood mental and behavioural well-being is likely to improve children's quality of life, both in childhood and later in adulthood. As a result, increased research into children's social networks is critical, given the active involvement of social networks in children's lives and their association with mental health and well-being (Levitt, 2005). Throughout childhood, children build and sustain social bonds with a variety of people, including family, friends, and teachers (Manalel & Antonucci, 2020). These social networks are crucial for providing social support and have a significant impact on daily functioning and the formation of future relationships (Kahn & Antonucci, 1980). However, interactions with network members can also be negative or unsupportive (Levitt, 2005). It is therefore imperative to determine the structure and functions of these networks and their impact on children and their well-being (Manalel & Antonucci, 2020). This need sparked the establishment of a larger study which aims to: (a) investigate how children's relationships are integrated in a cohesive network that provides support to the child, and (b) to examine the implications of social support and other structural and functional network characteristics for children's mental health and well-being in South African children aged 9 to 11. This pilot study aimed to test participant recruitment strategies and pilot the larger study's measures by assessing children's and parent's experiences of being interviewed and having the various measures administered to them.

### **The Convoy Model**

The convoy model of social relations is a key theoretical framework in the study of social networks and support (Antonucci et al., 2014). Social convoys refer to a group of people that are repeatedly and directly involved with an individual (Wrzus et al., 2013). The social convoy develops from core attachment bonds in infancy and spreads to encompass other interactions as the child's social engagement increases (Antonucci et al., 2004). The convoy model is a framework for studying the evolution of social relationships over time and in different contexts (Huysmans et al., 2021). The model involves grouping significant people into three concentric circles reflecting different levels of closeness: close, closer, and closest (Levitt, 2005). The model therefore suggests that people move through life as part of an evolving network of individuals that both offer and receive social support (Antonucci et al., 2019).

Changes in social convoys across the lifespan impact an individual's perceived need for support as well as their ability to acquire it (Franco & Levitt, 1998). Close family members are

usually the most essential members of a child's social network, but other family members frequently participate in support exchanges (Manalel & Antonucci, 2020). Peers and extended relatives are regularly nominated as network members by children over the age of three (Hamilton, 2005; Levitt, 2005). Extended family members such as grandparents and external characters such as teachers are included in the networks of older children, indicating their growing social worlds and higher reliance on external people for assistance (Levitt, 2005). Van Heerden and Wild (2018) applied the convoy model to a South African sample, demonstrating its potential. However, there is still a limited amount of research on children's social convoys in South Africa as viewed from this theoretical framework.

### **Structural Characteristics of Social Networks**

Structural characteristics of social networks speak to the objective characteristics of individual networks and provide insight into the nature and composition of social networks and the implications thereof (Manalel & Antonucci, 2020). Social networks change across the lifespan based on age, gender, and life events, and can be tracked through structural characteristics including size and diversity (Wrzus et al., 2013).

Social network size is an area of great interest as it speaks to the social resources available to individuals, which has direct implications for mental health and well-being (Wrzus et al., 2013). This is particularly true of children, as social networks act as the main resource for navigating and coping with change (Hombrados-Mendieta et al., 2012). Social network size has been a grey area in the psychological literature as there is still no concrete research on the typical size of social networks and what the implications of size differences are (Wrzus et al., 2013). Nevertheless, it is generally found that greater social network size leads to increased social support, which is associated with positive outcomes for both health and well-being (Antonucci et al., 2004). Furthermore, within the various levels of closeness outlined in the convoy model, different sizes of specific levels within the greater social network may have different implications for general well-being (Manalel & Antonucci, 2020).

Social networks vary not only in size but also in diversity, with different types of relationships falling under the greater social convoy (Hombrados-Mendieta et al., 2012). Children create and maintain several social networks all of which exist under a global network (Hombrados-Mendieta et al., 2012). Using pattern-centred approaches, different types of social networks can be established, ranging from diverse networks including extended family, friends,

and peers, to more restricted patterns usually limited to only close family and friends (Manalel & Antonucci, 2020). It has been found that diverse networks are associated with lower levels of depression than restricted networks, which can be attributed to the absence of multiple sources of support in the latter (Fiori et al., 2006). Furthermore, social network patterns that included a greater range of relationships such as close family/friend and close/extended family patterns have been found to be associated with reports of decreased loneliness and a more positive self-concept, thus improving general well-being (Manalel & Antonucci, 2020).

However, a limitation of the existing research on children's social network structure is that it has largely been conducted in the United States. This is problematic, as there is evidence that variations in cultural and socio-economic norms may influence the structure of children's social networks (Levitt et al., 1993). Furthermore, many studies on children's social networks have small sample sizes, which limits the researchers' capacity to investigate any meaningful relationships (Manalel & Antonucci, 2020).

### **Social Support and Children's Mental Health and Well-Being**

Based on the social convoy model, the main role of a social network is to provide a social support structure. For children, social networks act as the main resource for social support and development (Levitt et al., 2005). Social support is a multidimensional construct that refers to the informational, emotional, and instrumental assistance received from family, friends, and peers (Gariépy et al., 2016). Social support has been identified as a protective factor during child development as well as a predictor of psychological health and well-being (Hombrados-Mendieta et al., 2012; Rueger et al., 2016).

Lower levels of social support have been found to be associated with higher levels of depressive symptoms in children (Auerbach et al., 2010). Furthermore, parental support has been found to be the most significant protector against depressive symptoms amongst children (Gariépy et al., 2016). Several studies have also reported positive associations between internalising symptoms (e.g., anxiety, loneliness) and poor peer support (Klima & Repetti, 2008). Klima and Repetti (2008) found that multiple sources of support had an additive association with children's well-being, suggesting that a variety of support sources is beneficial for children. It is therefore clear that, in the child population, a strong and positive network of social support, specifically from family members and peers, contributes to improved well-being (Franco & Levitt, 1998). However, many studies on children's social support and its associations with

children's mental health and well-being focus on specific population groups, limiting the generalizability and universal applicability of the findings and suggesting a need for more diverse socioeconomic and ethnic samples (Klima & Repetti, 2008).

### **Limitations of Previous Research**

The convoy model of social relations has been extensively explored over the last few years. However, the majority of research on the structure of social networks focuses on adult populations, with limited studies on child populations (Levitt, 2005). There is very little literature on the convoy model of social relations in the South African child population or on the mapping procedures administration although Van Heerden and Wild (2018) have demonstrated its potential. The research that has focused on children has mostly examined specific childhood relationships, therefore leaving a gap in the literature regarding children's social networks more generally (Manalel & Antonucci, 2020). The majority of research focuses on the positive effects of interactions with network members, and very little on the negative effects (Levitt, 2005). Furthermore, there is a need for further research on the functions that specific network members perform within a child's social network throughout development (Levitt, 2012). These include forms of control and regulation, as well as social support (Barber et al., 2005). Research investigating children's social networks is still in its early developmental stages, with gaps in the research regarding patterning, structure, composition, and implications (Levitt, 2012). Thus, little is known about the short-and long-term effects of social network patterns and the support they provide for children (Domitrovich & Bierman, 2001).

### **Pilot Studies**

Pilot studies aim to test the feasibility of a larger study (Beebe, 2007; Van Teijlingen & Hundley, 2002). This can involve examining participant recruitment and sampling strategies, instrument feasibility such as questionnaires or tasks for specific populations, assessing interview protocols, and testing methodology (Janghorban et al., 2014). A pilot study can investigate the drawbacks of participant recruitment, such as restricted access to participants due to cultural sensitivity, shame and stigma, or unwillingness to participate in an interview due to a time constraint, or due to the researcher being of a different gender, race, and age (Janghorban et al., 2014). Pilot studies can assist researchers in enhancing their sampling techniques and figuring out the most efficient methods for participant recruitment (Janghorban et al., 2014). This is particularly important for research with children as research suggests that young children can be



sensitive to an interviewer's personal characteristics such as gender, race, and age (Naidoo et al., 2009).

Testing the feasibility of measures in new populations in order to determine whether modifications to the measures are necessary is an important part of the research process (Bowen et al., 2009). Questionnaires assessing mental health and well-being also require adaptation with different ages, cultural contexts, and education levels, and therefore require piloting in order to determine where adaptation is necessary (Tickle-Degnen, 2013). Younger children and children of lower education levels may require simple measures that are easier to understand, use simpler language and are more straightforward in order to effectively engage with the measures and provide more accurate data (Ponizovsky-Bergelson et al., 2019). Furthermore, different cultural contexts may require adaptations of the measures to fit social norms (Ponizovsky-Bergelson et al., 2019). Pilot studies can also be used to test whether the various components of the study work together (Tickle-Degnen, 2013). Pilot studies can further be used to highlight any issues in data collection, in order to ensure a more seamless experience for the larger study (Tickle-Degnen, 2013).

There are a number of challenges to consider when interviewing children, such as boredom with the content or length of the interview, the use of complex language and words, issues of openness and willingness to share information, and the desire children have to give the 'right' answer (Einarsdóttir, 2007; Ponizovsky-Bergelson et al., 2019). Ponizovsky-Bergelson et al. (2019) outline some of the important aspects of interviewing children, including the use of simple language and open-ended questions in order to prompt more open conversation, particularly at the onset of the interview, and encouragement and affirmation in order to promote sharing and openness. When interviewing children, it is important to ensure that the measures are clear and understandable, leaving no room for confusion or discomfort (Ponizovsky-Bergelson et al., 2019). Developing and carrying out a pilot study with specific goals improves the validity and rigour of qualitative research. Piloting measures in the intended population is therefore an important task in order to ensure that adequate modifications are made to the measures and any issues in administration are highlighted and adapted.

### **Research Aims and Objectives**

The specific objectives of this pilot study were to test participant recruitment strategies and to test the measures of the larger study on a small sample, flagging any issues in the research

instruments. The wording and format of the measures, interviewer behaviour, engagement with participants, as well as interviewee feedback, were examined so that any problematic areas could be refined prior to the commencement of the larger study.

## **Method**

### **Research Design**

This pilot study followed a descriptive and qualitative approach as the study aimed to assess the feasibility of the larger study's measures and procedures. A theoretical framework was not necessary as the study followed the design of a pilot study. A pilot study is defined as a small-scale study that aims to pre-test research instruments or methods in order to highlight any issues that may arise in a larger study as well as provide direction in new populations (Beebe, 2007; Van Teijlingen & Hundley, 2002). The larger study uses well-established scales with psychometric properties that have already been tested in other populations. Therefore, a small sample sufficed as we were seeking subjective feedback on factors such as instrument clarity and language, rather than developing or testing a new instrument (Johanson & Brooks, 2010). A qualitative design lent itself to a more thorough engagement with the subject matter than a quantitative design, with fewer participants, and a greater focus on exploring the nature of the data rather than testing hypotheses (Reeves et al., 2008). This ties into the aims of this study, which involved engaging in depth with the participants' subjective experiences of the measures. Through using a qualitative approach, the researchers were able to analyse the participants' verbal responses and non-verbal cues, such as their body language and facial expressions, which contributed to the researchers understanding of how the participants felt about each measure.

### **Participants**

Participants were 10 children in grades 4 and 5 (between the ages of 9 and 11) and their parents or legal guardians. The sample size was determined based on the sample sizes of prior research studies using similar frameworks. The participants were recruited through the researchers' social circles. The participants were selected using purposive sampling which involved specifically looking for participants who were of the same age as the target population for the larger study.

In regard to racial representation, four children out of the 10 in the study identified as Coloured, five children as Indian, and one child as White. All 10 children were English speaking and originated from middle-socioeconomic backgrounds. Five children were situated in the Cape

Town area, whilst the remaining five were situated in Durban. The parents of all children had some form of tertiary education.

## **Measures**

### ***Demographic Information***

Children were asked to provide basic demographic information, including their age, gender, school grade, home language, population group, religion and living arrangements (see Appendix A). Parents were asked to provide information on their level of education, employment, and marital status (see Appendix B).

### ***Convoy Structure***

The Children's Convoy Mapping Procedure (Levitt, 2005) was used to map out the structure of children's networks (see Appendix C). Children were provided with a diagram showing three concentric circles and asked to place stickers representing different relations nominated by the child in the different levels (Levitt et al., 1993). The inner circle represented "people who are the most close and important to you - people you love the most and who love you the most". The middle circle represented "people you really love or like, but not quite as much as the people in the first circle". The outer circle represented "people who are not as close as others but are still important - people you still really love or like, but not quite as much as the people in the middle circle". Further information on the nature of the relationship between network members and the child (e.g., parent, teacher) was then gathered by asking the children to describe and/or label the relationship. The Children's Convoy Mapping Procedure has very good test-retest reliability (Levitt et al., 1993), and has been successfully used in a South African sample of a similar age (Van Heerden & Wild, 2018).

Additionally, frequency of contact with the listed individuals were assessed using two questions: (a) "How often do you see this person?" and (b) "How often do you have contact with them by phone or using the internet?". A 6-point scale was used to record responses with 0 representing "never" and 5 representing "several times a day".

### ***Convoy Functions***

**Social Support.** Social support was assessed by asking children to identify: (a) "people you talk to about things that are important to you," (b) "people who make you feel better when something bothers you or you are not sure about something," (c) "people who would take care of you if you were sick," (d) people who help you with homework or other work you do for

school,” (e) “people who like to be with you and do fun things with you,” and (f) “people who make you feel special or good about yourself” (Levitt et al., 1993, p. 813).

**Conflict and Criticism.** Negative interactions with network members were assessed with modified versions of the conflict and criticism scales of the Network of Relationships Inventory-Relationship Quality Version (NRI-RQV; Buhrmester & Furman, 2008).

Conflict was assessed by asking children to identify (a) “people you disagree and quarrel with,” (b) “people you get upset with or mad at”, and (c) “people you argue with”. Criticism was assessed by asking children to identify (a) “people who point out your faults or put you down”, (b) “people who criticise you”, and (c) “people who say mean or harsh things to you”. Good internal consistency has been found for the conflict and criticism scales in a sample of 11 to 12-year-olds in the United States (Buhrmester & Furman, 2008).

**Knowledge.** The extent to which children perceive each member of their convoy to be aware of their activities, whereabouts and companions was assessed using a modification of three items often used to assess parental knowledge or monitoring (Barber et al., 2005). Children were asked to identify (a) “people who really know where you are most afternoons after school”, (b) “people who really know what you do with your free time”, and (c) “people who really know who your friends are”. The original scale from which these items are drawn has shown good internal consistency in various cultures (Barber et al., 2005).

### ***Contextual Risk***

A modification of Tiet et al. (2001) Adverse Life Events scale (ALE-Scale) was used to assess cumulative exposure to stress (see Appendix D). Parents were presented with 15 difficult life events and asked to indicate if any of the events had occurred to their child the previous year. The total scores on the Adverse Life Events scale have been found to be associated with various psychiatric disorders, including depression (Tiet et al., 2001).

### ***Mental Health and Well-Being***

**Strengths and Difficulties.** The parent-report version of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; see Appendix E) was used to assess children’s mental health. A 3-point Likert scale (ranging from 0 - “not true” to 2 - “certainly true”) with five reverse scored items, was used to assess 25 traits. The SDQ is a commonly used research tool and has very good reliability and validity (De Vries et al., 2017).

**Positive and Negative Affect.** The parent version of the 10-item Positive and Negative Affect Schedule for Children (PANAS-C; Ebesutani et al., 2012; see Appendix F) as well as the child-report Definitional Positive and Negative Affect Schedule for Children (*d*PANAS-C; Smees et al., 2020; see Appendix G) assessed general well-being. A modified *d*PANAS-C was used that included definitions for some words as well as Likert responses (Smees et al., 2020). PANAS responses were scored using a 5-point Likert scale that ranges from 1 (“very slightly” or “not at all”) to 5 (“extremely”). The PANAS has good internal consistency as well as convergent and construct validity (Ebesutani et al., 2012).

**Quality of Life.** Children's quality of life was assessed using the KIDSCREEN-10 index (Ravens-Sieberer & the European KIDSCREEN Group, 2006; see Appendix H). The index consisted of ten items that assessed various aspects of well-being by asking children to report on how they have been feeling over the previous week on a 5-point Likert scale. This measure has good test-retest reliability, internal consistency and discriminant and convergent validity (Ravens-Sieberer & the European KIDSCREEN Group, 2006).

### *Experience of the Measures*

**Child Questionnaire.** Children’s experiences of the measures were assessed through a brief questionnaire that prompted children to speak about the wording, length, and ease of the measures (see Appendix I).

**Parent Questionnaire.** Parent’s experiences of the measures were assessed through a brief questionnaire that prompted them to speak about the wording, length, and ease of the measures (see Appendix J).

### **Procedure**

Once ethical approval had been obtained (see Appendix K), the researchers reached out to several private schools requesting permission to conduct the study at their schools (see Appendix L). Correspondence between the researchers and the schools was slow and due to time constraints and lack of interest from most of the schools, participants were recruited through the researchers' social circles. The researchers contacted family and friends who had children or who knew of children, who were in grades 4 and 5 and between the ages of 9 and 11. The researchers explained the study procedure to each parent whose child met the criteria. Parents who provided informed consent to their own, and their child’s participation (see Appendix M) were then emailed three questionnaires, namely the SDQ, ALE-Scale and PANAS, as well as a

demographic information form, and were asked to complete them in their own time and return them via email or WhatsApp. Parents were also asked to provide brief written feedback on their experiences of completing the questionnaires (see Appendix J).

Once the parent consent forms and completed questionnaires were returned to the researchers, interviews with the children were arranged. Five interviews took place in person at the homes of the children and five interviews took place online via Zoom because those children did not live in Cape Town. All interviews were conducted during the children's third term break at a time that was convenient for the child and their parents.

The researchers explained the process of the interview to each child and carefully read the assent form to each child loudly and clearly (see Appendix N). Due to the nature of interviews (in person and online), children signed the assent form physically or digitally at the onset of each interview. Children were reminded that assent could be withdrawn at any point if they changed their minds.

The remaining tasks and questionnaires were then administered, followed by a questionnaire about their experiences of the measures (see Appendix I). This took between 10 and 20 minutes for each child. Researchers ensured that all children understood the questions by reading them out loud and children were reminded that they could ask the interviewer any questions if they needed to. The interviews began by gathering basic demographic information (see Appendix A). After each section, namely Convoy Structure, Convoy Functions, Mental Health and Well Being, children were prompted with questions relating to the ease, wording, length and understandability of the questions and task. Researchers took note of any verbal (e.g., questions) and non-verbal (e.g., flinching, facial expressions) responses to the measures indicating any potential issues with the measures (e.g., difficulty, misunderstanding, boredom). After all the measures were administered, children were asked about their overall interview and interviewer experience. They were then asked to comment on the environment and setting of the interview. Prompts included questions such as: "Are you comfortable in this room?", and "Is there anything you wish you could change about this interview?". Furthermore, children were asked to describe their ideal interviewer, with prompts such as, "What would they look like?", and "How would they act?" and the researchers made note of the responses. These probes were both reactive and proactive, as well as non-standardised to encourage better flow of the narrative of the children's experience (Beatty & Willis, 2007).

The interviewer read through the questionnaires with each child and the child answered them in an interactive and conversational format, whilst the researcher noted responses. Interviews were not recorded. The researchers took notes subtly throughout each interview to ensure the interview was not disrupted and to keep the child at ease. The interviewer closed off the interview by thanking the child for their feedback and congratulated them on their participation.

### **Ethics**

Ethical approval for the study was provided by the Psychology Department Research Ethics Committee (see Appendix K). Prior to data collection, parents were informed of the study via email and were invited to participate. Parents who chose to participate were required to sign a consent form agreeing to their children's and their own participation in the study. Each child was also required to give assent to taking part in the study. Since this study involved working with children, assent was regarded not only as a prior condition but as an ongoing discussion. Children were spoken to in simple language and the study was explained in a way that they could comprehend, to ensure continued assent. Children and parents were informed that participating in the research was voluntary, and they had the right to withdraw at any time or to leave out certain questions without negative consequences. The power dynamic between the researchers and the children was addressed to the best of our ability by constant reassurance of free will. The child's rights were fully respected throughout the study. In the case of a child disclosing any instances of abuse or maltreatment, a protocol for reporting child maltreatment was provided (see Appendix O). All the necessary precautions were taken to ensure children were not adversely affected by participating in the research. Possible risks included that some questions could have elicited uncomfortable emotions in the participants (parents or child). In case this occurred, parents were provided with a list of referral sources (see Appendix P) and children were provided with contact details for Childline South Africa (see Appendix Q). All participants' personal information was kept confidential and was stored on a password-protected computer and file that only the researchers could access. Participants were assigned a number and identified by that number throughout the research process in order to ensure confidentiality. Interviews conducted via Zoom remained private and confidential as the researchers were alone in a private room during the interview process. End-to-end Encryption was enabled to ensure that communication between the researcher and children was encrypted using cryptographic keys known only to their

devices. This ensured that no third party (including Zoom) had access to the meeting's private keys. No videos or audios were recorded.

### **Reflexivity**

Qualitative research demands that issues of reflexivity be monitored throughout the research process (Simburgüer, 2014). Simburgüer (2014) outlines reflexivity as the process whereby researchers acknowledge their various social and demographic statuses, such as race, gender, and socioeconomic status, as well their preconceived ideas, and attempt to limit the extent to which these statuses and ideas impact data collection, and interpretation (Simburgüer, 2014). As adult postgraduate students, the researchers had more power than the children, thus influencing the power dynamic within the interview process (Lane et al., 2019). The researcher could unknowingly have assumed the position of an authoritative “other” figure, thus influencing the direction of the interview (Lane et al., 2019). The researchers used conversational language and easy-to-understand explanations to foster a comfortable relationship and help bridge this gap. Researchers and participants were from similar cultural and socioeconomic backgrounds. Other demographic characteristics such as race and gender did not pose a challenge for the researchers and children, as both the researchers and children were familiar and comfortable with each other.

### **Data Analysis**

Data was analysed using thematic analysis where patterns in the data are identified and grouped. Thematic analysis involves examining the experience of the participant, and then identifying key themes within their narrative (Vaismoradi et al., 2013). The data for this study was not the results of the quantitative measures, but rather the participants’ responses to and experiences of the measures as well as the researchers’ experiences of recruiting participants. Thematic analysis was therefore suited to this study because it aims to identify, analyse, and report patterns within the data (Braun & Clarke, 2006). Thematic analysis thus allowed for problems with the measures and their administration, and with participant recruitment, to be identified and suitable recommendations made. The researchers followed Braun and Clarke (2006) six-step guide for conducting thematic analysis which consists of familiarising yourself with the data, generating initial codes, identifying themes, reviewing the themes, naming the themes, and reporting on the themes. The researchers first familiarised themselves with the immediate responses of the children and their parents using their answers to the questionnaires



after measures were administered as well as interviewer notes in the case of the children (Braun & Clarke, 2006). The data was organised by common items and themes where participants indicated similar concerns, to establish problematic areas. These themes were then reviewed and defined. Using these identified problematic areas, the research aims were addressed and recommendations put forward.

## **Results and Discussion**

Researchers' experiences of participant recruitment were examined based on the problems that arose and recommendations made. The data (participants' responses to the consent and assent forms, the convoy mapping procedure, child-report, and parent-report questionnaires) were analysed according to four themes: wording, format, length, and overall experience. Ponizovsky-Bergelson et al. (2019) describes a need for questionnaires to be clear and understandable when interviewing children to encourage a healthy exchange, void of confusion and discomfort. These themes accommodated this aim and allowed the researchers to analyse the measures in terms of understandability and clarity. Overall interview experience was also examined in order to highlight any remaining issues with measure administration.

### **Participant Recruitment**

As outlined by Connelly (2008), pilot studies can be used to test participant recruitment and sampling strategies. We encountered a number of issues upon beginning the search for participants. Several private schools were approached and acknowledged receipt of our request to conduct research; however, despite following up, no progress was made. Approaching the schools via email seemed to slow down the process substantially as responses were often days apart. In some cases, emails were ignored entirely. Follow-up phone calls helped prompt the schools to respond but did not guarantee that the request was passed on to the relevant parties. One of the schools that we approached responded enthusiastically to our request as we contacted the principal of the school directly, as opposed to contacting the school secretary. Due to time constraints and school holidays, this school was not included in the study; however, this suggests that approaching school principals directly may prompt a better outcome. Based on the experience of recruiting participants, the researchers recommend that negotiations with schools begin long in advance to allow schools sufficient time to respond. Furthermore, it is recommended that in-person meetings with school principals be organised in order to outline the study and request permission to conduct research as this ensures that the relevant parties are

contacted directly and are able to receive a clear explanation of the study and directly ask any questions they may have.

Due to time constraints, the researchers' own social circles were used to recruit participants. This, however, made the pool of potential participants significantly smaller. In addition, the children that the researchers were able to recruit were not all in the same city. This meant the researchers had to adapt the study and conduct half of the interviews online via the Zoom platform instead of in person. The fact that all the children came from the researchers' social circles could also have affected the findings as the children might have withheld or omitted information because they did not feel comfortable sharing their answers with a family member or friend close to their parents and social circles. Based on this, the researchers recommend that participants have no pre-existing relationship with the interviewer.

Furthermore, a number of our participants found that the study brief, consent, and assent forms were deterring as they outlined a lengthy procedure for both children and their parents. Providing a document that accurately describes the study whilst simultaneously sparking interest and eagerness to participate is crucial to encouraging participation. In Appendix L and M, it was suggested that interviews with participants would take roughly 30 to 45 minutes; however, this was exaggerated as interviews tended to take between 10 and 20 minutes. This miscalculation on behalf of the researchers may have deterred potential schools and participants from participating in the study. It is therefore recommended that a more accurate interview duration estimate be included on the consent and assent forms in order to encourage participation and give a more accurate account of what to expect.

## **Participants' Experiences of the measures**

### ***Consent and assent forms***

**Wording.** The parent-report questionnaire indicated that parents found the wording of the consent form to be simple and easy to understand. It outlined the study and what was required of them sufficiently and nothing was a surprise to them. Similarly, the child-report questionnaire and interview indicated the assent form was clear and easy to understand, suggesting that the language used was age-appropriate and simple.

**Format.** Parents found the breakdown of the consent form into headings and sections helpful and easy to follow. The format was clear and important information was easy to find. Children expressed no concerns about the format of the assent form.

**Length.** The parent consent form was quite long as it acted as a dual consent form for both parents and children. Whilst the form covers relevant and necessary information, for some parents it was a deterrent to participating in the study. Three parents who were approached declined to participate based on the length of the consent form alone. The assent form was also considered quite long by most children. Although they did not explicitly state that this was the case, their body language and facial expressions indicated that they struggled to concentrate on the amount of information provided. The five children who were interviewed via Zoom struggled the most with the length of the assent form as the interviewer had to read the form to the children, while experiencing technical difficulties such as disrupted connections. If the assent form is going to be verbally communicated to children, it could be slightly shortened. The purpose of assent is to provide children with a simple understanding of the purpose of the study, a brief outline of the procedure they can expect, and the possible benefits and harms that participation may involve (Lambert & Glacken, 2011). If there is too much information in the assent form and children get bored, confused or are unable to process all the information, the point of acquiring children's agreement to participate through the assent form becomes null and void. According to Broome (1999) assent must be meaningful and this requires understanding of all aspects of assent. It is, therefore, suggested that the assent form be shortened to a few brief sentences on each of the aims of assent forms listed above.

### *Parent-report Questionnaires*

**Wording.** All parents stated that all the instructions were clear enough for them to understand after reading them once and that they did not feel the need to skip any questions. They did not feel that any of the questions were ambiguous or presented in a way they felt they could not answer. Three parents suggested that they would have benefited from further guidance or specific definitions of the words in the PANAS-C questionnaire (see Appendix F). The words "mad" and "proud" were highlighted as confusing and ambiguous words. One parent noted that they did not understand the difference between the words "cheerful", "joyful", and "happy" in the PANAS-C and suggested further explanation be provided so that they might better answer. Based on these findings, it is recommended that specific definitions of the words in the PANAS-C be given to parents, similar to the modified dPANAS-C, so that parents can answer the questions more accurately.

**Format.** All the questionnaires were administered to parents digitally. The parents completed and returned the questionnaires to the researchers via WhatsApp and email. There were no issues with this format. Parents found it simple and easy and appreciated having autonomy over when and where they could fill in the questionnaires.

**Length.** Almost all parents claimed that the questionnaires took them a reasonable amount of time to complete. However, the time it took each parent to complete the questionnaires varied widely. One parent said it took them 1 hour to complete the questionnaires, whilst another parent said it took them 4 minutes. Most parents said it took them between 10 and 20 minutes to complete the questionnaires. Therefore, based on the feedback of the parents, the questionnaires for parents do not require shortening. The feedback from parents was positive overall, apart from a few minor issues, and parents were intrigued and interested by the study.

### ***Convoy Mapping Procedure***

**Wording.** The convoy mapping procedure was the first task that children completed in the interview, following a simple set of instructions that asked children to rank their close relationships into three levels of the concentric circle design using phrases such as “not quite as close” and “not as close” (see Appendix C). Children found that whilst the difference between levels was visually and verbally clear, the wording was repetitive and could be improved to make a clearer distinction between circles. Children were also hesitant to place people in the second and third circle based on the phrasing which made them feel as though placing people in the second and third circle suggested that those people were not particularly important to them and that those relationships were negative or lacking. Thus, children would have appreciated more descriptive and specific instructions. While the point of this mapping procedure is to encourage children to map out their social network without external influence or examples, some guidance was necessary to prompt children to start placing people in the various circles as it was clear they felt uncomfortable and found it difficult to rank the importance of people in their lives. Children showed visible confusion and stress at the start of the procedure and were worried about giving the “wrong answers”. After some encouragement and reassurance that there are no wrong answers, children began to ease up and could continue with the task.

**Format.** The format of the convoy mapping procedure involved writing names of network members on stickers and placing them in the concentric circle design. This allowed for children to visualise what was being asked of them and better understand the goal of the

exercise. The children were fascinated by this particular part of the interview and some expressed having enjoyed it. They found the design of the concentric circles interesting and the use of stickers helpful and easy. Children instructed the interviewers on where to place stickers both in-person and on Zoom. The use of stickers and the concentric circle design was relatively seamless and there were no evident problems with its administration. Furthermore, the use of this open-ended task to begin the interview ties in with previous literature suggesting that starting interviews with open-ended questions prompts better exchange with children (Ponizovsky-Bergelson et al., 2019).

All the children indicated that they found it difficult to think of all the people that were important to them “on the spot” and that they would have preferred some time to think about this beforehand. Some children added people to their convoys at later points in the interview as they remembered people, suggesting that being asked to list everyone without some time to think is not the best way to obtain the most accurate results. The children showed visible discomfort when they had to sit and think about who to name. They felt they were taking too long and felt awkward and uncomfortable despite the interviewers’ efforts to assure them that it was not a problem. The children suggested that they would have preferred to have been told what to expect prior to the interview, perhaps the day before, so that they could have more time to think about the people important to them and where they fit in in terms of the concentric circle design. Ensuring that the children are comfortable throughout the interview is an important aspect of engaging with children and therefore allowing them time to think about their social networks prior to the interview is a possible strategy to minimise discomfort and stress (Bowen et al., 2009).

**Length.** Children indicated that this task took them the longest based on the time it took to recall the important people in their lives and then slowly place them at different levels of closeness. This part of the interview took roughly 5 to 7 minutes. Most children stated that it was not too long and they did not get bored, but rather enjoyed it. However, having the children be aware of what would be required of them prior to the interview, and giving them time to start thinking about who might be in their social networks, may be beneficial not only in terms of increasing the ease and reducing the length of the interview but also in terms of obtaining the most accurate results.

### *Child-report Questionnaires*

**Wording.** Children claimed that they understood all the instructions clearly; however, through observation it was clear that some words were difficult for them to understand without further explanation from the interviewer. Some of the words used in the questionnaires were not understood by all the children or were confusing. The words, “criticise”, and “quarrel” (Conflict and Criticism questions), “seldom”, and “lively” (KIDSCREEN-10 Index), and “mad” (dPANAS-C questionnaire), were highlighted as problem words by a few of the children in the post-interview questionnaire. An important aspect of engaging with children is using clear and simple language; therefore, it is recommended that additional explanations or different words should be used for the words identified above in order to make the questions clearer and more understandable (Ponizovsky-Bergelson et al., 2019).

Furthermore, a number of words in the questionnaires appeared to be synonymous, such as “quarrel” and “argue” (Conflict and Criticism questions), “afraid” and “scared” (dPANAS-C questionnaire), and “sad” and “miserable” (dPANAS-C questionnaire). This confused children who said they felt they had already answered this question. Based on these findings it is recommended that further descriptions or definitions of the differences between similar words be provided in order to obtain more accurate data. While Smees et al. (2020) found that their modified version of the dPANAS-C with definitions for various words, was suitable for children as young as 6 years old, the findings of this study highlighted that even 10- and 11-year-olds found it difficult to understand specific words, as well as the differences between specific words, suggesting that further modification may be necessary.

**Format.** Likert scales were used for various questionnaires and questions throughout the interview, including ascertaining how often children saw the members of their social network and contacted them by phone or internet, the dPANAS-C, and the KIDSCREEN-10 Index. The children initially struggled with the Likert scale, as it took them some time to understand how to answer the questions using the scale. After some guidance and practice, most children eventually became accustomed to the concept; however, some treated the questions as ‘yes or no’ questions and struggled to use the scales. Mellor and Moore (2014) suggest that Likert scale items should be at a Grade two reading level. The use of the word “seldom” in the KIDSCREEN-10 Index may be above this reading level, particularly in a less educated population, and may require changing. Furthermore, Mellor and Moore (2014) suggest that a 3-point Likert scale may be more appropriate for children, whilst the KIDSCREEN-10 Index and dPANAS-C use a 5-point

scale and the contact questions use a 6-point scale. A practice questionnaire using a Likert scale may allow children to respond more accurately to the actual questionnaires and provide more thorough and accurate data without changing the nature of the measures drastically. Practice questionnaires have been used in prior research with children in order to help them feel more at ease with the format of measures (Ponizovsky-Bergelson et al., 2019).

Some children mentioned that some of the questions were asked more than once in different questionnaires. Children responded with phrases such as “you just asked me that”, highlighting a certain level of repetitiveness in the measures that could be adjusted to avoid boredom as well as shorten the interview time. There are a number of overlapping questions between the dPANAS-C and the KIDSCREEN-10 Index, including those related to sadness, energy and liveliness that were pointed out by children. It may be appropriate to modify these measures so that questions that ascertain the same information are not asked twice.

Furthermore, children struggled to answer the questions relating to contacting network members by phone as none of them had their own phones. Based on this it is recommended that this question be rephrased in order to encourage children to mention times when they might talk to family members or friends using a caregiver’s phone.

The conflict and criticism questions made many of the children uncomfortable as they found them difficult to answer. Since the children were part of the interviewer’s social circles, this may have influenced their willingness and ability to answer the questions honestly and accurately. The children’s discomfort was clear from both observing their reactions to the questions and in the post-interview questionnaire, where some children mentioned that these questions were hard to answer. Furthermore, the children tended to only name their siblings in these questions, or to name people not in their social convoys (such as school peers who have given them problems). Based on these findings, it is suggested that these questions be modified to be more specific and encourage the children to identify people within the network structure that they might experience some form of conflict or criticism from or with.

**Length.** Children did not find this part of the interview too lengthy. It took roughly 5 to 10 minutes. Answering the social support, conflict and criticism, and knowledge questions took the most amount of time, but the children said it was reasonable and that they did not feel bored at any point.

### *Children’s Overall Interview Experience*

Five out of the 10 children completed their interviews online via Zoom, whilst the remaining five were interviewed in person. This approach highlighted a number of difficulties with administering the measures online and made it clear that in-person interviewing is preferable. The five children who were interviewed in person said they preferred the in-person interview and would have struggled to answer the questions and complete the convoy mapping procedure over Zoom. The five children who had their interviews over Zoom reiterated this, claiming that connection difficulties, the lack of in-person assistance and the disconnection between interviewer and interviewee made it difficult to fully engage with the questionnaires and tasks. Furthermore, the researchers noted that parents often assisted the children during the online interview (for example, by explaining what certain words meant or prompting them when they were thinking about their answers for a long-time and looked stuck), which may have swayed children's answers and influenced the results. Since some parents were present during the online interview, children may have felt pressured to answer accordingly, rather than answering truthfully. Therefore, it is clear that in-person interviews are the preferred format for interviews in order to avoid external influences and provide the most seamless interview experience.

The five children who were interviewed in-person said they preferred having the interviewer fill in their answers (rather than doing so themselves) and having the interviewer talk them through the questions and tasks. They expressed worry about being observed and pressured by the interviewer whilst filling in the questionnaires and therefore preferred the interviewer to circle and answer the questions whilst they responded verbally. This method also allowed children with reading or writing anxiety to be put at ease and focus on answering the questions accurately rather than on reading the questionnaires and answering them by themselves.

Children indicated they felt comfortable during the interview and that the environment (at their homes, whether online or in-person) was conducive to the interview process. Children also suggested that the interviewers were helpful and put them at ease by using simple language, eye contact, friendly facial expressions, and a gentle tone. Most children indicated that when they were confused, the interviewer rephrased the question in a helpful way and guided them to what was being asked without answering for them. These positive words by the children provide a good indication for the manner in which they would like their interviewer to conduct themselves during the interview process.



Since the researchers and children were familiar with each other, race and gender were not factors that presented a challenge during the interview process. However, since studies have found that children are generally sensitive to demographic differences such as race and gender, this will need to be considered in the larger study (Naidoo et al., 2009).

Overall, the children did not find the interview to be too long and said that they did not feel bored at any point in the interview. The length of the entire interview ranged from 10 to 20 minutes. The feedback was generally positive, with most children expressing some enjoyment in the idea of being interviewed as well as intrigue about the subject matter of the interview. All 10 children said they would be happy to be interviewed again after the experience.

### **Limitations**

This study had a number of limitations, the greatest being the time constraints that resulted in using the researchers' own social circles as the pool of participants. Whilst the minimum requirement for our sample size was met ( $N = 10$ ), the sample was small and more participants would have meant more data on which to base the recommendations and strengthen the validity and reliability of the results. Furthermore, the fact that the sample came from the researchers' own social circles may have impacted the data collected as children may have felt too close to the interviewer. The sample was also not as representative or diverse as the larger study's target population (children aged 9 to 11 from various demographic and economic backgrounds across the Cape Town area). Consequently, we could only identify some of the issues that may arise in the study measures. This meant that the ability of this study's findings to generalise to the intended population of the larger study is compromised. The use of online interviews may also have impacted the interviewer's ability to pick up on non-verbal cues and led to difficulties in measurement administration, hindering data collection and impacting the results.

### **Conclusion**

Assessing children's social network structures, and the implications for mental health and well-being in a South African population is important for growing the body of literature on children's social networks and the implications thereof. The convoy model of social relations is a feasible theoretical framework through which to study this topic (Levitt, 2005). One previous study has used the convoy mapping procedure with a small sample of South African children, demonstrating its potential (Van Heerden & Wild, 2018). Nevertheless, the literature on

children's social networks is limited, and the larger study that this pilot study falls under aims to address this gap.

Before initiating a large-scale study, a smaller pilot study should be run in order to ensure the validity and reliability of the measures as well as highlight any modifications necessary for the specific sample. Pilot studies are an important part of the research process and allow for a small-scale test-run in order to discover any difficulties in participant recruitment, the measures and their administration, so that they might be adapted prior to the commencement of the larger study. This pilot study found a number of issues with participant recruitment including miscalculated interview duration estimates which discouraged participation. Problems were also experienced when attempting to conduct research within schools, particularly when contacting school secretaries instead of directly approaching school principals. The study also highlighted a number of minor issues with the measures, including the use of difficult words, complicated phrasing, repetitive questions, issues in format, and ease of the questions. In terms of overall interview experience, children indicated they preferred in-person interviews and the interviewer asking questions verbally and filling in the questionnaires. Children were generally satisfied with the length and experience of the interviews. This process allowed for children and parents to have an active role in questionnaire and task design in order to control for potential problems and allow for a more seamless interview experience and accurate data collection during the larger study. The advantages of pilot studies and their recommendations are clear and allow for the improvement of measure reliability and validity as well as managing some of the difficulties in measure administration in new populations. Based on the findings of this pilot study, the proposed instruments for the larger study are feasible and require only a few minor modifications.

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## Appendix A

### Demographic Information Questions (Children)

1. How old are you? (Please circle one only)

9

10

11

2. Do you think of yourself as a....(Please circle one only)

Girl

Boy

Something else (Some people don't feel like they are a boy or a girl)

3. What grade are you in? (Please circle one only)

Grade 4

Grade 5

4. What language(s) do you speak at home? (You can circle as many as you need to)

English

Afrikaans

isiXhosa

isiZulu

If you do not speak any of these languages at home, please tell us what

language(s) you

speak.....

5. Are you...(Please circle one only)

Black African

Coloured

Indian

White

If you do not fit any of the above, please tell us how you would describe your population group

.....

If you do not want to answer this question, you can circle this.

6. What is your religion? (Please circle one only)

Christian

Hindu

Jewish

Muslim

No religion

If you do not fit any of the above, please tell us what your religion

is.....

7. Who do you live with at home? (You can circle as many people as you need to)

Mother

Father

Stepfather or your mother's partner

Stepmother or your father's partner

Grandmother(s)

Grandfather(s)

Aunt(s)

Uncle(s)

Sister(s)

Brother(s)

Or someone else. Please tell us their relationship to you (e.g. foster mother,

friend).....

**Appendix B**

**Demographic Information Form (Parents)**

**Please answer these questions by circling the answers that describe you the most.**

1. What is your highest level of education?

No schooling

Less than primary

Primary

Some secondary

Secondary (Grade 12 or equivalent)

Certificate

Diploma

Degree

Other (Please

specify).....

2. What is your employment status?

Unemployed

Part-time employed

Full-time employed

Other (Please

specify).....

3. What is your marital status?

Single

Married

Divorced

Widowed

Other (Please

specify).....

## Appendix C

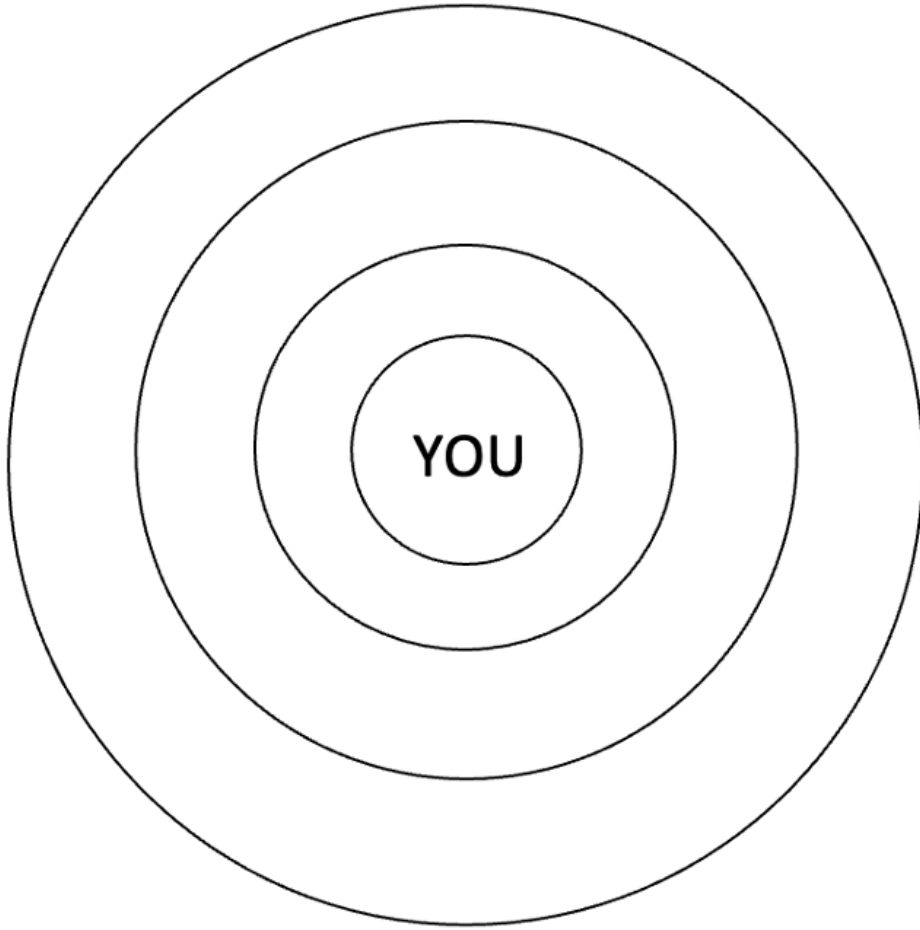
### Children's Convoy Mapping Procedure

This is a picture with 3 circles, and **You** are in the centre of the circles.

We are first going to look at the inner circle closest to you. Think about the "people who are the most close and important to you - people you love the most and who love you the most". You can tell us who those people are and we will write them down on a sticker and you can place the sticker in the inner circle.

Second, we look at the middle circle. **You** are still in the middle of the circle. But now we would like you to think about the "people who are not quite as close but who are still important - people you really love or like, but not quite as much as the people in the first circle". You can tell us who those people are and we will write them down on a sticker and you can place the sticker in the middle circle.

Finally, we look at the third and outer circle. Now, we want you to think about "people who are not as close as the others, but who are still important - people you still really love or like, but not quite as much as the people in the middle circle". You can tell us who those people are and we will write them down on a sticker and you can place the sticker in the outer circle.





## Appendix D

### Adverse Life Events (ALE-Scale)

Has your family experienced any of the following events **during the past year?**

For each question, please circle either yes or no.

- 1 Did anyone in the family die?  
Yes            No
- 2 Did anyone in the family get seriously sick or badly injured?  
Yes            No
- 3 Did your child see a crime or an accident?  
Yes            No
- 4 Did your child lose a close friend (broke/split up)?  
Yes            No
- 5 Was a close friend of your child seriously sick or injured?  
Yes            No
- 6 Did you (parents) have less money than usual?  
Yes            No
- 7 Did someone in your family have a drug or alcohol problem?  
Yes            No
- 8 Did your child get seriously sick or injured?  
Yes            No
- 9 Did you (parents) argue more than usual?  
Yes            No
- 10 Did your child's mother or father lose their job?  
Yes            No

- 11 Was someone in the family arrested?  
Yes No
- 12 Did your child change where they went to school?  
Yes No
- 13 Did your family move to a new home?  
Yes No
- 14 Did you (parents) separate or get divorced?  
Yes No
- 15 Did your child get a new stepmother or stepfather?  
Yes No

## Appendix E

### Strengths and Difficulties Questionnaire (SDQ)

Parent Report Measure for Children aged 04-10

**Instructions:** For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>23.</b> Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>24.</b> Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25.</b> Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Father/Other (please specify):

## Appendix F

### PANAS-C: Positive and Negative Affect Schedule for Children

We are interested in some of the ways your child feels, on the average. The following is a list of words that describe different feelings and emotions. Please read each item and then circle the appropriate number to indicate to what extent your child generally feels this way—that is, how he/she feels on the average.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
1. Joyful	1	2	3	4	5
2. Miserable	1	2	3	4	5
3. Cheerful	1	2	3	4	5
4. Mad	1	2	3	4	5
5. Happy	1	2	3	4	5
6. Afraid	1	2	3	4	5
7. Lively	1	2	3	4	5
8. Scared	1	2	3	4	5
9. Proud	1	2	3	4	5
10. Sad	1	2	3	4	5

## Appendix G

### dPANAS-C: A Definitional Positive and Negative Affect Scale for Children

In this questionnaire, we are going to ask about your feelings and emotions during the last week like feeling happy or sad. We want you to think about yourself and how much you've had different feelings this week.

Thinking about the last week, have you felt...

	Very slightly (Never or teeny bit)	A little (A bit)	Moderately (In the middle)	Quite a bit (Very)	Extremely (Very very very)
1. Sad	1	2	3	4	5
2. Happy	1	2	3	4	5
3. Scared	1	2	3	4	5
4. Cheerful (means jolly and merry)	1	2	3	4	5
5. Miserable (means really sad)	1	2	3	4	5
6. Proud	1	2	3	4	5
7. Afraid	1	2	3	4	5
8. Joyful (means really pleased and happy)	1	2	3	4	5
9. Mad	1	2	3	4	5
10. Lively	1	2	3	4	5

## Appendix H

### KIDSCREEN-10 Index

In this questionnaire we would like to know how you are and how you feel.

Together we will go through each question carefully. You can think about what answer comes to your mind first. Then, after you've thought of your answer, you can choose the box that matches your answer best and cross it.

Remember, this is not a test so there are no wrong answers.

**Do you have a long-term disability, illness or medical condition?**

No

Yes

Which one? \_\_\_\_\_

## About Your Health

**Thinking about the last week...**

1. Have you felt fit and well?	not at all	slightly	moderately	very	extremely
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you felt full of energy?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you felt sad?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you felt lonely?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you had enough time for yourself?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have you been able to do the things that you want to do in your free time?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have your parent(s) treated you fairly?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have you had fun with your friends?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you got on well at school?	not at all	slightly	moderately	very	extremely
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have you been able to pay attention?	never	seldom	quite often	very often	always
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In general, how would you say your health is?**

- excellent
- very good
- good
- fair
- poor



## Appendix I

### Feedback Questions and Prompts for Children

1. Did you understand the questions or instructions?
2. What did you not understand?
3. What was easy?
4. Was anything confusing?
5. Did any questions or tasks take too long?
6. Did you feel bored at all?
7. What question took you the longest to answer and why?
8. Were there any questions you did not know how to answer?
9. Were there any words you did not understand?
10. Do you have anything else to say about the questionnaires or tasks?

**Appendix J**

**Feedback Questions for Parents**

**Thank you for participating in our study.**

**Please answer the following feedback questions carefully by circling either ‘Yes’ or ‘No’ and providing reasons where applicable.**

1. How long did it take to complete the questionnaires? Do you think that this was a reasonable amount of time?

Yes      No

.....

2. Did you feel that either of the questionnaires was too long? If so, which questionnaire(s)?

Yes      No

If yes,

.....

3. Did you feel that either of the questionnaires were too short? If so, which questionnaire(s) and how so?

Yes      No

If yes,

.....

4. Were any instructions unclear? If so, which instructions were unclear and how were they unclear?

Yes      No

If yes,

.....

5. Were there any questions that you skipped? If so, which questions did you skip, and why?

Yes      No

If yes,

.....

6. Were there any ambiguous questions? If so, which questions were ambiguous, and how?

Yes      No

If yes,

.....

7. Were there any questions you felt you could not answer? If so, which questions and why?

Yes      No

If yes,

.....

8. Do you have any further comments on the questionnaires?

.....

**Appendix K**  
**Ethics Approval Form**

**UNIVERSITY OF CAPE TOWN**



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**Department of Psychology**

University of Cape Town Rondebosch 7701 South Africa  
Telephone (021) 650 3417  
Fax No. (021) 650 4104

22 August 2022

Uzma Sader and Elizabeth Williamson  
Department of Psychology  
University of Cape Town  
Rondebosch 7701

Dear Uzma and Elizabeth

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *The Feasibility of Instruments used to Measure Children's Social Networks and Social Support, and their Implications for Mental Health and Well-Being*. The reference number is PSY2022-036.

I wish you all the best for your study.

Yours sincerely

A handwritten signature in black ink, appearing to be 'A. Sader'.

Chair: Ethics Review Committee

## Appendix L

### Letter to Principals

(Insert Date)

Mr/Mrs (Insert Principal's name)

(Insert School)

(Insert Address)

#### Permission to Conduct Research Study

We are writing to request permission to conduct a research study at your school. We are two Honours students in the Department of Psychology at the University of Cape Town and are in the process of conducting a research project as part of our Honours degree. The study is titled "The Feasibility of Instruments used to Measure Children's Social Networks and Social Support, and their Implications for Mental Health and Well-Being." It has been approved by a Research Ethics Committee at the University of Cape Town.

We hope that the school will allow us to recruit 10 to 20 school children in Grades 4 and 5 to complete an interview and a set of short questionnaires and tasks. The parents of these children will also be asked to complete a few short questionnaires at their convenience, and to return these electronically. Children who volunteer to take part in our study will be given consent forms to be signed by their parents, along with assent forms to be signed by the children themselves in person at the start of the interview.

If you grant us your approval, we will interview children in person, in a quiet setting on school premises (e.g., a classroom or library). Interviews will take place at the convenience of the school and children, perhaps directly after school hours. The interview process should not take longer than 30 to 45 minutes. The information provided by the children and their parents will remain confidential at all times. No costs will be incurred to the school or participants.

Your approval to conduct this study within your school will be greatly appreciated and will benefit the larger study that this study falls under, ultimately adding to the growing body of research surrounding children's social networks. Feel free to follow up this email with any queries or concerns. You may contact us on the email addresses provided below.

If you agree, kindly sign below and return the signed form by replying to this email. Alternatively, you may attach a letter of permission on your school's letterhead to your reply, acknowledging your consent and permission for our research to be conducted in your school.

Sincerely

**Uzma Sader:** [SDRUZM001@myuct.ac.za](mailto:SDRUZM001@myuct.ac.za) and **Elizabeth Williamson:** [WLLELI022@myuct.ac.za](mailto:WLLELI022@myuct.ac.za)

**Supervisor: Assoc. Prof. Lauren Wild:** [lauren.wild@uct.ac.za](mailto:lauren.wild@uct.ac.za)

## Appendix M

### Parent/Guardian Informed Consent

Dear Parent

Honours students from the Psychology Department of the University of Cape Town would like to invite you and your child to participate in a research study. This study will contribute to the researchers' completion of their Honours thesis.

This consent form will give you information about the study to help you decide whether you want to participate and give the researchers permission to invite your child to participate.

Please read this form and ask any questions you have before deciding if you want to be in the study and if you will allow us to invite your child to be in the study.

**Purpose:** This study falls under a larger study which aims to (a) investigate how children's relationships with parents, siblings, grandparents, friends, and others provide support to the child, and (b) to examine how these relationships affect children's mental health and well-being. The specific objectives of this pilot study are to test the measures of the larger study on a small sample and flag any issues or problems with the research instruments. For example, we will be looking at whether children understand the wording and format of the questionnaires. We will use participants' feedback to improve and refine the questionnaires before the larger study begins.

#### **Requirements:**

To be eligible to participate in this research study, you must be the parent or legal guardian of a child participating in the study.

#### **Procedure:**

Parent: Should you choose to participate in this study, you will be required to complete a few short questionnaires about your child's mental health and answer several questions about your experience of answering these questionnaires. Participation in this study will require approximately ten to fifteen minutes of your time.

Child: If your child chooses to participate in this study, they will take part in an interview and complete some questionnaires at school. Your child will be asked to provide answers to a series of questions related to their relationships with parents, siblings, friends and others and their mental health and well-being. Participation in this study will require approximately 30 to 45 minutes of your child's time. Participation in this study is once-off.

#### **Risks:**

The researchers do not foresee any risks to you or your child from involvement in this study. Should any of the questions make you or your child feel uncomfortable, support will be provided to your child by the school's counsellor (if available) and you, and your child will be provided with referral options for support.

**Benefits:**

There are no direct benefits for you or your child for participating in this study. However, it may be an interesting experience for your child to learn about research and to think about their relationships with those who are closest to them.

**Confidentiality:**

All data will be stored in a secure location accessible only to the researchers. You and your child will be identified in the research records by a code name or number. The results of this research will be presented in a report to the Psychology Department of the University of Cape Town and may be published in academic journals. The interviews with the children will not be audio- or video-recorded. Their responses will be recorded in writing. Your child's data will not be shared at any point during or after the study. When the results of this research are reported, no information will be included that would reveal your or your child's identity. You and your child will remain anonymous.

There is one exception to confidentiality we need to make you aware of. In certain research studies, it is our ethical responsibility to report situations of child abuse, child neglect, or any life-threatening situation to appropriate authorities. If your child mentions during the interview that they are being hurt by someone, the relevant school authorities will be notified, and school protocol followed. However, we are not seeking this type of information in our study, nor will you be asked questions about these issues.

**Voluntary participation:**

Participation by you and your child in this study is completely voluntary.

Parent: You have the right to choose not to participate and this choice will not result in any negative consequences for you or your child. If you choose to participate in this study, you are free to withdraw your participation at any time. If you choose to participate in this study, you are free to leave out any questions you do not wish to answer.

Child: You may choose not to allow your child to take part in the study or may choose for your child to leave the study at any time. Deciding not to allow your child to participate, or later deciding to remove your child from the study will not result in any penalty to you or your child and will not affect your or your child's relationship with the school.

**Further questions:**

If you have any questions about this research study, you may contact the following researchers:

**Uzma Sader:** SDRUZM001@myuct.ac.za

**Elizabeth Williamson:** [WLLELI022@myuct.ac.za](mailto:WLLELI022@myuct.ac.za)

**Supervisor: Assoc. Prof. Lauren Wild:** lauren.wild@uct.ac.za

If you have any questions regarding your rights as a study participant or complaints about the study, you are welcome to contact the Department of Psychology Research Ethics Committee via Rosalind Adams: [rosalind.adams@uct.ac.za](mailto:rosalind.adams@uct.ac.za)

### **Giving of consent**

I have read this consent form and I understand what is being requested of me and my child as a participant in this study. I freely consent to participate and provide consent for the researchers to invite my child to participate. I have been given satisfactory answers to my questions. I have also been offered copies of this consent form.

---

**Name of Child (Printed)**

---

**Signature of Parent/Guardian (Signed)**

---

**Date**

---

**Signature of Researcher (Signed)**

---

**Date**



## Appendix N

### Assent Form

Hello! We are doing a research study about your relationships with people like your family, friends, and teachers, and how these relationships affect you. A research study is a way to learn more about something. If you decide that you want to be part of this study, you will be asked to fill in a few questionnaires and answer some of our questions. It could take around 30 to 45 minutes.

There are some things about this study you should know. You will have to answer questions about yourself. For example, we will ask you questions about your feelings and questions about your relationships with other people such as your mother. It can take quite a long time. You may also feel a little uncomfortable talking about yourself.

When you answer questions, you will not be audio- or video-recorded. We will not tell your parents, teachers, or friends anything you tell us. If you tell us that someone is hurting you, we will tell someone who looks after children and you will be taken care of and protected.

You must know that not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think some benefits of participating might be your being able to learn about research or think about those who are closest to you.

When we are finished with this study, we will write a short report about what was learned. This report will not include your name or that you were in the study. You will not be given your answers to the questions back once the study is finished.

**Your parents know about the study too and have told us that you can take part if you want to. You do not have to be in this study if you do not want to be. It is completely fine if you do not want to be in the study. If you decide to stop after we begin, that's also okay. If you want to leave out any questions, that's okay too.**

**If you want to be in this study, you are allowed to ask us any questions along the way. Do you have any questions for us now?**

**If you are happy to be part of this study, please write your name.**

If you do not want to be part of this study, you must not write your name.

I, \_\_\_\_\_, want to be in this research study.

---

(Write your name here)

---

(Date)

## Appendix O

### Protocol for Reporting Child Maltreatment

#### STEP 1: PLEASE NOTE THE FOLLOWING:

- Should a child disclose any instances of abuse or maltreatment note the following in interacting and responding to the child:
  - Acknowledge what the child has said whilst remaining calm.
  - Reassure the child and show that you believe what they are saying.
  - Reaffirm that they are not in any way to blame for what has happened.
  - Provide support without assuming the role of counsellor or investigator.
  - Assure the child that you will be getting help, and that other adults will need to be involved, without promising that everything will be alright.
  - Reinforce that it was a good thing they told you.
- Take note of the following
  - Everything the child tells you
  - Child's name, address, and telephone number.
  - Parent's or guardian's name and telephone numbers.
  - Reasons for concern, any documentation of indicators and any relevant statements made by the child.

#### STEP 2:

- Follow the school protocol (NB: Indemnity form) and inform the designated personnel at the school immediately.
- Should the school not have a suitable protocol in place, any concerns should be reported immediately to Lauren Wild on 073 679 1673.

#### STEP 3:

- Should the school not have a protocol in place, Prof. Wild will decide, in consultation with the school principal, whether the researchers' concerns are reportable.
- Child maltreatment will be reported to the Cape Town Child Welfare Society. In the case of serious abuse (current sexual abuse or where the child is at immediate risk of harm), a report may also be made to the police.

Contact details:

## Cape Town Child Welfare Society

- Ph: 021 6383127
- Email: [information@helpkids.org.za](mailto:information@helpkids.org.za)
- Online form for reporting child abuse: <https://helpkids.org.za/report-child-abuse/>

## Appendix P

### Referral Sources for Parents

Dear Parent

Thank you for participating in our research study.

If you experienced any uncomfortable feelings when completing the questionnaires about your child or are interested in resources on parents' or children's mental health, well-being or social support, here are a few potentially valuable resources for you to check out.

#### **1. Local Resources**

Here is a general website with a number of different resources for mental health assistance and awareness. Visit <https://www.westerncape.gov.za/general-publication/mental-health-and-your-child> for more information.

#### **2. UNICEF South Africa**

Provides tips to equip parents, caregivers, and communities to take proactive steps towards caring for children's mental wellbeing. Visit <https://www.unicef.org/coronavirus/covid-19-parenting-tips#7> for more information.

#### **3. Child Mind Institute**

What parents can do when kids struggle with social skills. For more information, visit <https://childmind.org/article/kids-who-need-a-little-help-to-make-friends/>

## Appendix Q

### Childline Contact Details

You've completed the study!

Well done to you and thank you for participating in our research study.

If you had any uncomfortable feelings when answering some of the questionnaires, here are the contact details for **Childline South Africa**. This is a place that helps children discuss problems and dangers in a safe way.

If you ever need help, you can call the number 116. You can call them from any phone at any time for free. They will help you.

If you're able to use the internet and you need more information, you can check out their website <https://www.childlinesa.org.za/>

## Appendix R

### List of Measures

#### Child Measures:

- Demographic Information Questions
- Children's Convoy Mapping Procedure
- Information on nature of relationship of nominated network members
- Frequency of Contact Questions
- Social Support Questions
- Modified NRI-RQV
- Knowledge Questions
- *d*PANAS
- KIDSCREEN-10 index

#### Parent Measures:

- Demographic Information Questions
- Modified parent-report ALE-Scale
- Parent-report SDQ
- Parent-report PANAS-C