MONITORING THE WELLBEING OF CHILDREN: A RIGHTS AND EVIDENCE-BASED APPROACH FOR SOUTH AFRICA

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HSRC

<u>Outline</u>

1. Who are we?
2. Applied Developmental Science and the social ecology of child development research;
3. Rights-based approaches to monitoring child well-being;
4. How it works: The conceptual framework;
5. Example: Application to Early Childhood Development (ECD).
6. Targeting Children in highly vulnerable areas

Who are we?

Status: **HSRC is a Research Council established by Act of Parliament.**

Mandate:

➢ **to undertake <u>applied policy relevant</u> research in the social sciences;**

➢ **to provide advice on social science research and the utilization of research to the benefit of the country;**

➢ **to co-operate with national and international research counterparts as well as users of research;**

➢ **to publish and disseminate research findings.**

Child, Youth, Family & Social Development Research Programme

Cross-Cutters		Research Themes
		1. Early Childhood Development (ECD);
POVERTY	⟷	2. HIV &AIDS (child and family focus);
		3. Youth Development;
RIGHTS		4. Monitoring, Evaluation & Costing of
	⟷	interventions;
VIOLENCE		5. Family studies;
	⟷	6. Social Exclusion.
GENDER		

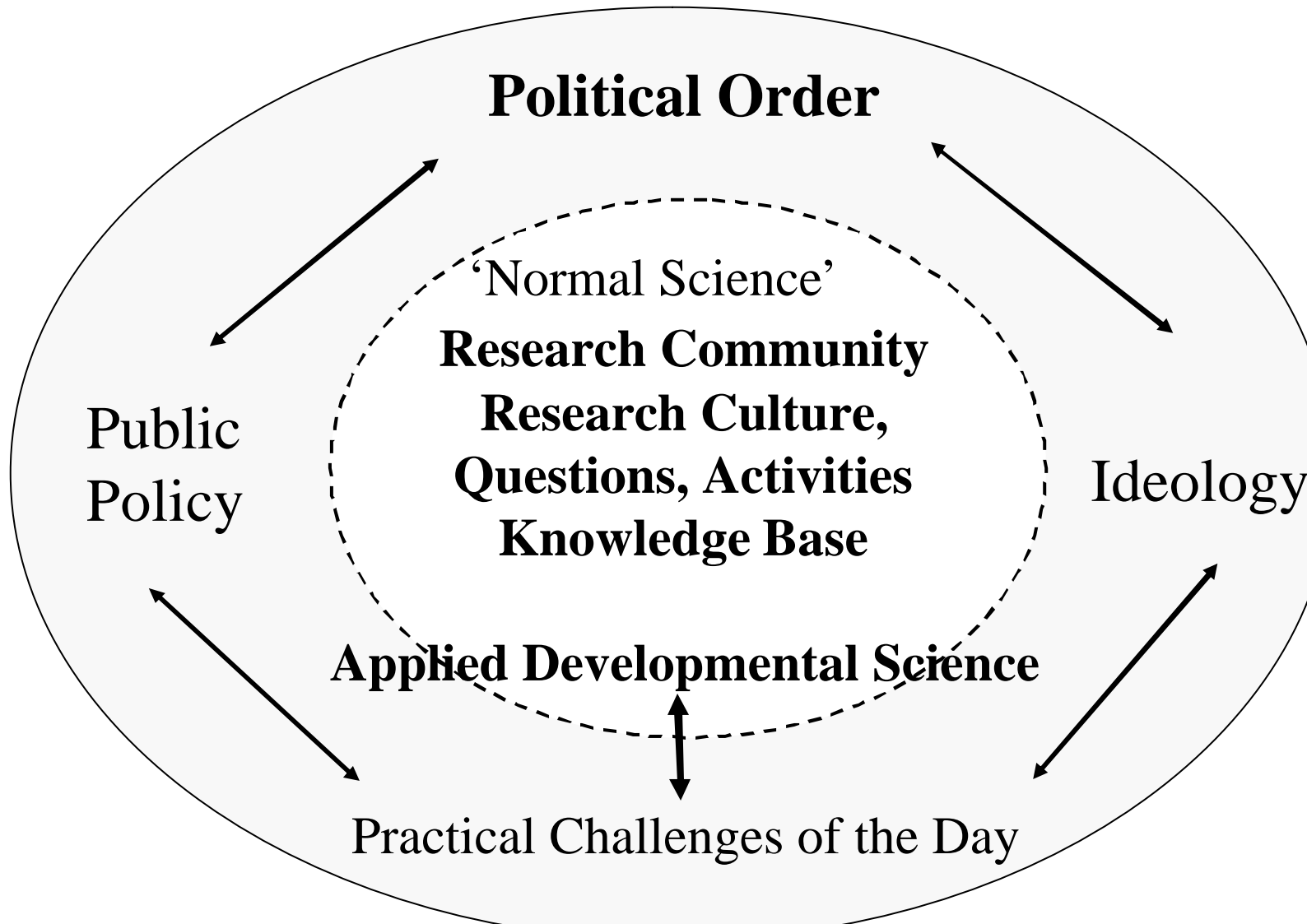6 Senior Research Staff (5 psychologists) & 60 project staff

Applied Developmental Science

"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 not neutral…

ADS informs policy *and* intervention through production of sound evidence with high internal *and* external validity, *and* cultural appropriateness

Social ecology of child development research

Political Order

Public Policy

Ideology

'Normal Science'

Research Community
Research Culture,
Questions, Activities
Knowledge Base

Applied Developmental Science

Practical Challenges of the Day

ADS in South Africa…..

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

- 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.

- No more than 2 empirical papers published locally per year 1950 – 2003. The international contribution is also limited.

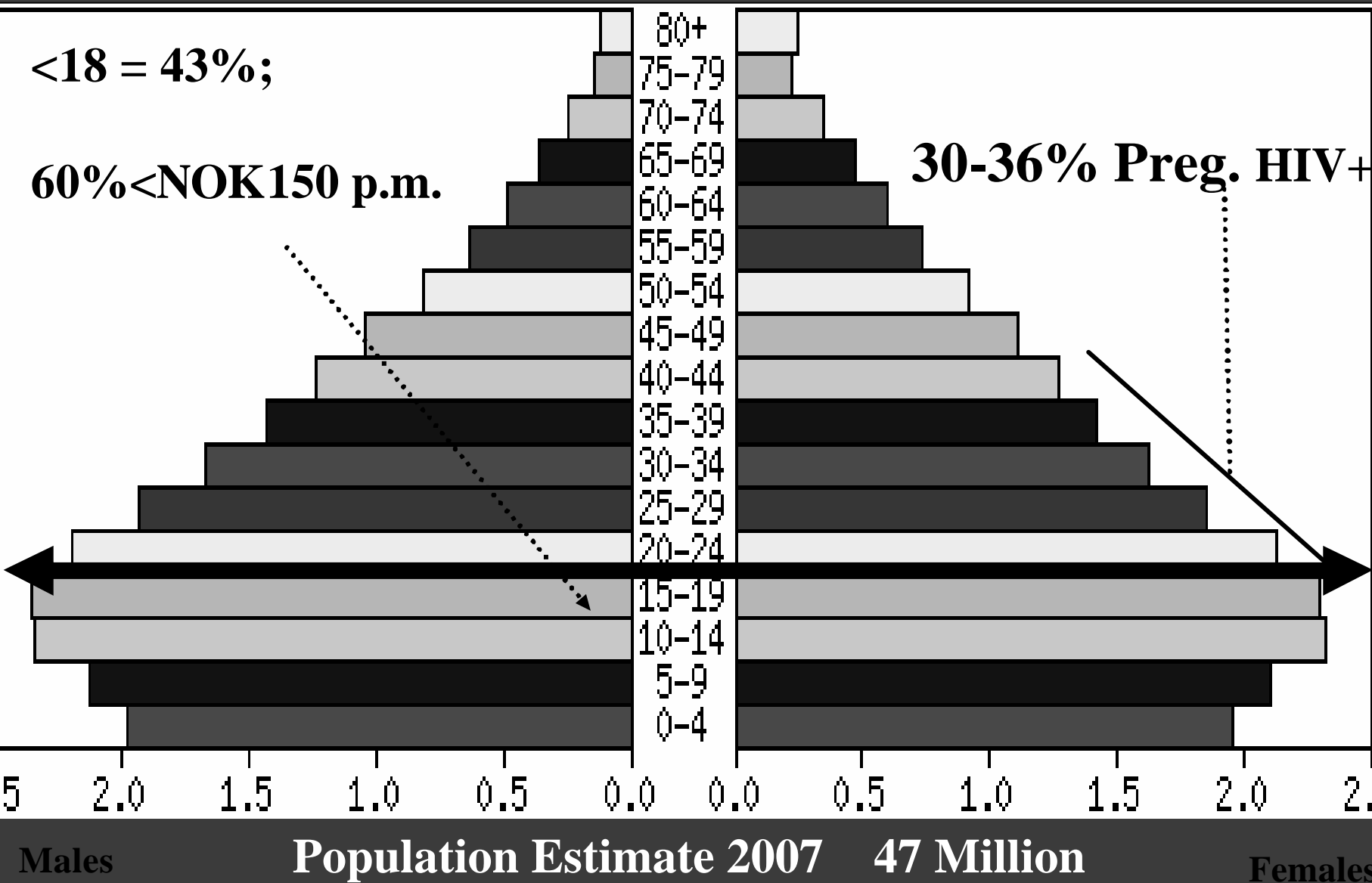- The scale of the research community was and remains tiny.

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.

- There are major challenges for applied social science and applied child development research to address

Major Challenges
Young population; Poverty; HIV&AIDS

<18 = 43%;

60%<NOK150 p.m.

30-36% Preg. HIV+

	80+	
	75-79	
	70-74	
	65-69	
	60-64	
	55-59	
	50-54	
	45-49	
	40-44	
	35-39	
	30-34	
	25-29	
	20-24	
	15-19	
	10-14	
	5-9	
	0-4	

.5   2.0   1.5   1.0   0.5   0.0   0.0   0.5   1.0   1.5   2.0   2.

Males   **Population Estimate 2007   47 Million**   **Females**

What is child wellbeing?

5 broad outcome areas really matter to children's well-being:

1. __Economic well being__: having sufficient income and material comfort to be able to take advantage of opportunities
2. __Being healthy__: enjoying good physical and mental health and living a healthy lifestyle
3. __Staying safe__: being protected from harm and neglect and growing up able to look after themselves
4. __Enjoying and achieving__: getting the most out of life and developing broad skills for adulthood
5. __Making a positive contribution__: developing the skills and attitudes to contribute to the society in which they live

A Rights-Based Approach to monitoring wellbeing

Draws on local and international Rights provisions:

- Specify the rights; assess delivery on rights; assess child outcomes (monitor duty bearers as well as children)

Incorporate the child's present while using a developmental perspective (wellbeing & well becoming);

Assess both positive and negative outcomes for children;

Generate child-centred statistics;

Document the relationship between the <u>quality</u> of children's <u>environments</u> and child <u>outcomes</u>, and:

Consider the timing of measurement; the <u>cost</u> of data collection; and the <u>availability</u> of good data.

Combining Rights with wellbeing

The *Rights* approach is combined with a *Wellbeing* approach which:

Emphasises a *holistic* approach to the child;

Covers a range of domains (Survival, Health (including mental health), Education; Protection, Participation / Exclusion, Social Protection);

Is *informed by evidence* on factors that influence the course of child development;

Takes into account *well-becoming* (development of the child's capacities in preparation of the child for her future role in society).

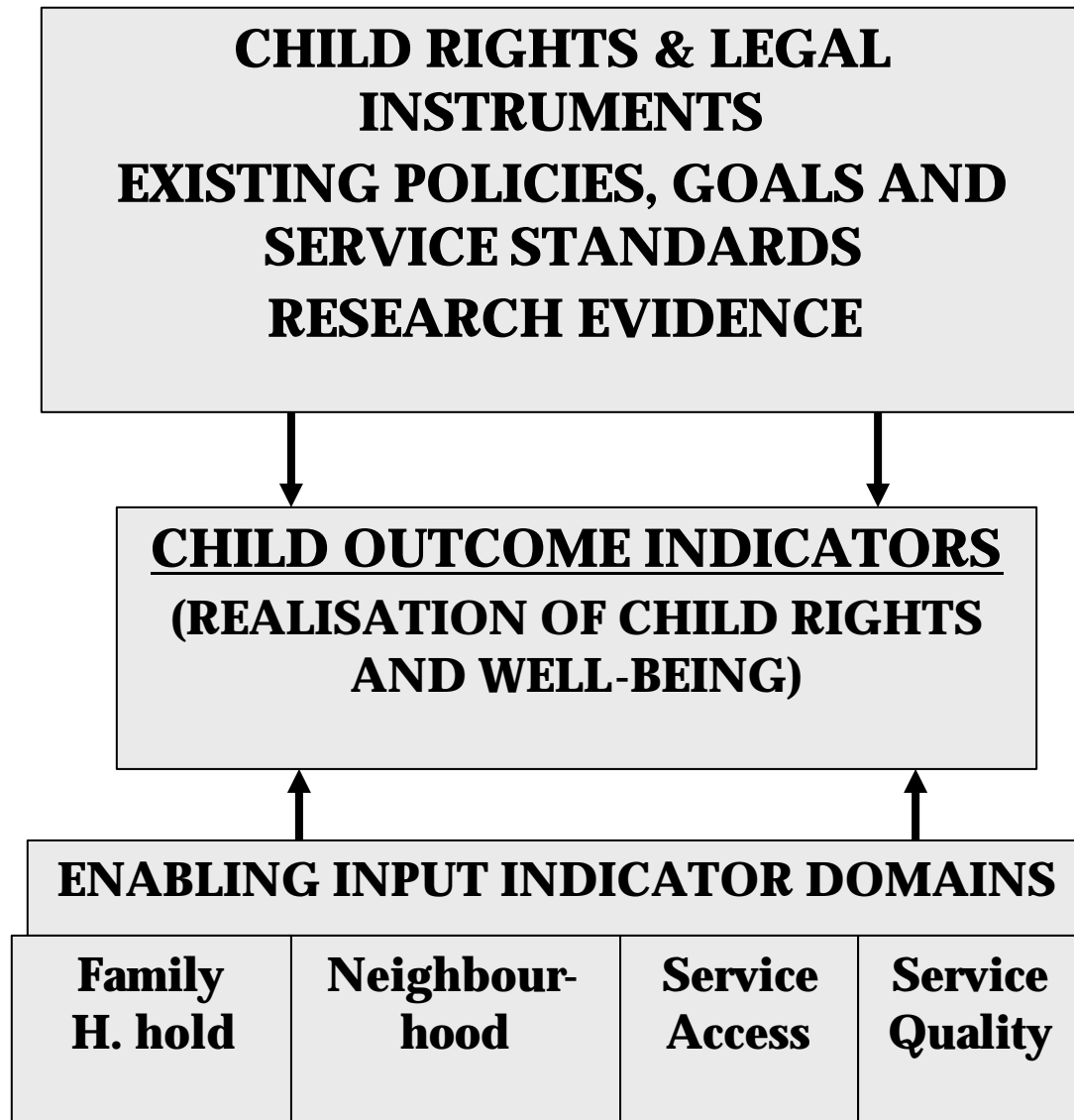# How do child indicators help us address the situation of our children?

. Child outcome indicators tell us *what we have to attend to in tracking the outcomes and impacts of our services and programme interventions (*how many children are doing well or are vulnerable).

To understand <u>why</u> children are doing well (or not) we need to:

1. Obtain information on the contexts within which they live– e.g. the <u>home</u> and the <u>neighbourhood</u>.

2. Measure children's <u>access</u> to services (schools and clinics are services) as well as:

3. Measure the <u>quality</u> of services (inputs) that children and carer access.

   This information also provides data on whether children's rights are realised or not.

How it Works: Rights-based Child Wellbeing Monitoring

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

EXAMPLE

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

The Bill of Rights and ECD

- All children living in South Africa have the right to:
  - Equality, dignity, freedom from discrimination, & freedom of person;
  - Adequate housing; to food & water & to social assistance; to basic health services;
  - Education (until age 16);
  - Protection from exploitative labour practices;
  - Protection from maltreatment & neglect;
  - Family care / parental care (or alternative care where these fail).

The Policy Environment: NIP for ECD 0-4

Goal:

"creation of an environment where children can grow thrive and become better prepared for their future roles and responsibilities in society."
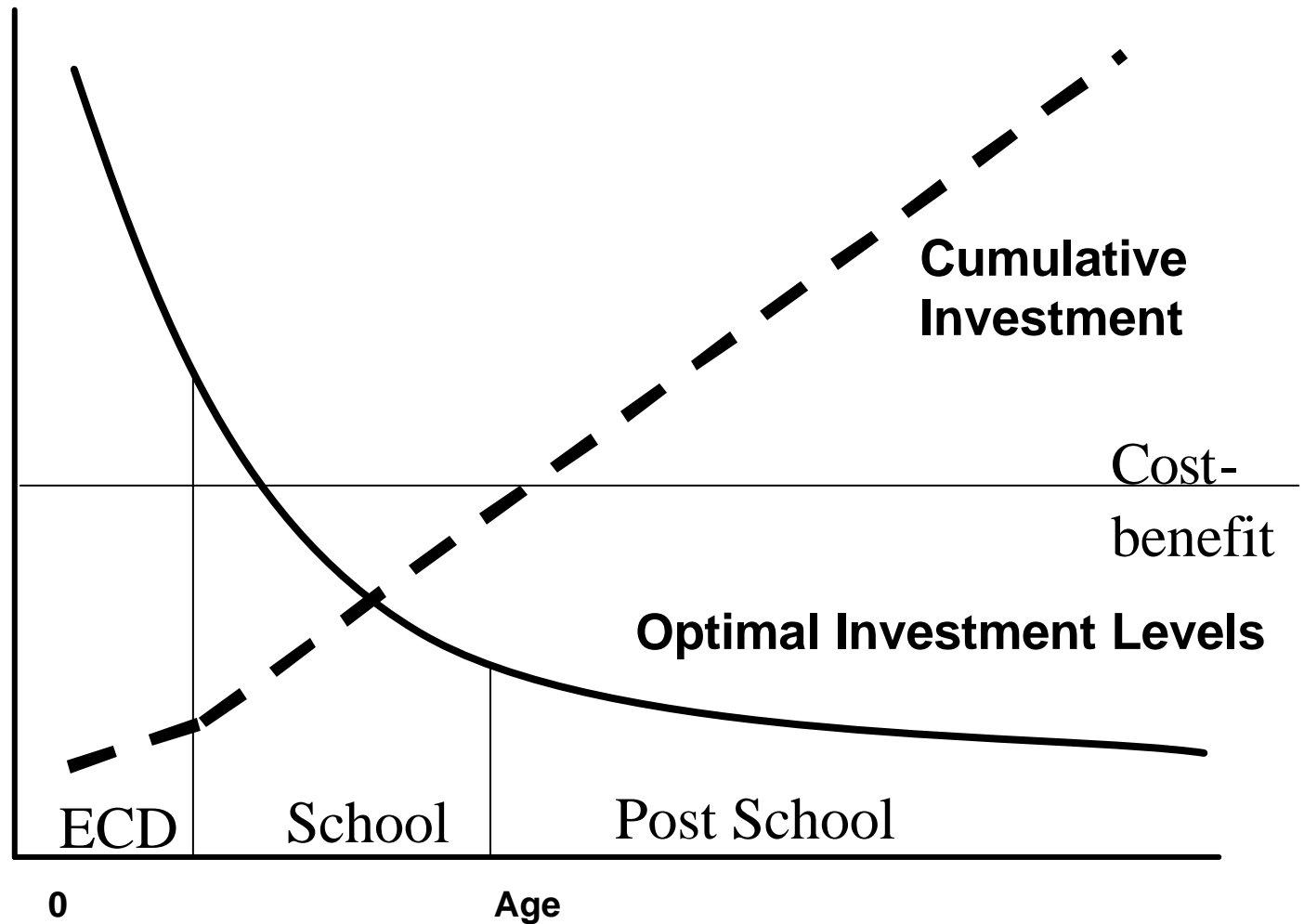
Intervention:

"create environments and situations in which children, particularly vulnerable children, can learn, grow and thrive socially, emotionally, physically and cognitively"

"support adults who care for young children."

"reduce the adverse developmental effects of poverty"

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

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

What should we be monitoring so as to track improvements in young children?

Key risks to positive early development outcomes:

stunting; iodine and iron deficiency; inadequate cognitive stimulation; poor attachment and emotional support.

Maternal depression (*link to AIDS & poverty*); violence; environmental toxins; infectious diseases.

Consequence: *poor health, poor school readiness & poor achievement.*

Thus: monitor *risk environments; child outcomes* and *services* designed to improve outcomes. Use administrative data if possible

Components for each indicator

Core and Additional Indicators for each domain provided in clear tables each including:

1. A Policy Goal;

2. Reason for using this indicator;

3. The indicator definition and measure;

4. The Period when the data should be collected;

5. Possible Data Sources

ECD Example: Child Outcome:

Policy Goal: Improve child safety

Reason for use: To monitor risks of physical abuse..

Indicator: Non-fatal violence related injury rate in children 0-4

Definition & measure: Children under 5 years presenting at health facilities with non-fatal violence-related injuries per 1000 under 5 attendances in a given period: Disaggregate: all under 5; 2-5; < 2 years.

Period: Annual

Source: Public Health Clinics

ECD Example: Home Environment

Policy Goal: Ensure survival and development of young children

Reason for use: Indicates caregiver stimulation practices and involvement with the child's development

Indicator: **Stimulation of early learning at home, including language development and numeracy**

Definition & measure: % of caregivers who: read books to child or looked at picture books; told stories; sung songs; took child outside the yard; spent time naming, counting, and/or drawing things - with children <5 in past 3 days.

Period: Every 5 years if possible

Source: Specific studies (we do not collect this)

ECD Example: Neighbourhood:

Policy Goal: Make neighbourhoods safe for all children

Reason for use: to identify areas in which the risk is high to improve protection.

Indicator: Neighbourhood safety of children

Definition & measure: The proportion of children in each province and in each SAPS *precinct* who are victims of *all* violent crime (treated per crime category and as a total score based on the sum across all crime categories) per year

Period: Annual

Source: Police

ECD Programme Access & Quality

Access: Enrolment in ECD facilities (current 16%);

Quality:

1. Staff Training levels to standard (currently 12%);
2. Facilities to standard (infrastructure; staffing; programme; equipment) take place every two years; (currently 11%);
3. Facility Child: Staff ratios of 8:1 (for < 3yrs); not >20:1 for 3-5s (current Ave. = > 30:1);
4. Facilities offering nutritional support (variable).

But what about assessing child *psychosocial* outcomes in South Africa?

In a multi-cultural setting: *Whose* standard for language, cognition, conduct, emotion applies?

Caregiver understandings of childhood and goals for development construct *activity settings; they* vary across cultural communities: Child development is ultimately a *cultural* process;

So: cultural and physical contexts provide different *affordances* for development and different *outcomes;*

And: enduring conditions of poverty have profound effects on a wide range of developmental outcomes – culture and economics interact to shape development

ECD Standards: A possible solution?

Standards are <u>statements</u> that describe expectations for learning and development of children across domains (what children should <u>know</u> and be <u>able to do</u>).

Particularly in a multi-cultural context, to understand variation in developmental outcomes we:

Study <u>local</u> (*emic*) standards for child development;

Examine <u>commonality</u> and <u>variation</u> across communities;

Use <u>common</u> standards as far as possible;

Introduce (*etic*) standards where these are known to be important for development and for readiness for schooling (even if not considered locally important);

As far as possible, do <u>not</u> use standards that assume the presence of affordances for learning in the home if they are not present in the majority of communities.

THE STANDARDS APPROACH TO ECD

Examples:

1. The weight a child should achieve at birth to be considered healthy at a certain age (Weight for Height Z Score).

2. The age when a child should be able to read a 6 word sentence;

3. The age when a child should be able to stay in the care of a person other than the regular caregiver for a period of 2 hours without distress.

# THE IMPORTANCE OF LOCAL AREA ECD EVIDENCE FOR INTERVENTION

We designed the SAIMDC-2001 to provide aggregated indicators of child deprivation for all the municipalities

Municipalities are scored on a deprivation index for children and are then ranked

Data is derived from the Census to construct domains for the indices

Other administrative data is used to describe the small area plots (availability of clinics; ECD centres; home stimulation programmes etc).

The SAIMDC 2001 Domains

- Children experiencing Household Income deprivation (<40% national mean);
- Children experiencing Adult employment deprivation (Workless households);
- Education deprivation (Children out of school or over age for grade);
- Adequate Care Deprivation (both parents deceased or absent; child households)
- Living Environment deprivation (living in a shack; no power; no sanitation; no water).

Using the Index for evidence-based and targeted intervention for children (From a Pilot Study)

High levels of deprivation; poor Child ECD Outcomes

ECD Service Locations should be here ⬤
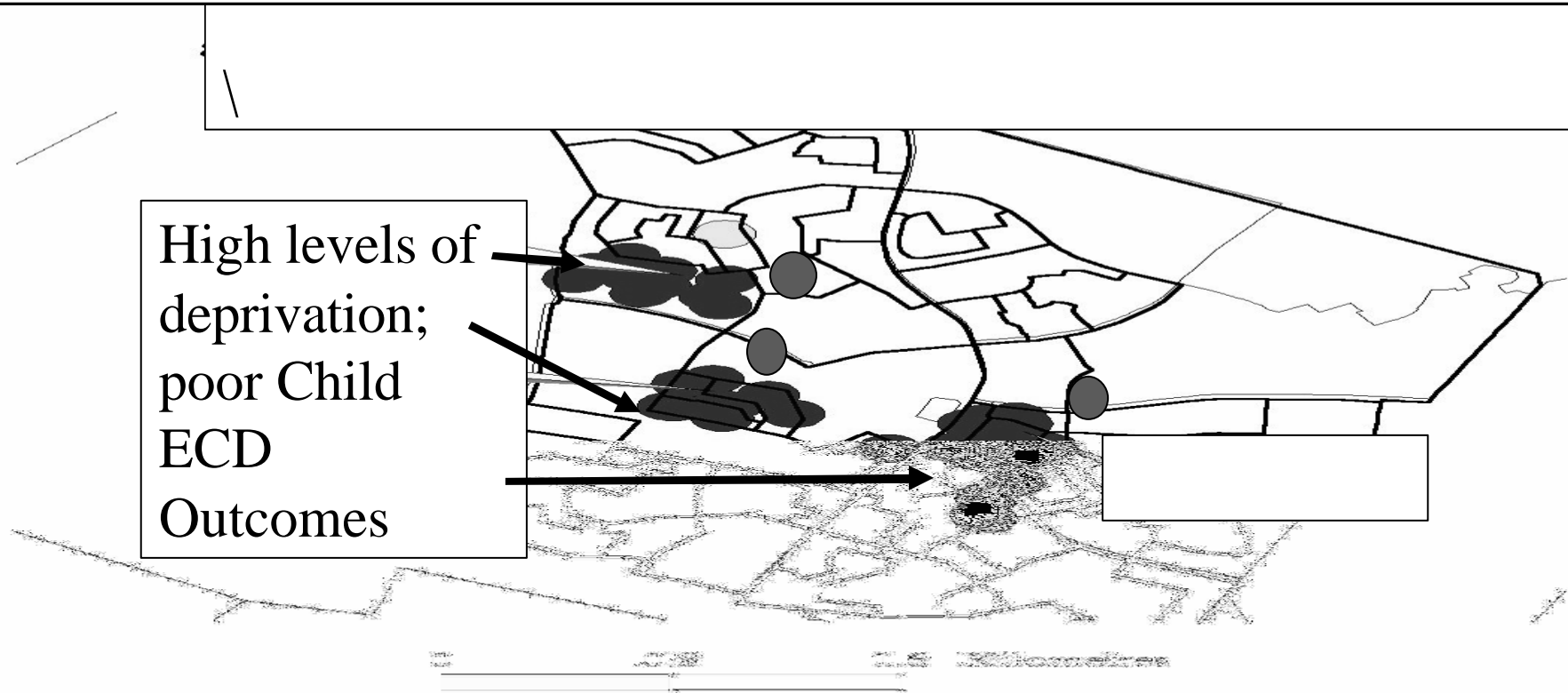
Areas where young children are at most at risk: High HIV prevalence; Long term Deep Poverty; Malnutrition; FAS; Violence exposure……. ⬤

?What does it take in our context?

1. We cannot do it all: Target the most vulnerable.
2. Draw on the evidence base:

- *Link children to the services* they need;
- Test *what works locally* to improve key health and psychosocial child outcomes and change caregiver practices (Two generation programmes are promising);
- Focus on improving programme *quality* (but research *which* critical ingredients make *what* difference at <u>what cost</u>?)

That is what we are doing now with the support of our Department of Science and Technology.

Source

Dawes, A., Bray, R. & van der Merwe, A. (2007). *Monitoring child wellbeing: A South African rights-based approach*. HSRC Press.

www.hsrcpress.ac.za

Thank You

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