

**THE UNIVERSAL PSYCHOSOCIAL
INDICATOR
FOR
FIVE-YEAR OLD BOYS AND GIRLS**

UPSI-5

An overview

What is the UPSI-5?

The Universal Psychosocial indicator for Five-Year Old Boys and Girls - or *UPSI-5* - is an easy to use global screening device that can assess the psychosocial wellbeing of large populations of children. It comprises a brief list of 30 statements about the social and emotional behaviours of five-year-old boys and girls. These statements can be easily scored by ticking 'agree' or 'disagree' in either a green or a red box. When for instance, 10% of a representative sample of young children score more than six (6) 'in the red', then there is reason to be concerned about the psychosocial well being of 10% of the broader population of five-year old children in the setting from which the sample has been drawn.

The UPSI-5 provides an urgently needed counterpart to the strictly physical indicators and mortality indicators commonly used to measure young children's wellbeing and survival.

What UPSI-5 is not

The UPSI-5 is not an instrument to be used for individual diagnostic purposes. It could however, be interpreted as a first indication that further professional attention may need to be sought.

Who can use it?

UPSI-5 is primarily meant for governmental, non-governmental and UN agencies concerned about the well-being and development of young children, who work with large numbers of them and would benefit from obtaining overall impressions about their psychosocial status.

The UPSI-5 is designed to serve three main purposes:

1. to get a more holistic insight into the well-being of young girls and boys in any given population;
2. to track changes over time, and to make comparisons between child populations;
3. to give more prominence to the psychosocial needs and requirements of young children in policy making and programming.

What do we mean by psychosocial?

In its most simple form ‘psychosocial’ stands in contrast to the physical. In speaking about ‘psychosocial’, notions such as psychological, intellectual, cognitive, social, emotional, affective and spiritual come to the fore. It has also become quite common to look at ‘psychosocial’ as comprising social competence, communication skills, connectivity and affiliation, attitudes and orientation, drive and motivation, self-esteem and self-confidence. Advances in the debate on children’s rights mean that children’s lives are now also being assessed in terms of their entitlements and what they are capable of, such as ‘being able to have attachment to things and people outside ourselves, to love, to grieve, to experience longing, gratitude and justified anger’. (Di Tommaso, 2006:5)

All these issues have been taken into account in developing a working definition of ‘psychosocial’ for the UPSI-5:

‘Psychosocial’ refers to children’s mental and emotional status, and to the ways in which they relate to other children, their families, caregivers, communities and their broader environment.

This definition allows for the incorporation of new and emerging views on children’s status and functioning as individuals, as members of their families and societies and, ultimately, as world citizens. It is also sensitive to prevailing contextual views and customs and as such, should be looked at as an open, dynamic, fluid and evolving concept.

Why is UPSI-5 important now?

UPS-5 adds force to the efforts that approach children as ‘holistic beings’, addressing all aspects of their existence, functioning, growth and development. Good psychosocial health is an important protective factor. It can increase a child’s resilience and prevent the development of problems as a child grows towards maturity. Attention to the psychosocial needs of young children is especially acute in situations of conflict. Despite the overall increase in attention to ‘the psychosocial’, there is still a lack of good quality screening and assessment instruments and procedures to measure psychosocial wellbeing

(to date, psychosocial wellbeing is either assessed through proxy markers, such as school attendance or achievement, or through the use of complicated, time-consuming and/or expensive psychological diagnostic instruments). This makes identifying needs and designing and providing appropriate support difficult.

Why focus on five-year olds?

Five years old is a transitional point between early and middle childhood. It is an age at which children show increasing levels of independence, have a sense of identity, and demonstrate a consistency and predictability of behaviour and response. They can generally cope with change and with delay in having needs met, and have a sense of past, present and future. Five-year olds express more complex emotions such as guilt, shame and jealousy. Furthermore at this age, children tend to have broader social networks, have an awareness of the world around them, and are capable of empathizing with the feelings of others. In addition, they have the psychomotor skills to move about and manipulate objects. They also have an outspoken sense of ‘agency’. Taking all this into account, it is clear that statements about five-year olds’ psychosocial functioning can be made with a fair degree of sophistication and reliability.

Another reason to focus on five-year olds is that this age increasingly coincides with the age boys and girls receive more formal education, either via early childhood education services or preparatory classes attached to primary schools. By age five most important vaccinations have been given. Finally, assessing children’s psychosocial functioning at age five is expected to complement the commonly used Save the Children’s *Child Development Index*, which includes measures of health, nutrition and education.

How was the UPSI-5 developed?

Staff from International Child Development Initiatives (ICDI) an international NGO working on behalf of children worked with local partners in six countries to research develop and pilot test the UPSI-5 between 2006 and 2010. The research process was financially supported by Plan Netherlands. Expert factor analysis support was provided by Department of Epidemiology and Biostatistics, Free University of Amsterdam.

An initial list containing close to 200 items was compiled on the basis of an extensive survey of existing psychological tests, the child development literature and personal experience of the staff of ICDI. This list of ‘candidate items’ was further discussed with international and national child professionals to ensure the questions were clear, unambiguous, intrinsically meaningful and were not – on the face of it - culturally biased. Following various consultation rounds 94 items were retained. This list was piloted by ICDI staff with the help of educators in Bulgaria, India, Japan, the Netherlands, Nicaragua and South Africa. In each country, the researcher(s) used the questionnaire to interview a range of educators working in a range of publically funded (pre) schools or community centres in different provinces and regions. Approximately 115 questionnaires were completed per country, each questionnaire ‘representing’ one child.

The initial long list of 94 questions was further reduced as a result of the experience gained during testing. More important however, was the statistical analysis of the data gathered. Statistical treatment of the scores obtained during the testing period yielded three factors, which could be interpreted broadly as Aggression (items 1 to 11), Development (cognitive, social, emotional and moral, items 12 to 22) and Anxiety (items 23 to 30). The questions which were found to correlate most strongly with these three dimensions were selected and form the final and more manageable list of 30 items.

How do you use UPSI-5?

The UPSI-5 should only be used with girls and boys of five years old – i.e. between 60 and 72 months old. It should be administered by those who know the children well, preferably their teachers, play group leaders, community-based workers, home visitors, etc., and, in the last instance, their parents or other adult members of their families. It can be completed manually or digitally. For each statement, the respondent ticks ‘agree’ or ‘disagree’ in either a green or a red box. When for instance, 10% of a representative sample of young children score more than six (6) ‘in the red’, then there is reason to be concerned about the psychosocial well being of 10% of the broader population of five-year old children in the setting from which the sample has been drawn.

Would you like to be involved in implementing the UPSI-5?

The UPSI-5 is a work in progress. Currently it is available in Bulgarian, Dutch, English, Hindi, Japanese and Spanish. Additional research is planned to ascertain 1. its usefulness as a policy, planning and monitoring instrument, and 2. its relationship with other child-oriented screening tests and other significant indicators.

More questions?

If you are interested in finding out more about UPSI-5 and/or would like to use it in your organisation please contact: esther@icdi.nl tel: +31 (0) 71 512 7420. A fully referenced report (48 pages) providing the background to and the development of UPSI-5 is available on request. You can also visit the ICDI website: www.icdi.nl for further news on the UPSI-5.