Doing child development research that aims to make a difference: South African reflections

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Outline

1. **The social ecology of child development research;**

2. **A history of bias and neglect: Developmental Psychology in apartheid South Africa (2 examples).**

3. **New beginnings: Applied Developmental Science in the service of child rights and wellbeing in a young democracy.**

4. **Example: A rights-based approach to monitoring child well-being.**

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The social ecology of child development research

Psychological research and knowledge production has been largely shaped by three forces (Danziger):

1. the need to address questions arising from within the discipline;

2. attempts to resolve practical problems of the day, and

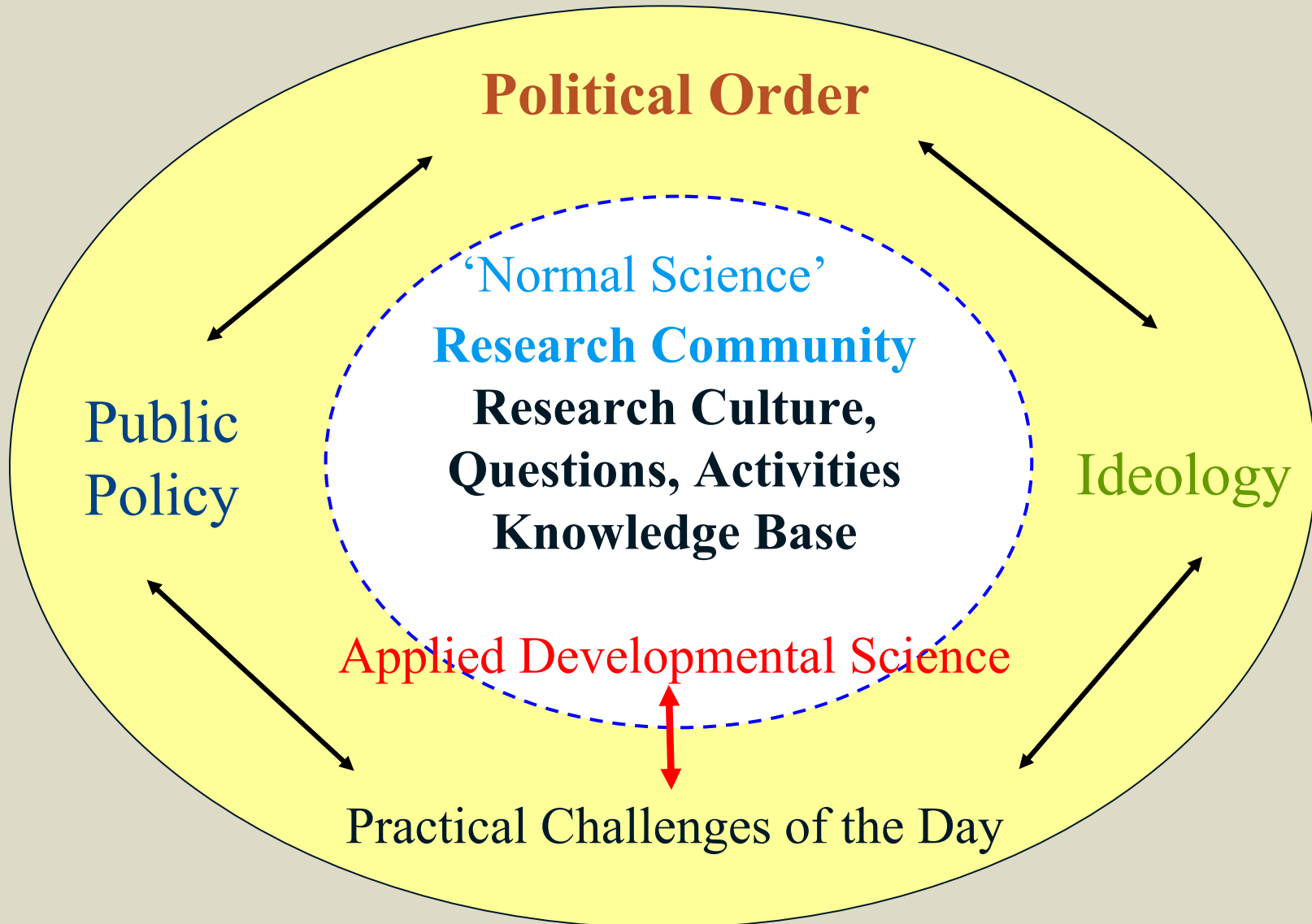3. contemporary ideological and political forces.

Applied Developmental Science (ADS)

"Applied developmental science (ADS) is scholarship that seeks to advance significantly the integration of developmental science and actions that address the pressing human problems of our world" (Lerner, Fisher & Weinberg, 2000).

… ADS is embedded in context<u>s</u>…

Social ecology of child development research

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Political Order

Public Policy

Ideology

'Normal Science'
Research Community
Research Culture, Questions, Activities Knowledge Base

Applied Developmental Science

Practical Challenges of the Day

Developmental Psychology in South Africa: A history of bias and neglect 1: Active participation in racist practice Pre WW 2.

Political – Ideological order: The consolidation of White rule - national development; labour demands. Eugenics & a rational social order.

Practical challenges: Are blacks intelligent enough to benefit from schooling?

How do we improve school retention and outcomes for 'poor white' children?

Disciplinary Focus: Intelligence 'in Black and White'.

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Developmental Psychology in South Africa: A history of bias and neglect 1: Pre WW 2.

Key ADS Research Outcomes:

Intelligence & schooling for blacks: "African children only 50% as mentally efficient as whites …. Their schooling should be designed to suit their mentality" (Loram, 1923)….and it was done.

Intelligence & schooling for whites: "School under-achievement in poor white children is a result of poor nutrition and education (Carnegie Commission 1933)……Improve access to education; implement school feeding"….. . ………and it was done.

Then, 30 Years ago:

16 June 1976…….

The SOWETO Uprising and the 1980s youth revolution

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Developmental Psychology in South Africa: A history of bias and neglect 2: 1976-1994

- Political – Ideological order: Consolidation of apartheid; Resistance, repression & transformation.

- Practical challenges: The impact of poverty & malnutrition on development; impact of racism; children affected by political violence & torture.

- Disciplinary Focus: Normal Science: cognition; attachment.

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Developmental Psychology in South Africa: A history of bias and neglect 3: 1976 - 1994

Key ADS Research Outcomes ……A deafening silence?:

- 1% of SAJP papers in 18 years addressed the impact of Apartheid laws and political violence on children – with the first 2 appearing in late 1980s.

- Cognition: Skuy's work on improving academic outcomes of disadvantaged students; Miller & Bentley - Pasquale Leone with a chunk of Vygotsky); malnutrition: Greisel.

- 1990s Emerging response: Straker's work on politically active youth); Birth to Twenty LS (Richter).

<u>So…..</u>

- Developmental Science and its Applied component were *never* neutral in South Africa;

- No more than 2 empirical papers published locally per year 1950 – 2003.

- The scale of the research community was and remains tiny.

The post Apartheid period: Opportunities to make a difference through ADS: Steps along the road

- 1990s: Child Rights activists and progressive professionals work together to inform a new Constitution (S28);

- June 16th 1995 The Convention on the Rights of the Child ratified;

- 2001: Restructuring of the HSRC to undertake social science that makes a difference!

- 2004-2005: President's stress on measuring delivery.

- But……….major challenges:

Major Challenges 1:
Young population; economic growth (4.8%); HIV&AIDS

<18 = 43%

30-36% Preg. HIV+
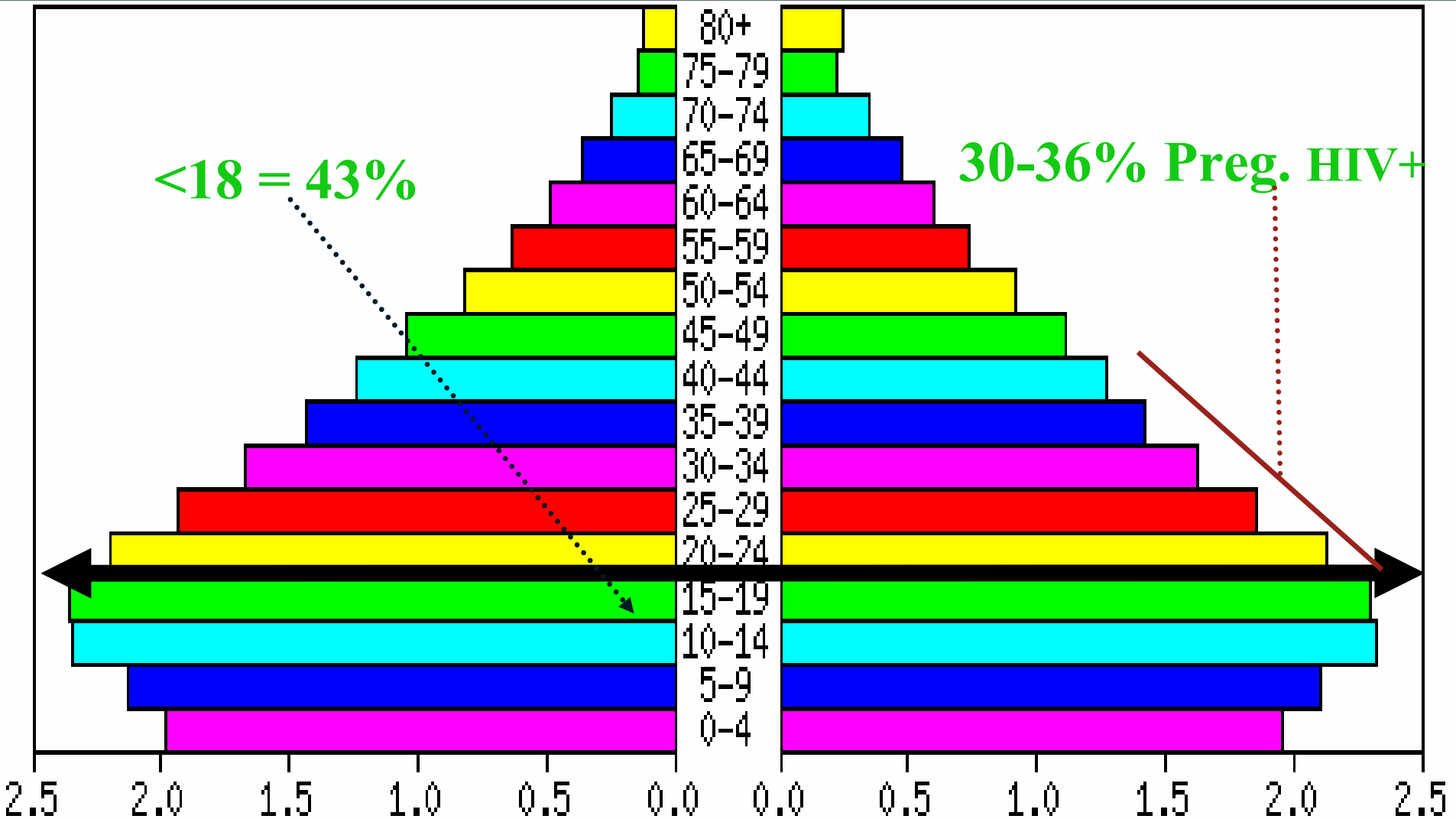
Males   **Population Estimate 2005   46 Million**   Females

Other major challenges

HIV & AIDS: Risks to children's care & development:
Illness - Death of caregivers (20% orphans < 9 years); impoverishment; social exclusion; school drop out; child labour.

Education and skills: appalling literacy and numeracy situation:

16% children in ECD programmes;

60% of Grade 3s fail to achieve the benchmarked reading and numeracy levels (2003 study).

Protection: High rates of Violence and abuse:

+/- 75% teens witnessed violence in the in past year;

2% Cape Town children before the children's commissioner in 2005.

Opportunities to make a difference: ADS in the service of child rights & wellbeing

1. Understand the situation of children, their developmental contexts and supports for their development to improve social policies and to target interventions;

2. Develop *sustainable* low cost evidence-based and scalable interventions to support child development and improve outcomes.

Develop & monitor impact of cost effective interventions taken to scale

Legend:
— Current Situation
..... Enhanced Systems of Support

Highly Vulnerable Children
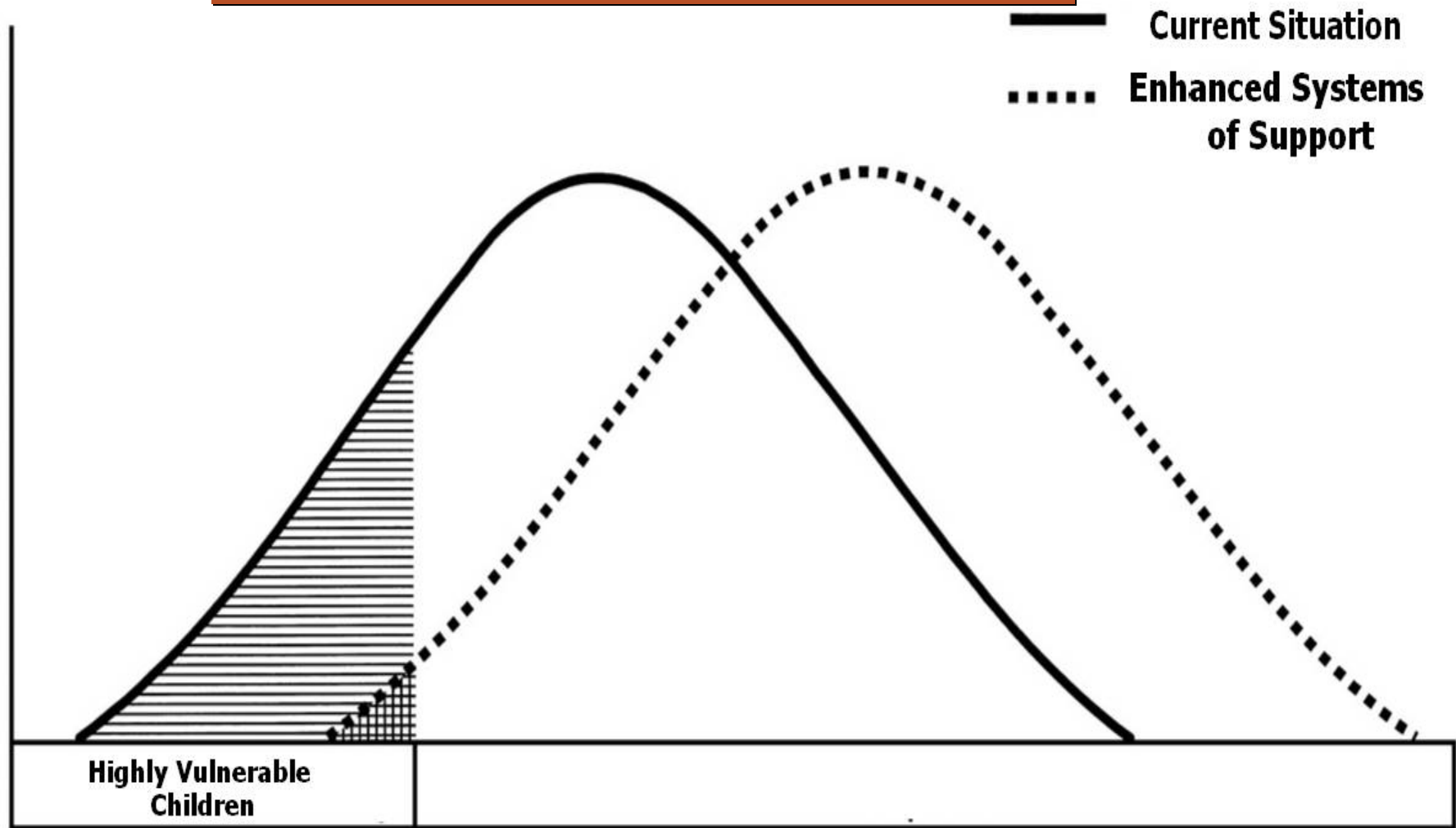
Health and Well-Being of Children

Developing a rights-based child wellbeing monitoring system to improve intervention targeting: The Research Process

1. Reviewed international monitoring systems;
2. Examined the scope and *adequacy of SA* child data sources;
3. Consulted with key role players in government, the NGO sector and research groups;
4. Formed a team to develop indicators and measures;
5. Developed a conceptual framework that can be utilised for national and local level planning.

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Ecosystemic Rights-based Child Wellbeing Monitoring

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CHILD RIGHTS & LEGAL INSTRUMENTS

EXISTING POLICIES, GOALS AND SERVICE STANDARDS

RESEARCH EVIDENCE

CHILD OUTCOME INDICATORS

(REALISATION OF CHILD RIGHTS AND WELL-BEING)

ENABLING INPUT INDICATOR DOMAINS

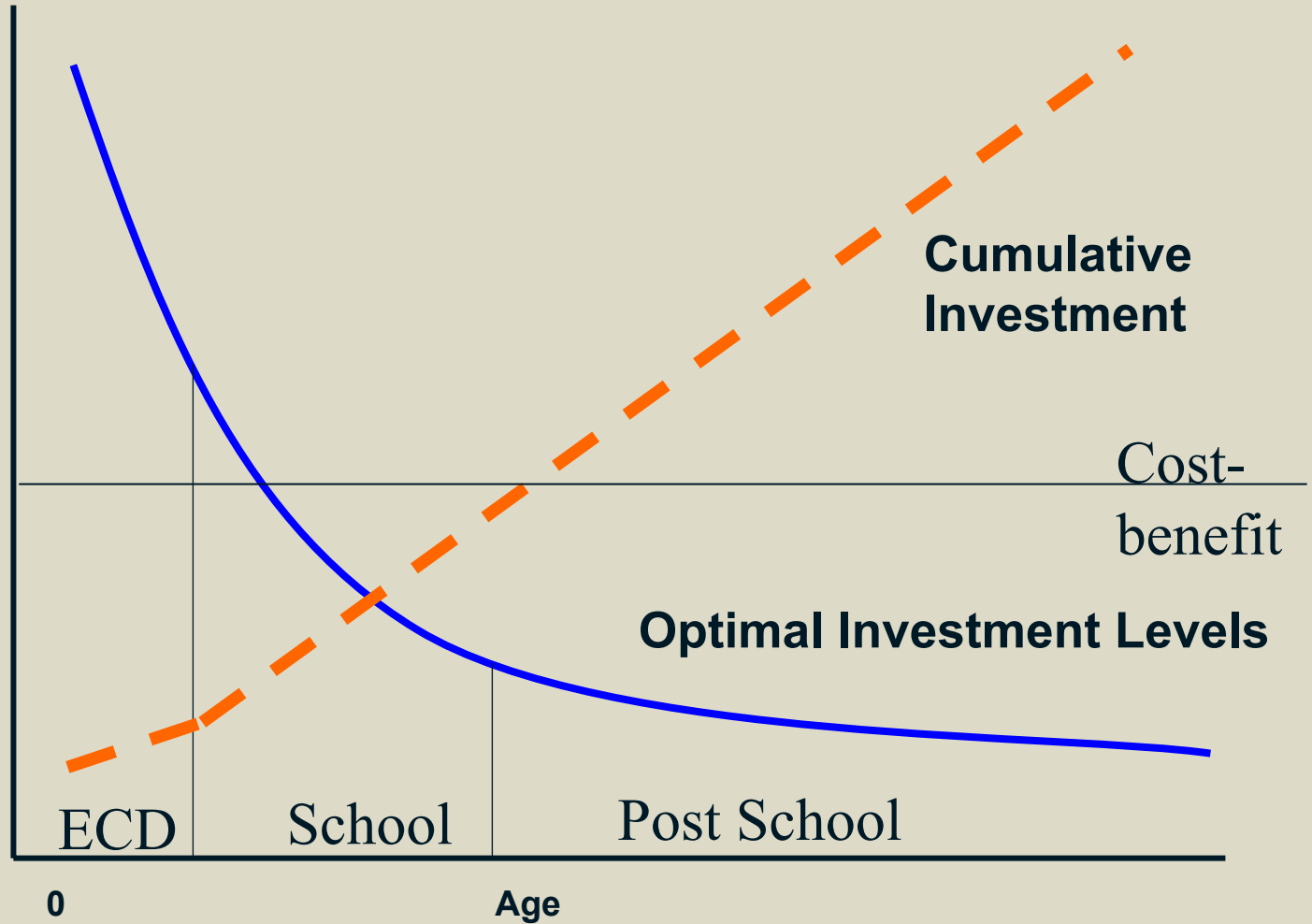| Family H. hold	Neighbour-hood	Service Access	Service Quality

Indicators developed for:

1. *Children's Contexts*: **The home and neighbourhood environments;**
2. *Child Poverty* **(mapped at small area level);**
3. *Child Survival and Health* **(including HIV & AIDS);**
4. *Education & Development* **(including ECD & Disability);**
5. *Child Protection* **(maltreatment; juvenile justice; street children; trafficking & commercial sexual exploitation).**

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EXAMPLE

An indicator system for Early Childhood Development – specifically those under 5 years

Evidence: Investing in ECD promotes well-being and well-becoming

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Cumulative Investment

Cost-benefit

Optimal Investment Levels

ECD   School   Post School

0   Age

Source: Heckman & Carneiro Human Social Policy, 2003, Voices for America and the Child and Family Policy Center.
Early Learning Left out An Examination of Public Investment in Education and Development by Child Age, 2004

The importance of supporting ECD in a developing country

- It makes economic and human development sense to invest substantially in young children – particularly the disadvantaged;

- The environments within which most South African children grow up *do not* provide good platforms for development;

- The education system *cannot* overcome these deficits;

- The most disadvantaged communities have access to the *poorest* quality ECD services;

- But *quality well-resourced holistic ECD i*s required to make a difference to human development outcomes in poverty contexts.

Monitoring the provision of support for Early Childhood Development (<5s)

Use the evidence base: Monitor key elements of service provision that are known to be necessary to secure sound ECD services (Centres and home-based) (Myers, 2003):

1. coverage, access and use;
2. programme quality;
3. political will: policy and financing;
4. costs and expenditures;
5. programme impact on children and parents.

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ECD Data Environment Research

Prior to constructing a set of indicators, the information environment was investigated for its capacity to deliver data on:

1. Coverage, access and use: Data on enrolment in state subsidised facilities only;

2. programme quality: Some data – but no quality benchmarks;

3. political will: policy and financing: Data available;

4. Programme impact on children and parents: No data.

1: Coverage Access & Use (e.g.s)

- ➢ Birth Registration cover;
- ➢ Immunisation cover;
- ➢ Disability screen cover (<24mo.);
- ➢ Provision of PMTCT; ARVs to mothers; Highly Active Antiretroviral Therapy for all eligible children (HIV);
- ➢ Child Support Grant Cover (A$40pm);
- ➢ Enrolment at ECD centres 0 – 5 years and Grade R classes;
- ➢ Parental ECD Support Programme Participation Rate (0 –5 year olds).

2: Programme Quality e.g.s

- Facilities with ECD educators with Level 4 or above (or equivalent);

- Facility audits using benchmarked standards (infrastructure; staffing; programme; equipment) take place every two years;

- Facilities offering nutritional support;

- Facilities with Child:Teacher ratios not higher than 20:1 (Nat. Ave. = 30:1).

- Cost effectiveness of services is assessed in terms of child and caregiver programme inputs and outcomes every 10 years.

3: Political will and financing e.g.s

- Annual (Health; Education & Welfare) budget allocations to ECD services;

- Annual expenditures per child;

- Facilities in receipt of state subsidy covering 75% of operational costs;

- ECD research plan established,

- Commissioning of research to test models for *affordable* interventions for *low resource settings* that address the deficits produced by poverty environments, and which provide a sound platform for schooling.

4: Impact: Child & Caregiver Outcomes

➤ *Child:* IMR and <5MR;

➤ *Child:* Hunger & Under Weight & Stunting Rates;

➤ *Child:* under 2 years with moderate and severe disabilities;

➤ *Child:* Motor, language, cognitive, social and emotional developmental outcomes assessed in Grade R & Grade 3 (outcome data linked to assessments of ECD site quality);

➤ *Caregiver*: Caregiver behaviour outcomes following programmes designed to improve their care and stimulation of children in the home environment (e.g. home visiting).

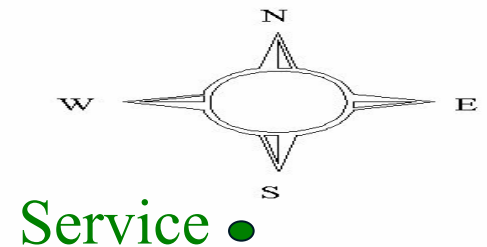Child, Youth, Family and Social Development

Additions: Supports for Development in the household

- Caregiver health status & HIV+ caregivers on Anti-Retroviral Therapy;
- Caregiver literacy rate (ABET cover);
- Home stimulation of language & numeracy (UNICEF-MICS);
- Children living in households without:

  food security;

  access to potable water;

  in households without access to adequate sanitation;

  access to electricity;

  access to adequate housing or shelter.
- Neighbourhood safety (violent crime patterns).

Neurons & Neighbourhoods?
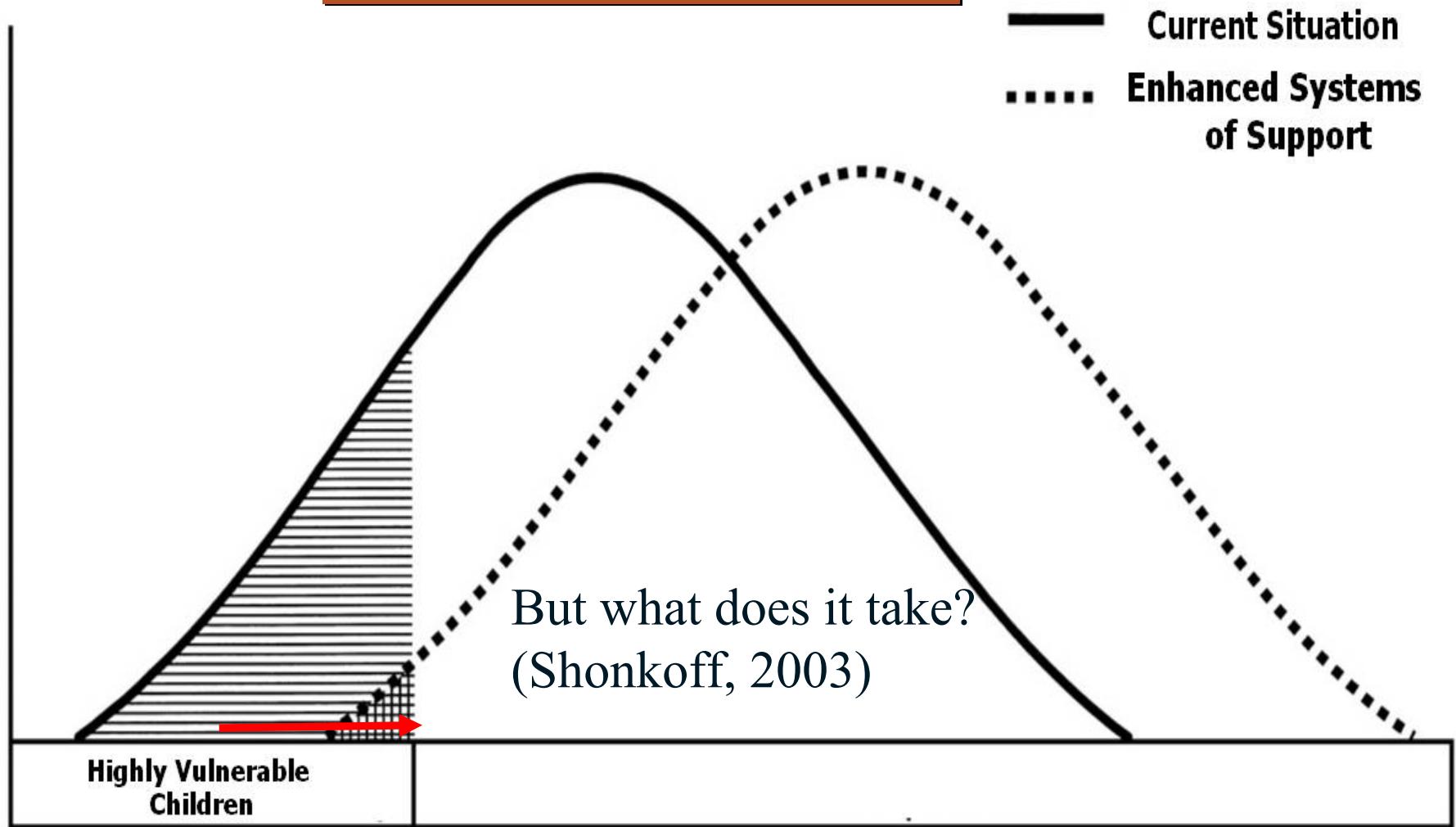## Evidence-based and targeted intervention

Risk Areas

Risk Areas

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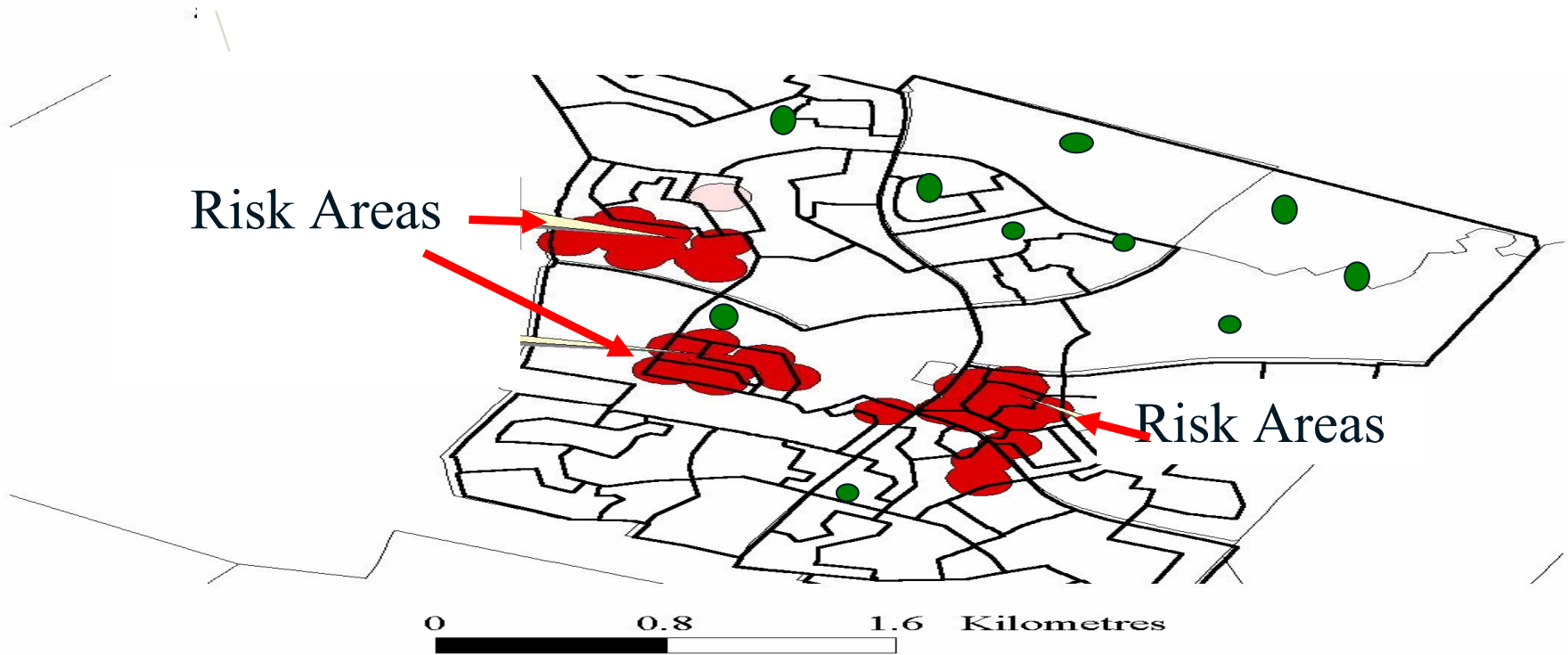
Areas where young children are at most at risk:
High HIV prevalence; Long term Deep Poverty;
Malnutrition; FAS; Violence exposure…….. 🔴

N
W   E
S

Service ●

Shifting the curve through evidence-based intervention for ECD

Legend:
— Current Situation
..... Enhanced Systems of Support

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But what does it take? (Shonkoff, 2003)

Highly Vulnerable Children

Health and Well-Being of Children

Next Steps

Work with government to:

1. Improve ECD administrative data;
2. Develop service quality benchmarks;
3. Develop staff capacity at ECD facilities;
4. Establish a regular process for monitoring the situation of children;
5. Research capacity development;
6. Design and implement studies to test models for *affordable cost effective* interventions in *low resource settings* that make a difference to the most vulnerable children, and which provide a sound platform for schooling *and* socio-emotional functioning.

Critical Needs: Political will, champions, sound applied and policy relevant research, the resources to carry it out!

Advertorial……..

Dawes, A., Bray, R. & van der Merwe, A. (in press). *Monitoring child wellbeing: A South African rights-based approach*. HSRC Press.

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Thank You

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