

**CHILD, YOUTH & FAMILY
DEVELOPMENT
HUMAN SCIENCES RESEARCH
COUNCIL**



**GOING GLOBAL WITH INDICATORS OF CHILD WELL-
BEING**

**INDICATORS OF SOUTH AFRICAN CHILDREN'S
PSYCHOSOCIAL DEVELOPMENT IN THE EARLY
CHILDHOOD PERIOD**

PHASE 1 & 2 REPORT FOR UNICEF SOUTH AFRICA

2004



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ACRONYMS

ACRWC	The African Charter on the Rights and Welfare of Children
CRC	Convention on the Rights of the Child
CYFD	Child Youth and Family Development
ECCD	Early Childhood Care & Development
ECD NGOS	Early Childhood Development Non-Governmental Organisation
ECD	Early Childhood Development
HSRC	Human Sciences Research Council
SAC	South African Constitution
TREE	Training and Resources in Early Education
TOR	Terms of Reference
UNICEF	United Nations Children’s Fund

EXECUTIVE SUMMARY

SCOPE

UNICEF's Medium Term Strategic Plan aims to make countries accountable for children's socio-emotional development, to assess children's development and to report on children's progress. The goal is to build capacity and commitment on the part of governments to the promotion and assessment of children's psychosocial development. The current Strategic Plan sets out that by the year 2005, at least seven countries will have indicators for child well-being. This report constitutes the first deliverable of the research contract between the Human Sciences Research Council (HSRC) and UNICEF (South Africa). The research forms a component of UNICEF's *Going Global with Indicators of Child Well-Being* initiative.

It includes the following components:

1. A review of the current situation with respect to Early Childhood Development (ECD) policy in South Africa, with particular attention to the pre-school period.
2. A conceptual framework for child *psychosocial* development, followed by an overview of recent developments (the USA in particular) in the *Standards Approach* to the assessment of early childhood psychosocial development. An examination of cultural influences on psychosocial development and the consequences for measurement of psychosocial functioning in early childhood.
3. A discussion that draws attention to some of the challenges associated with developing a Standards Approach to ECD across the widely differing cultural contexts and levels of development that prevail in Africa (including South Africa).

KEY FINDINGS

ECD Policy in South Africa

Methodology:

The methodology for this section of the report consisted of a desk review of South African policy, reports and other documents provided by major ECD NGOS, and telephonic or email correspondence with key role-players and stakeholders in the field. These role-players were accessed through a snowball contact method.

Findings:

Three strata of service provision to children in the early childhood period in South Africa are evident:

1. Services for children under the age of five years (e.g. crèches and preschools),

2. The newly introduced Reception Year (Grade R) prior to the commencement of formal primary schooling, and.
3. The Foundation Phase of primary school, constituting the first three years that takes the child to age 9.

The research focused primarily on 1 above, and used Myers (2001) five indicators for ECCD provision. Key findings are reported for each indicator:

1. ***Political will, policy and financing:*** South Africa has shown considerable political commitment to ECD provision. Multisectoral, integrated and holistic policies are in place. White Paper 5 defines ECD as a *comprehensive* approach to policies and programmes for children from birth to nine years. Its purpose is to protect the rights of children. The importance of a good foundation for future psychosocial functioning is recognized in the stress on the development of cognitive, emotional, social and physical capacities. The National Department of Education is the key role-player in driving ECD policy. At provincial level, Education, Health and Social Development are the responsible departments. Current priorities include the development of an implementation strategy for Grade R children (the pre-school Reception year), the accreditation of ECD providers, and the provision of intersectoral programmes for pre-grade R ECD services.
2. ***Coverage, access, and use:*** One sixth of eligible children attended some form of ECD facility in 2000 (the most recent year for which national data is available). Sixty percent of the sites are situated in urban areas and 40% are in rural settings. The National ECD Audit conducted in 2000 found that there were vast inequities in access (in terms of race, class and location). Comprehensive situation analyses have only been conducted in three provinces - the Western Cape, Gauteng, and KwaZulu-Natal. Enrolment in Grade R has increased from approximately 150 000 to 280 000 between 1999 and 2002. Full enrolment should be reached by 2015. Gross primary school enrolment has remained steady at around 95.5% between 1995 and 2001. Lack of access to services, especially for the poorest and most at risk children under school going age is a major concern.
3. ***Programme quality:*** The national department of Social Development has *draft Guidelines for Day Care*. Comprehensive situation analyses conducted in the Western Cape and Gauteng suggest that service quality is highly variable and in many instances the educational quality is poor. Provincial studies note the frequent lack of nutritional support for young children and the limited number of ECD programmes accessing government subsidies.
4. ***Costs and expenditures:*** No nationally comprehensive data is available on child: service cost ratios. White Paper 5 highlights the point that the fiscal (financial) constraints curtail government's capacity to fund nationwide ECD provisioning. The vast majority of facilities for preschoolers are dependent on State funding - 65% of centre income (in the Western Cape) is derived from subsidies. Lack of funds seriously impacts on quality. However, in some provinces, significant strides are

being made. Grade R provisioning in Gauteng has significantly increased from R2 .5 Million to R10.8 Million in three years.

5. *Status of or effects on children and parents:* While there are a number of health and survival indicators for young children in South Africa, and a number of research studies on child development, there is no national or provincial level data on psychosocial functioning of young children, and no data on the impacts of ECD programmes on child development.

The Standards Approach to psychosocial indicators: challenges for South African standards and measures.

Methodology:

The methodology for this section consisted of a desk review of the United States ECD Standards developed at state level, as well as key commentaries on the Standards Approach. Considerable work has been done on the American Standards Approach, which has been the subject of extensive review. The report draws particularly on reviews conducted by SERVE in the USA. African and South African research on early childhood psychosocial development was accessed to provide for reflection on the cross-cultural challenges of applying standards and measures developed elsewhere to the southern African context.

Findings:

1. *The Standards Approach:* In the USA, “Standards are defined as expectations for what young children *should know and be able to do* prior to entering kindergarten” (Scott-Little et al, 2003, p. 7) (emphasis ours). A Standards Approach for children’s psychosocial development requires a sense of what is appropriate at different ages, and a vocabulary to describe variations over time between domains of development.
2. *Most states standards in the USA focus on the preschool years* (ages three to five) and use broad age ranges rather than specifying psychosocial competencies at a specific age or point in time. The purpose of this approach is to take into account individual variability in development both within and across psychosocial domains. Social-emotional development and “approaches to learning” are the areas least commonly included in the standards. Given the prominence of school readiness as an issue in the United States, cognition, language and physical development are given detailed attention.
3. *A key challenge is that culture and level of social development shape psychosocial development.* This is clear from the literature that while it is relatively uncontroversial to apply standards and measures of physical development cross-culturally, the same does not apply to psychosocial domains. The African literature points to considerable variation in psychosocial outcomes within and across cultures and development levels. These are related to the *affordances* of the local environment, including caregiver practices, and the opportunities for learning presented by the physical environment.

CONCLUSIONS

The Standards Approach that is emerging in the north has considerable potential for adaptation to South African conditions. However, it is clear that the challenges of cultural diversity, poverty and uneven societal development in the region will have to be confronted as a locally appropriate but globally integrated approach to early childhood psychosocial indicators emerges.

The ingredients of success in devising a useful and sensitive set of indicators of child well-being for children in South Africa and elsewhere on the continent are as follows:

1. A participatory approach to standards development, involving children, caregivers, educators, child care workers and other appropriate person should be the first step in this process.
2. Adequate identification of the variation in physical and cultural contexts between South Africa and the countries where the indicators originated, and modification of the measure where necessary.
3. Successful bridging of the differences between contexts (rural/urban, language and cultural) within South Africa to create a meaningful set of psychosocial indicators which is widely applicable.
4. Representation in the set of indicators of the most pressing issues in the South African context.
5. Investigation of the psychometric properties (reliability and validity) of the measures in the local environment.
6. Generation of subgroups of measures for different purposes and for use by different monitoring bodies with different skills (for example health and child development professionals, programme evaluators, teachers or community groups).

INTRODUCTION

SCOPE OF THE REPORT

This document constitutes the first deliverable of the research contract between the Human Sciences Research Council (HSRC) and UNICEF (South Africa). The research forms a component of UNICEF's *Going Global with Indicators of Child Well-Being* initiative. The South African part of the going Global project consists of three phases:

1. A review of recent developments in the *Standards Approach* to assessing child well-being in the age range 0-9 years.
2. A targeted situation analysis of the South African environment to assess government commitment, currently available measures, and work already undertaken in the area of Early Childhood Development.
3. Fieldwork to ascertain understandings of and priorities for children's' development and well-being among stakeholders, including programme and service personnel, caregivers, parents and children.

This report covers phases 1 and 2 and will proceed as follows:

1. A review of the current situation with respect to Early Childhood Development (ECD) policy in South Africa, with particular attention to the pre-school period {(a) 2 of the TOR}, and following the approach of Myers (2001).
2. A conceptual framework for child psychosocial development, followed by an overview of recent developments (the USA in particular) in the *Standards Approach* to the assessment of early childhood psychosocial development {(a) 1 of the TOR}, as agreed at the Istanbul meeting. This discussion is complemented by an examination of cultural influences on psychosocial development and the consequences for measurement of functioning in early childhood. While noting the critical importance of Type 2 and 3 indicators (see below), this section of the review focuses primarily on Type I indicators - that is, *what children know and are able to do*.
3. A concluding section that draws attention to some of the challenges associated with developing a Standards Approach to ECD across the widely differing cultural contexts and levels of development that prevail in Africa (including South Africa).

This introduction provides key definitions and an orientation to the research task.

Going global with indicators of child well-being: Background to the project

UNICEF's Medium Term Strategic Plan aims to make countries accountable for children's socio-emotional development, to assess children's development and to report on children's progress. The goal is to build capacity and commitment on the part of governments to the promotion and assessment of children's psychosocial development. The current Strategic Plan sets out that by the year 2005, at least seven countries will have indicators for child well-being.

The aim of the "Going Global" project is to assist countries to develop strategies and processes for developing a set of core indicators that will assess young children's cognitive, language, physical, social and emotional development, and to monitor and report on the performance of children in these areas. These activities are in response to the medium term strategic plan objective to identify, develop and test *nationally* accepted indicators and monitoring systems for the assessment of psychosocial and cognitive development.

In this regard, it should be noted that South Africa has made some progress toward this goal. The Child Youth and Family Development (CYFD) research programme of the Human Sciences Research Council (HSRC) is actively involved in research to strengthen the South African child monitoring and indicator system.

The global project involves five broad phases:

1. Building government consensus and defining the task, including generating stakeholder interest and identifying resources,
2. An assessment of the existing situation,
3. Development of the concept,
4. Validation studies: development of specific measures, data collection, evaluation and recommendations, and
5. Final consultations and feedback on the process, including generating consensus on indicators, as well as plans for ongoing monitoring and documentation.

At the Istanbul planning meeting in 2003, it was agreed that all in-country indicator projects need to work towards the following:

1. Development of policy on early childhood;
2. An implementation plan, such as that spelled out in South Africa in the National Plan of Action for Children, including:
 - Defined outcomes for children (for example, standards), as part of policy and implementation plans;
 - A monitoring plan to report on, amongst others, the health, nutrition, and psychosocial development of children (multisectoral Type 1 child indicators);
 - Reporting and dissemination systems, and ensuing advocacy to support them.
3. Coordinating systems, and finally,

4. Stakeholder partnerships.

It was agreed at the meeting that UNICEF would work actively with partners in advancing indicators of children's well-being. The current research is one component of that activity.

Indicators and monitoring for early childhood development

Monitoring child outcomes is important for four broad reasons:

1. To understand the situation, well-being and developmental outcomes of children and to assess change over time.
2. To track the extent to which the country is fulfilling its constitutional and international commitments in the area of children's rights.
3. To enhance our understanding of the links between macro-economic processes, poverty reduction strategies, investments in improving children's lives and the achievement of broader development goals.
4. To secure the future health and well-being of the society. Investment in health, educational and psychosocial competencies is an investment in human capital, and therefore in the present and future well-being of the nation. Hence, monitoring the situation of children is an essential way of tracking our investment and pointing to areas of deficiency and success, as well as the conditions that are associated with each.

The last point is of great importance. From a human rights point of view, investment in children is the right thing to do. However, it is also the wise thing to do. We simply have to invest in children if we wish to secure the social and economic well being of the future society. Just as we regularly measure our performance as an economy, if we see the current well-being of our children as an investment for the future, then it is clear that we should be monitoring their well being on a regular basis as well.

The ultimate purpose of collecting indicator data is to improve the situation of children through monitoring individual health and development, monitoring the contexts that support or cause risks to development (family and community contexts), and the extent and nature of the policies and services that are intended to support early development. These are known as Type 1, 2 and 3 indicators respectively.

As we shall discuss at a later point, in a multi-cultural society this is not a simple matter. Expectations of children's behaviour and development vary across class and culture, particularly in developing societies.

The rights enshrined in the South African Constitution (SAC), the African Charter on the Rights and Welfare of Children (ACRWC), and the United Nations Convention on the Rights of the Child (CRC) provide fundamental anchor points for monitoring, as they inform us of the rights that children must enjoy as well as the correlative obligations of the duty bearers who are responsible for them (parents, public servants, government ministers and so forth). The children's rights enshrined in these three instruments were formulated with child well being as well as child rights in mind. The Articles take into account knowledge of the factors

that promote or harm child well being, and that compromise the capacity of the child to grow into a fully functioning adult able to contribute to her or his society. Appendix 1 outlines the basic rights of children in South Africa, and provides brief descriptions of the ways in which they may be interpreted (based on Giese, Meintjes & Proudlock, 2002).

Definitions of key terms used in the report are listed in Table 1 below.

Table 1: Definitions of terms

Term	Definition
Child well being	The economic, physical, social and psychological ‘wellness’ of all children under the age of 18 years.
Child Development	The UNICEF definition of Child Development is used for this study. Child development refers to (Britto et al 2003, p. 6): “(the) dynamic and continuous process of physical, social, emotional and mental change that occurs in sequence with each stage building on the preceding stage. Development occurs as a child is able to handle consistently more complex levels of moving, thinking, speaking, feeling and relating to others.”
Early Childhood Development	Development in the period between birth and 9 years of age (The Consultative Group on Early Childhood Care and Development, 2001).
Domains of psychosocial development in early childhood	<ul style="list-style-type: none"> • Social, • Emotional, • Language, • Cognitive, and • Physical / motor functioning.
Indicator	<p>Indicators are normally quantitative measures that point to changes (or consistencies) in the conditions of children’s lives. Indicators can be replicated to provide regular <i>time-series</i> data. Child indicators should <i>minimally</i>:</p> <ul style="list-style-type: none"> • strive for comprehensive coverage of child outcomes <i>and</i> child development contexts; • assess both positive and negative aspects of children and their situation; • provide baseline data for tracking future trends; • be collected at regular intervals; • have the same meaning, and use the same standard and robust measures over time; • be comprehensible and cost-efficient to collect; • reflect population demographics of importance; • be gathered at appropriate geographic levels (for policy purposes). <p>A monitoring system should include three levels of indicator:</p> <ol style="list-style-type: none"> 1. <i>Baseline indicators</i> that provide a reference point for future monitoring; 2. <i>Monitoring indicators</i> to show change over time and impacts of intervention (uses the same measures as 1.); 3. <i>Early warning indicators</i> to provide danger signals of deteriorating conditions for children in situations of sudden or unexpected change.
Indicator Types	<p>For purposes of this report, ECD indicators are classified into three types following Britto, Kagan and Brookes-Gunn (2003):</p> <p>Type 1 indicators measure individual child development outcomes;</p> <p>Type 2 indicators that measure important characteristics of primary care and Neighbourhood or Community Social Contexts that are relevant to development in early childhood, and</p> <p>Type 3 indicators measure coverage, quality and access to ECD services.</p>
Measure	Indicators are derived from one or more measures. A measure <i>operationalises</i> an

	indicator. It is a defined piece of information able to accurately assess and represent a specific phenomenon or outcome (e.g. < 5MR). A measure may be <i>direct</i> or <i>indirect</i> . (a direct measure of girl's school attendance is obtained through a count of girls in school; an indirect measure would be obtained from a head of household report).
Proxy Indicator	Technically referred to as a <i>Reference Measure</i> , a proxy indicator is related to the phenomenon of interest. (child literacy could be a proxy for school readiness)
Composite indicator	Assessment of child well-being or rights based on a limited number of measures selected for their ability to capture fundamental aspects of child well-being, and for their ability (when used in combination) to generate a summary picture of the status of children.
Sector	Area of policy and action responsible for a particular aspect of child well-being (e.g. the health or the education sector)
Domain	An indicator domain is a grouping of indicators (e.g. see above).
Outcome	Measurable end result in terms of child well-being or child rights

Given that the early childhood period is so crucial for future development, the quest to develop appropriate indicators and measures for this period is of great importance. Apart from the cognitive domain, as we shall see, other psychosocial indicators, have received relatively little attention in the development of early childhood indicator systems.

ECD POLICY IN SOUTH AFRICA

INTRODUCTION

In this section of the report, we report on a targeted situation analysis of the South African ECD policy environment, government commitment, and services provision. We also note some of the key challenges of ECD policy and programme implementation.

The methodology consisted of a desk review of South African policy, reports and other documents provided by major ECD NGOS, and telephonic or email correspondence with key role-players and stakeholders in the field. These role-players were accessed through a snowball contact method.

This brief report does not aim to be a comprehensive evaluation of the ECD situation. This would require an independent study. In any event, the first nationwide audit of ECD provisioning in South Africa (Department of Education, 2001c) was conducted recently (in the year 2000). It provides the most recent and comprehensive data available at the present time. The Audit is complemented by an examination of reports from three the provinces that have more recent information on this situation. They include Gauteng (Biersteker, 2003b), Kwazulu-Natal (TREE, 2003a), and the Western Cape (Biersteker, 2003c).

A comprehensive document on the current ECD policy situation is available from the Directorate Early Childhood Development in the National Department of Education (2001).

At the outset, it is important to distinguish three strata of service provision to children in the early childhood period in South Africa:

1. Services for children under the age of five years – normally crèches and preschools, often taking the form of home-based care.
2. The newly introduced Reception Year, or *Grade R* that is being rolled out. Grade R is the year prior to the commencement of formal primary schooling, and will cater for 5-6 year old children.
3. Compulsory schooling commences at age 7. The Foundation Phase of primary school constitutes the first three years of formal education until the child is aged 9.

The primary focus of this discussion will be on 1 above. Grade R will be considered briefly. It is a new phenomenon about which there is little systematic data.

Myers (2001) has suggested that indicators for ECCD may be clustered into 5 broad groupings as follows:

1. Political will, policy and financing (Type 3 Indicators);
2. Coverage, access, and use (Type 3 Indicators);
3. Programme quality (Type 3 Indicators);
4. Costs and expenditures (Type 3 Indicators);
5. Status of or effects on children and parents (Type 1 & 2 Indicators).

As far as possible, Robert Myers' scheme will be deployed in the following discussion. The Indicator Types listed in Table 1 above are noted alongside each of Myers' clusters.

TYPE 3 INDICATORS

Indicators of Political will, policy and financing

For pre-school children, the recommended indicators of *political will, policy and financing* are the presence of a national ECCD policy or plan, and the proportion of education funding actually dedicated to ECCD.

Children from 6 – 9 years are covered by primary level education policy, which in South Africa law is compulsory and free. However, the notion of free education is highly contentious. Schools are permitted to levy fees for additional services, and if children cannot pay, there is a very high risk that they may be excluded. This is a particular problem for impoverished children and those who have lost caregivers to AIDS (Giese et al, 2002).

Our focus is on the period prior to primary school including Grade R. As Biersteker (2003a) notes (p. 1-2):

“Good quality ECD services (also known as ECCD services):

- Can have lasting effects on the mental and physical capacity of children, their socialization, their safety and later progress and performance in schooling

- Produce cost savings – efficiency in education through early identification of learning difficulties, prevention of drop outs etc, and can reduce later health and welfare costs
- Is the ideal phase for the inculcation of values such as anti-racism, anti-sexism and human rights
- Will become increasingly important in the context of HIV/AIDS...”

And further: “Access to ECD services can therefore be seen as an equity issue with its capacity to enhance the long term capacity of women and children to participate fully in the realization of their rights and abilities” (Ibid, p.2).

As Myers notes, while most countries will have an ECCD policy, it is important to establish whether or not the policy is implemented and properly funded, and whether it targets particularly vulnerable groups – for example, those who cannot afford the costs of private facilities. In South Africa, this would apply to the vast majority of young children.

During the apartheid era, major disparities and inequalities existed by location and population group in terms of access to service, and quality of service - impacting severely on the rights, well-being and development of especially black children in South Africa (Biersteker & Vale 2003; Atmore, 1998).

It is clear that since 1994, the democratic government has shown considerable political commitment to improving the well-being of all children, including in the area of early childhood development. The legislative and institutional framework for the realization of the rights of children in South Africa is seen as being one of the most advanced in the world (UNICEF cited in TREE, 2003a).

ECD is defined in the Education White Paper (March 1995) as “the process by which children from birth to nine years grow and thrive” (p.33). The government’s approach to ECD provision has been multisectoral, integrated and holistic. While the National Department of Education is the key role-player in driving ECD policy, ECD services are a provincial responsibility. Three departments are primarily responsible for ECD services: Education, Health and Social Development. The period 0-5 is currently a priority.

While less centrally involved other departments also include ECD related initiatives in their programmes and policies. They include the Departments of Home Affairs (registration of births), Water Affairs and Forestry (provision of safe drinking water and sanitation to sites), Safety, Security and Justice (child protection), Labour (training of ECD educators) etc. Table 2 lists some of the key policies and programmes of the three departments:

Biersteker (2003a, p12) notes that the key departments’ policies and programmes, especially in relation to the provision of services for children 0 to 4 years, have “common strands, including:

- Recognition of the preventative value of good services for the youngest and most vulnerable children;

- Recognition of multiple approaches, including direct services and services targeted at the parents, families and communities;
- Focus on those most at risk – the poorest, those with disabilities;
- Focus on the need for health and nutritional status;
- Commitment to integrated service delivery and optimal use of existing resources and services.”

These policies also recognize that “all children are developmentally vulnerable, particularly those who are poor, who have special needs as a result of disabilities or who are growing up affected and infected with HIV/AIDS (ibid)”, and therefore the policies target, in respect to service provision, the under five age group.

Table 2: South African ECD policies by sector

Sector	Policies and Programme Interventions
Department of Education	White Paper on Education and Training (1995) White Paper 5 on Early Childhood Education (2001) South Africa Schools Act (1996) Admission Policy (1998) Foundation Phase Policy Document (1997) Assessment Policy (1998) Language in Education Policy (1997)
Department of Social Development	White Paper on Social Development (1996) National Early Childhood Development Strategy (1998) The Child Care Act, 1983 as amended (1996-1999) and its Regulations Child Support Grant (1997)
Department of Health	White Paper on Health (1997) Free Health Care policy (1994) Maternal, Child and Women's Health Policy (1995- Draft) Integrated Nutrition Strategy (1998- Draft) Technical Guidelines for Immunisation (1995)
Intersectoral Documents	National Programme of Action for Children (NPA) (1996) National Child Protection Strategy (1998) Review of the Child Care Act (1998) White Paper on Disability (1997)

The National Department of Education White Paper 5 defines ECD as a *comprehensive* approach to policies and programmes for children from birth to nine years. Its purpose is to protect the rights of children, and the importance of a good foundation for future psychosocial functioning is recognized in the stress on the development of cognitive, emotional, social and physical capacities (Department of Education, 2001c).

The current priorities are development of an implementation strategy for grade R children at 5/6 years of age (the Reception year), the accreditation of ECD services providers, and

provision of intersectoral programmes for pre-grade R ECD services. The National Department of Education recognizes the need for national, provincial and local strategies for ECD in collaboration with other core departments and civil society.

The Departments of Social Development and Health are primarily focused on the 0 to 5 year period (Department of Education, 2001c). The Department of Health makes provision in its policies and programmes for free health care for pregnant women, and for children under the age of six years, immunization for children, and integrated nutrition programme, primary health care (IMCI) and PMTCT.

The Department of Social Development's White Paper focuses on 0 to 9 years, but 0 to 3 years has special recognition. ECD is contextualised within family life and the department's policies and programmes target all caregivers, parents and social service professionals.

Indicators of ECD coverage, access, use, and programme quality

Coverage access and use.

Table 3 shows some of the key findings from the Department of Education ECD Audit and the Census 1996 data for children (age range 0 to 6 yrs) (10% Sample-Census 1996). In the 2001 Census, it is estimated that there are a very similar number of children in this age band: 6,384,835 children in 1996 and 6 368 801 children in 2001.

As we do not know contemporary enrolment figures for ECD facilities, the best we can do at this point is use the 1996 Census figures and the National ECD Audit data in the table below.

Table 3: Access to ECD facilities in South Africa (2000).

PROVINCE	Number of Children	Number of Educators	Number of Learners Enrolled	Number of Sites
Western Cape	536,921	8,503	143,016	2,644
Eastern Cape	1,109,591	6,354	152,451	3,231
Northern Cape	127,410	844	20,278	422
Free State	362,759	3,964	75,493	1,665
KwaZulu-Natal	1,382,828	10,603	213,950	5,684
North West	535,837	2,910	53,554	1,174
Gauteng	914,260	15,052	236,523	5,308
Mpumalanga	475,811	2,658	52,626	1,367
Northern Province	939,418	3,615	82,585	1,987
Total	6,384,835	54,503	1,030,476	23,482

The Nationwide Audit of ECD Provisioning in South Africa (Department of Education, 2001c) shows that a total of 1 030 476 children were reported to be enrolled – only *one sixth* of the 6.4 million children in the 0 to 7 age cohort attend some form of ECD provisioning. Gauteng and KwaZulu-Natal showed the highest concentration of ECD sites in the country,

with Northern Cape and North West having a lower concentration of ECD sites (reflecting their dispersed population as well as low supply).

Forty nine percent of the sites are situated in urban (formal) areas, with 40% in rural and 11% in urban informal areas, indicating that the majority of sites are in urban areas. Thirty-eight percent are registered with the Department of Education, 43% with the Department of Social Development, and 12% with local authorities. There are vast inequities and continued inadequacies in the way in which ECD services are provided. Despite the gaps, the information suggests that South Africa is ahead of comparable developing countries.

Comprehensive situation analysis has been conducted for the Western Cape and Gauteng, and to a lesser extent in KwaZulu-Natal. Several small scale and non-government agency reports, of a more qualitative nature, have been compiled on ECD sites. The latter reports present anecdotal information indicating that while there have been strides taken to provide services, there are areas that remain un-serviced, and in cases where sites do operate, the well-being of children attending these sites are sometimes of secondary concern and importance. The lack of monitoring and evaluation guidelines and procedures from the key departments compounds this problem.

White Paper 5 of the Department of Education notes that there are five key areas requiring attention in the ECD sector:

- The coverage of ECD services;
- Inequality in existing ECD provision;
- Inequality in access to ECD services;
- Variable quality of ECD services;
- An incomplete, fragmented legislative and policy framework for ECD that results in un-coordinated service delivery.

In KwaZulu- Natal personal communication with a number of key role-players produced the following conclusions:

- Rural areas in particular are not adequately serviced,
- There is a need for research and policy to focus on the ECD role in regard to children infected and affected by HIV/AIDS,
- Nutrition Programmes do not cover unregistered community based ECD sites,
- Many children still do not have birth certificates, and are therefore not able to access child support grants.

The Nationwide Audit of ECD Provisioning in South Africa identified the following issues for particular attention, if ECD provisioning is to be improved:

- The quality of teaching and learning programmes;
- Language and cultural issues that affect learning programmes;
- The impact of HIV/Aids on children and staff;

- Gender, racism, democracy and equality;
- Greater attention to the needs of the disabled child;
- The need to improve educator training.

Service Quality

“Quality of provision is a key determinant of the effectiveness of the ECD service” (Biersteker, 2003c, p.11).

Assessments of ECD service quality require benchmarks or standards. Minimum standards for ECD services (for children prior to the Grade R year) are not finalized for South Africa. Some current developments are reported below.

The existing Child Care Act makes provision for the registration, classification and inspection of ECD sites and programmes, as well as grants to ECD service providers.

The national Department of Social Development has drafted Guidelines for Day Care. However, these remain *draft guidelines*. They set out draft minimum standards for centres offering day-care to children aged 0 – 5 (crèches and pre-schools), and will attempt to ensure that children receive a good quality of service. Registration of centers will serve to assist both monitoring assist in the protection of children (Department of Social Development, 2001).

The Guidelines provide a list of very helpful guidelines for minimum standards of care in ECD facilities. Some however are quite broad, and require careful operationalisation for measurement purposes. Guidelines as to buildings and equipment are clear and measurable.

The Draft Guidelines cover the following areas:

- Programmes and activities;
- Areas of child development, and age appropriate activities;
- Health care – medical history;
- The responsibilities of supervisors and caregivers;
- HIV/AIDS protection measures;
- Nutrition, daily menu planning, feeding of infants under one year; and
- Quality Assurance Report Forms that can be used to if an ECD site meets the minimum standards.

Outcomes for psychosocial development are very broad and would require careful definition to facilitate measurement and tracking of children.

In terms of qualifications, Supervisors should have a National Certificate in ECD at National Qualification Level (NQF) Level 4 and for other educational staff, the recommendation is the Basic Certificate in ECD at NQF Level 1.

Chapter 7 of the Draft Children’s Bill (not yet adopted), “makes provision for the Minister to make regulations on the minimum standards with which ECD services must comply.

(However) the final status of the guidelines is therefore somewhat unclear.” (Biersteker, 2003b, p. 19).

In their submission on the Guidelines for Day Care, TREE (2002) (Training and Resources in Early Education) made several key points about quality assessment and minimum standards. TREE felt that the Guidelines were comprehensive and well formulated. However, while TREE acknowledged the need to register ECD sites to ensure proper quality of care for young children they were concerned about sites in the rural areas. In particular, TREE was concerned that the concentration in the Guidelines on the quality of the physical facilities as part of the minimum standards requirements, did not take account of under-resourced rural ECD sites and day-care centers. In order for such centers to meet some of the requirements stipulated in the Guidelines, they would require considerable financial support to be upgraded. A further concern was that there would be an unintended consequence of the withdrawal of nutrition support from sites that could not be registered as a consequence of poor infrastructure and other requirements.

With respect to the quality of the ECD service curriculum, the national Department of Education recognizes the challenges: “Changes to the curriculum are part of the broader goal of improving the quality of ECD provision and will require a longer term programme of action.” (Department of Education, 2001c, p.21).

The Guidelines for Day Care note the need to prepare children for formal school and recommend learning programmes that provide the necessary knowledge and skill in numeracy, literacy and life skills. However, there is as yet no standard approach assessing outcomes.

In discussions with TREE, it emerged that rural ECD and day-care sites would need significant support in terms of educator training as well as the development of programme activities for children in the care of such sites. The need for financial and other support is clear.

In a recent report, Biersteker (2003c, p. 29) constructed “indices of infrastructure, educational programme and educator profiles” and applied them to the national (ECD services) audit site data. ECD sites were defined as sites “where 6 or more children below school going age were cared for on a regular basis” (Biersteker, 2003b, p. 6). Biersteker’s indices include the following central aspects of provision

- **“Infrastructure index:** a summated picture of material and infrastructural resources at the site including: type of buildings, availability of electrical power, toilets, water, learning and play areas available to learners, existence of a kitchen etc.;
- **Support index:** a combination of items regarding the degree of financial and educational support provided to the site by government, parents and educator training providers including registration, fee levels, regularity of payment of fees, other sources of income, existence of a management committee etc.;

- **Programme index:** a measure of educational activities and programmes at the site including evidence of a programme of teaching and learning, planning, the variety of activities in which learners were engaged, levels of experimentation, learner interest, encouragement to ask questions etc.;
- **Educator information:** highest school grade achieved, highest ECD qualification years of experience of educators at the site."

This formulation has not been applied to all provinces. However, data is available for Gauteng and the Western Cape (Biersteker, 2003b; Biersteker, 2003c).

Biersteker established that the following situation pertained in **Gauteng** province:

- *Infrastructure Index:* 46% were rated above average and only 2% were below average. Eighty three percent (83%) of registered ECD facilities had piped water, flush sanitation and mains electricity; 60% of Gauteng sites were home based, significantly more than the national average of 34%;
- *Programme Index:* 11.5% of the sites were rated above average, and 13% were rated below average for the province;
- *Support Index:* 28% of sites received above average support from their constituencies compared with 19% nationally; 5.6% were below average for the province on this index;
- *Educator information Index:* 28% of educators in Gauteng were rated above average, and 13.5% were below average on this index;
- However, 35% of those sites in informal settlements were below average in education level.

Biersteker remarks that:

"Gauteng province has made strides in the development of policy for an integrated and intersectoral ECD strategy and a clear commitment to improving access. This remains to be operationalised. Key challenges are increasing access including nutritional support on an incremental basis, beginning with the poorest children and other special categories of risk such as those with disabilities and those who are HIV affected. The poor quality of many existing services must be addressed through training and resourcing. A variety of service models have been tested and a range of programming strategies including those directed at families is recommended. " (Biersteker, 2003b: p. 4-5)

For the **Western Cape**, the following situation applies (Biersteker, 2003c):

- *Infrastructure Index:* Only 1.5% of facilities were rated as below average;
- *Programme Index:* Similar proportions of programmes were rated above and below average (around 7.5% in each case).
- *Support Index:* 28% received above average support (mainly in well-resourced areas), while 4.6% of sites received below average support from their constituencies.

- *Educator information Index*: 18.5% were rated above average and 9% were rated below average.

In her analysis of the situation in the Western, Cape, Biersteker comments:

“Despite the recognised advantages ECD has to offer in a human resource development strategy for women and children, the sector is not receiving the resources it requires. This analysis of existing data (for the Western Cape) indicates the lack of access to services, especially for the poorest and most at risk children under school going age, the poor educational quality of many existing services, a concerning lack of nutritional support for young children and the limited number of ECD programmes accessing government subsidies which accounts for access and quality problems. A variety of educator training is offered across the region but the need for a concerted RPL strategy is clear. Incentives to retain trained educators in ECD would also need to be considered as part of any strategy to strengthen the foundations.” (Biersteker, 2003c, p.17).

The National Audit of ECD services showed that the Western Cape and Gauteng are better off than other regions in terms of ECD provision. Nonetheless, Biersteker’s in depth analysis of the situation in these two provinces raises certain key points for the improvement of ECD sites that can no doubt be applied to all other provinces – particularly those with very high proportions of poor children such as the Eastern Cape.

Costs and expenditures

The scope of this report does not permit a thorough analysis of expenditure in the early childhood sector. Limited observations will be made here

Allocations to ECD are a good indicator of commitment to this area. However, ECD has to compete with other demands in an already overstretched budgetary environment. For example, White Paper 5 highlights the point that the fiscal (financial) constraints curtail government’s capacity to fund nationwide ECD provisioning.

The Education sector is responsible for Grade R funding, whereas Social Development is responsible for the regulation and subsidisation of day-care centres for children up to five years.

ECD centers:

At the time she compiled her report on Gauteng ECD provision (2003) the ECD centre subsidy was R6.50 per day per child. Biersteker (2003b) reports that even in this well-resourced province, with a good ECD policy, in February 2003, only 9.5% of eligible children under 5 years “would have been receiving the social development subsidy” (p. 17). The situation is likely to be much worse in poor provinces.

Biersteker (2000c) notes that the quality of the vast majority of facilities for the under 5s is dependent on State funding. For example, she reports that 65% of centre income (in the Western Cape) is derived from subsidies. Lack of funds seriously impacts on quality.

Grade R

Turning to Grade R provisioning, Gauteng has significantly increased its ECD expenditure since 2001 when 368 classes were established (from R2 .5 Million to 10.8 Million).

Biersteker points to a significant problem in the Grade R funding allocation. Essentially, it is difficult to spend. According to the report from the Provinces to the Minister of Education (May 2002), although conditional funds (for Grade R) had been transferred to the provinces, expenditure had been only a fraction of the total. A range of infrastructure, staffing and other problems were responsible for this problem.

The South African Government's report: *Towards a Ten Year Review* (2003), provides recent figures on *Grade R and primary school enrolment*:

"there has been a steady, albeit non-linear increase in enrolment in the reception year, with enrolment increasing from approximately 150 000 to 280 000 between 1999 and 2002, suggesting that full enrolment will be reached by 2015. Gross primary school enrolment has remained steady at around 95.5% between 1995 and 2001" (p.20).

Myers (2001) has remarked, while just about all developing countries have ECD policies, it is the implementation that lags way behind. Implementation and coverage in South Africa are very low. The National Audit found that 6% of children aged 0-6 access services. However, we need to ask whether this wide range in age is an appropriate basis from which to make a judgment. Perhaps we should be using the 3-6 band as the most important for tracking purposes, given the importance of these years in preparing the child for school.

Despite many limitations, South Africa is likely to be ahead of most other developing countries. South Africa is making progress in the field of ECD despite resource constraints, and having started from a highly racially skewed service base in 1994. It remains the case however, that implementation, financial support and service quality needs to given sustained attention, particularly in poor urban areas and rural contexts

Status of or effects on children and parents (Type 1 & 2 Indicators of psychosocial development)

This is Myer's final group of indicators. While there are a number of health and survival indicators for young children in South Africa (Dawes, 2003), there is no national or provincial level data on *psychosocial* domains of development that can be used to populate Myers' final indicator with information. The current project is part of an initiative to come up with indicators and measures for that purpose, and the latter sections of the report will provide some comment in this regard. Myers himself notes the paucity of information on psychosocial indicators and measures in developing countries. The final section of this report seeks to address this matter.

THE STANDARDS APPROACH

Standards of children's early psychosocial development have been pioneered in the United States of America (USA) as part of an effort to increase accountability and performance in early childhood care and education, and to provide explicit expectations for children's development across domains of psychosocial development (National Association for the Education of Young Children, 2002).

These standards, adapted for local conditions in different districts and states, are derived from contemporary developmental theory and are designed to be assessed by knowledgeable adults in real-life early childhood contexts.

It was agreed at the Istanbul meeting that countries would draw from and adapt existing published standards for developing indicators of children's well-being.

There are various definitions of psychosocial development used in Standards Approaches. The following commonly used domains are adapted from Scott-Little et al (2003):

Motor Development includes gross motor skills, fine motor skills, oral motor skills, sensorimotor skills, and functional performance.

Social development refers to children's abilities to form and sustain social relationships with both children and adults. Socially competent children are able to communicate and enter co-operative role relationships with adults and understand and identify adult roles. Social development also refers to the child's concept of self and an ability to understand and anticipate the social behaviour, thoughts and motives of others. It also includes the extent to which a child exhibits pro or anti-social behaviour.

Emotional development shares some of the above characteristics, and includes the ability to regulate emotions and understand the feelings of others. A sense of self-efficacy and security are also central to emotional development, as is relative freedom from anxiety that might impede social and intellectual behaviour.

Approaches to learning refers to the child's learning attitudes, habits, and learning styles, as well as their openness to and curiosity about new tasks and challenges; their initiative, task persistence, and attentiveness; their approach to reflection and interpretation; their capacity for invention and imagination; and their cognitive approaches to tasks.

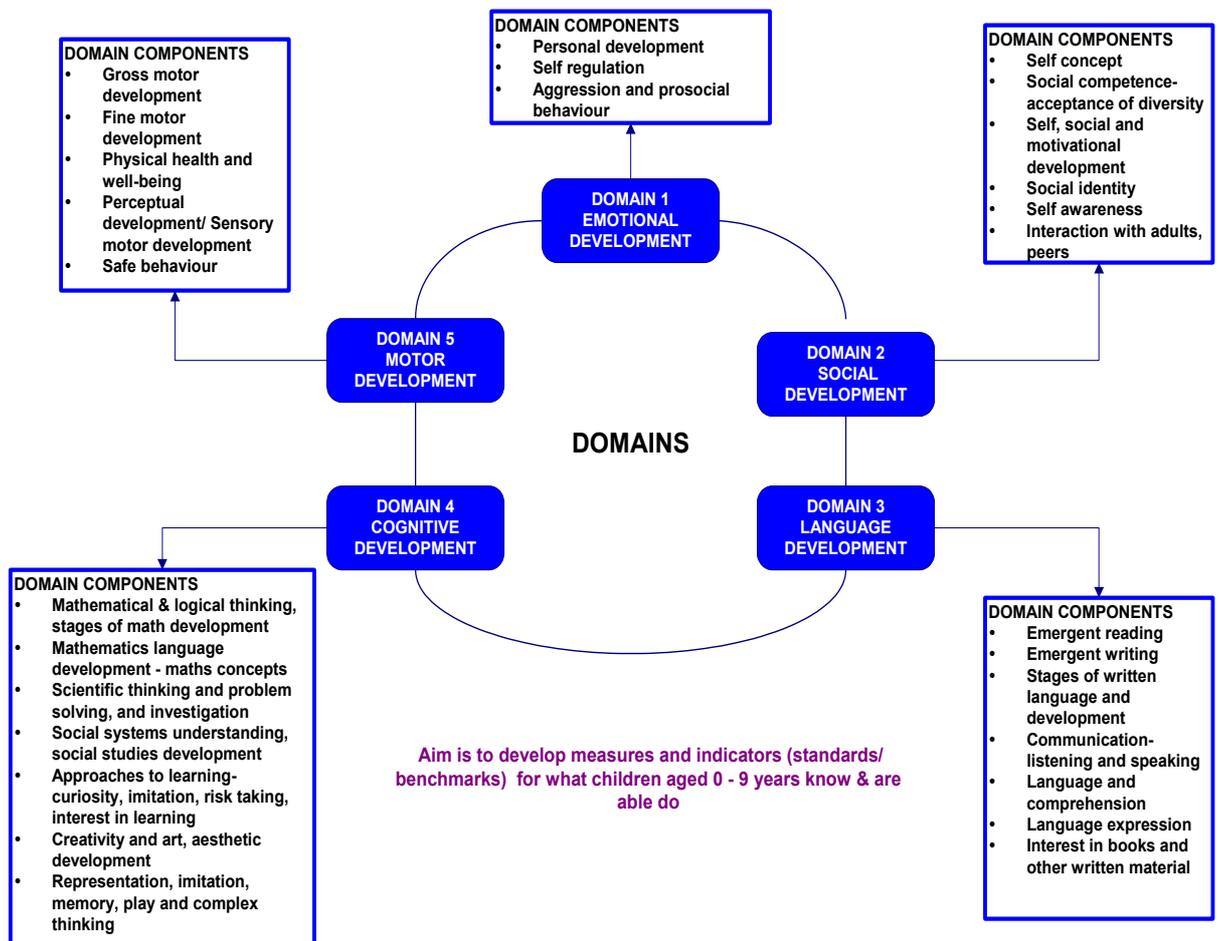
Language development refers to an understanding of content, form, and use of language. It includes skills, such as listening, speaking, social uses of language, vocabulary and meaning, questioning, and creative uses of language. Literacy skills are also important.

Cognition and general knowledge "include a number of components. The first component is physical knowledge of the properties of objects within the world around the child. Logico-mathematical knowledge, or the relationships created by individuals within their minds

between objects, events, or people, is a second component of cognition and general knowledge. Finally, social-conventional knowledge, or awareness of the agreed-upon conventions of society and the school-learned knowledge or conventions, is the third element of cognition and general knowledge. Corresponding abilities include representational thought, problem-solving, mathematical knowledge, social knowledge, and imagination.” (From Appendix C of Scott-Little et al 2003).

Figure 1 summarises the psychosocial domains and their components (*Cognitive Development* includes Learning, & Knowledge).

Figure 1: Psychosocial Domains in early childhood



Considerable work has been done on the American Standards Approach, which has been the subject of extensive review (see below). It is therefore not considered necessary to repeat this work here. This section of the report will therefore provide a brief summary of the Standards

Approach as it has developed in the USA. We draw particularly on reviews conducted by SERVE in the USA.

SERVE is a Regional Educational Laboratory funded by the U.S. Department of Education, Institute for Education Sciences (formerly the Office of Educational Research and Improvement). In partnership with Dr. Sharon Lynn Kagan and her colleagues, SERVE conducted a national study to examine early learning standards developed by state-level organizations in the USA (Scott-Little, Kagan, Frelow, 2003, p. 5).

The broad purpose of the study was to provide data on the standards that have been developed, the processes states have used to develop them, and how the standards are being implemented. The key research questions were:

- Which states have developed child-based outcome standards to define expectations for children’s learning and development prior to kindergarten entry, and how many sets of standards does each state have?
- What is the nature of the child-based outcome standards that have been developed? What ages have been covered in the standards? To what degree are the standards linked to standards for the K–12 system?
- What developmental domains or subject areas have been covered?
- What process was used to develop the standards, what was the impetus for developing the standards, what agency or individual took the lead in the process, who was involved, and how was the effort funded?
- How are the child-based outcome standards used? How are they disseminated and to whom? What are the expectations for how the standards will be implemented, and what data are collected related to the standards?

At the time of the SERVE report being published, almost 40 states in the USA had developed or were developing child-based outcomes standards. While they have taken varied approaches to the development of child-based standards documents, it is noteworthy that the needs of children from minority communities and those with disabilities have not been adequately addressed. The standards documents give little guidance about how they can be adapted for these populations - a point to which we shall return.

Most states in the USA focus on the preschool years (ages three to five) and use broad age ranges rather than specifying psychosocial competencies at a specific age or point in time. The purpose of this approach is to take into account individual variability in development both within and across psychosocial domains.

Social-emotional development and “approached to learning” are the areas least commonly included in the standards, whereas cognition, language and physical development are given detailed attention. This is perhaps not surprising given that one of the goals of 3-5 year old ECD service provision is to prepare children for school. It is noteworthy that only one of the states excluded language and literacy development from its standards.

As part of this research, nine early learning standards documents were reviewed- eight state level early learning standards and one national panel standards document (PreKStandards - covered ages 3, 4 and 5). A summary of the state documents, also reviewed in the SERVE report is presented in Table 4 below:

TABLE 4: Early Learning Standards for specific States

STATE-LEVEL DOCUMENT	AGE				STATUS
	3	4	5	RANGE	
Rhode Island		X			Not officially adopted or endorsed
Louisiana		X			Not officially adopted or endorsed
Minnesota		X			Officially adopted or endorsed
Mississippi		X			Officially adopted or endorsed
Florida	X	X	X		Officially adopted or endorsed
California				Birth to 14	Not officially adopted or endorsed
Utah				3 to 4	Officially adopted or endorsed
State of Connecticut				3 to 5	Officially adopted or endorsed

Appendix 2 presents a summary of the standards developed for the State of California. The other state level documents have also been summarised for the purposes of this study. This has produced an extensive table that will be supplied with the final report.

The California standards are in our view the most comprehensive of the North American approaches. They cover the age range birth to nine years (as required for the current project). As is evident from Appendix 2, the age bands are appropriately narrow in the first months of life (when development is rapid), and then become broader for the later years. Each domain includes clear sub-domains within which “what children can do” is specified. Apart from other features, a key value of this approach that behavioural statements are provided that lend themselves to operationalisation for measurement purposes.

Another value of the California model is that it does lend itself to the development of culturally appropriate content when it comes to the design of measures. However, like all such systems, there are components of the system that would require considerable adjustment in developing country contexts – a point to which we shall turn shortly.

While there are a number of similarities across the various state standards, there are distinctions. One concerns terminology. For example, the Mississippi approach uses the term benchmarks to refer to what the children can and are able to do. California, on the other hand uses the term indicator to define desired outcomes more specifically so that they can be measured. Louisiana uses the notion of a developmental profile and specifies what most children should be able to do by the end of their preschool experience.

In the developing of standards for South Africa, and given the variability in what children can and are able to do as a function of their learning environments attention will need to be

given to the whether the standards developed in the US will be appropriate within the age bands (in for example a scheme such as that devised for California). It is to these matters that we now turn.

PSYCHOSOCIAL WELL-BEING STANDARDS FOR YOUNG CHILDREN: CHALLENGES IN THE SOUTH AFRICAN CONTEXT

Our task in this section of the report is to consider, the kinds of indicators of child psychosocial functioning that might be important in the developing world and particularly in South Africa. In order to do that we discuss a conceptual framework that can inform our work in this area. We proceed to review the measures that have been used in research projects in South Africa to track the psychosocial development of children. In so doing, we have included studies conducted in other sub-Saharan African countries on the understanding that many South African children share contextual influences their counterparts' children from countries to the north.

Finally the report will briefly consider the challenges involved in devising a set of workable and useful standards for South African children, with the ultimate goal of contributing to the search for universal standards.

THE INTERNATIONAL LITERATURE AS A SOURCE OF INSPIRATION.

The child development literature is theoretically and empirically rich as a source of inspiration in the quest to “go global” with indicators of child psychosocial well-being. Many academic disciplines are involved, encompassing both biological and behavioural sciences, and rapid research progress has been made in many areas. However, the progress towards articulating performance standards has been slow, even in the developed world. Scott-Little and co-workers report on development standards for preschoolers in the United States:

“Historically the early care and education field has chosen not to articulate specific performance expectations for what children should know and be able to do in the form of standards for a number of good reasons. Development at this age is highly individualized and extremely dependent on the environment and types of experiences a child has had. Given that children’s experiences at this age are extremely diverse, it is difficult to impose standardized expectations for development. Furthermore, development often occurs in spurts rather than unfolding evenly and uniformly across development areas. With these considerations in mind,

the field generally has been hesitant to develop child-based outcome standards for fear that they might be misused". (Scott-Little et al, 2003, p1)

They go on to note that there are nevertheless good reasons for documenting performance expectations. Firstly, the need to develop curricula for older children has led educationists to question what experience and understanding children may be expected to have when they enter school. Secondly the investment made in early care programmes such as Head Start has led people to enquire what children might learn in such a programme.

For the most part the theories and basic research questions for child development were conceived in the physical and cultural contexts of the developed world. The issue for developing countries is to extract the aspects that are relevant and useful and to determine those that require more basic research.

CONTEXTS AND DOMAINS OF DEVELOPMENT

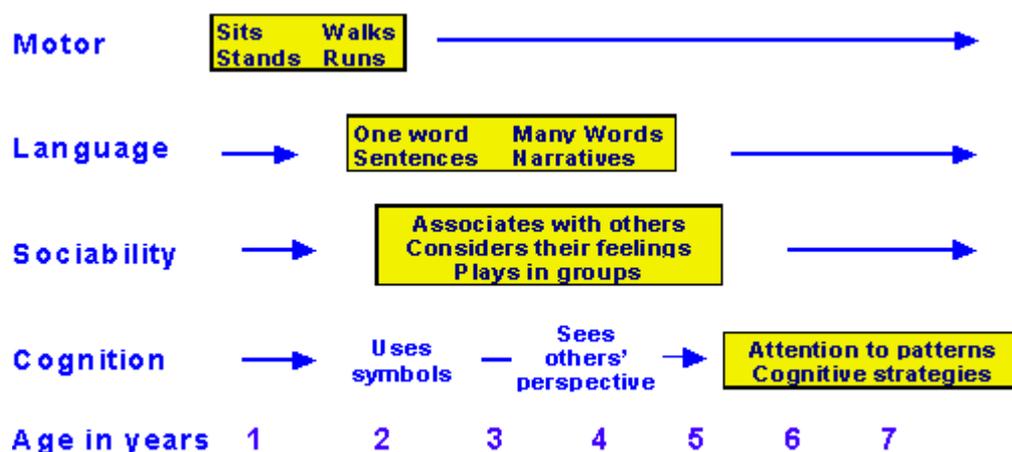
A Standards Approach for children's psychosocial development requires a sense of what is appropriate at different ages, and a vocabulary to describe variations over time between domains of development.

Developmental psychology is naturally concerned with changes over time. Words like *trajectories*, *transactions* and *transitions* afford ways of thinking about behavioural plasticity. Developmental *trajectories* refer to increments over time in a particular developmental domain. With this comes the notion that particular contexts may enhance or slow the velocity of development. The *transactional* nature of development refers to the fact that from moment to moment the child interacts with her environment, bringing about changes in people and objects, and at the same time is herself influenced by those people or objects. Thus happy, healthy, active children may be more sociable, eliciting more responses from caregivers, and allowing even more opportunities for social learning. *Transitional periods* refer to periods of rapid qualitative change in behaviour and cognition, such as adolescence or the time of entry into school. These are thought to be times when negative contexts might have a more permanent effect.

The task of identifying standards is made more difficult because development proceeds unevenly in different children, and different domains come to the forefront of development at different times (see Figure 2).

A Standards Approach to socio-emotional development in the 3 to 5 age group, for instance, would focus more directly on social and communicative development than on motor development because that is the domain where rapid change is occurring.

Figure 2 The uneven pace of development with rapid progress at different times in different domains



It is clear that with neurological maturity and socialization, the child becomes increasingly able to *regulate* her behaviour. Self-regulation has a range of positive implications for improved attention, concentration and emotional evenness – all of which assist the child to benefit from learning opportunities. The ability to regulate emotional development, in the form of increased control and regulation, underpins the development in other domains. Regulation deficits compromise later development (Shonkoff & Phillips, 2000).

THEORETICAL FRAMEWORKS: BIOLOGY AND CULTURE

The theoretical framework of the developmental niche conceptualises child development in different cultural environments in terms of three subsystems: “(1) the physical and social setting in which the child lives; (2) culturally regulated customs of childcare and child rearing, and (3) the psychology of the caretakers” (Harkness & Super, 1994, p218). This useful framework emphasizes the mediating role of culture and context in reinforcing certain developmental pathways. In this way, living conditions (for example, overcrowding) and family arrangements (extended family and community care of children) influence the way in which children are raised, the values that a society places on such qualities in a child as obedience and respect (Ogunnaike & Houser, 2002), and even the qualities people in that society regard as an indication of intelligence.

Bronfenbrenner’s (1986) widely quoted model of circles of influence on child development is also frequently used as a way of conceptualising the proximate and distal influences on the course of child development (see Figure 3 below). This model alerts us to the possibility that (notwithstanding social class distinctions), cultural scripts for child rearing and desired goals for children may be more homogeneous amongst developed countries than amongst underdeveloped countries. Developed countries have similar economies, health and

education systems. There is considerable population mobility between them as well. This contrasts with the relative isolation imposed by poverty on less developed countries and communities.

At the centre of Figure 3 is the child - viewed as a set of inter-related systems, including biological and psychological subsystems. These subsystems interact with one another throughout development. For example, under-nutrition in early childhood compromises the child's biological system and may cause damage to neurological development. These biological events influence the child's ability to concentrate at school and intellectual development suffers as a result.

The *Microsystem* refers to contexts in which the child has close contact with another person. These would include the child's relationship with caregivers, other close kin and when the child attends school, her teachers. It is well established that the quality of early caregiver relationships has very significant consequences for social and emotional development (Shonkoff & Phillips, 2000).

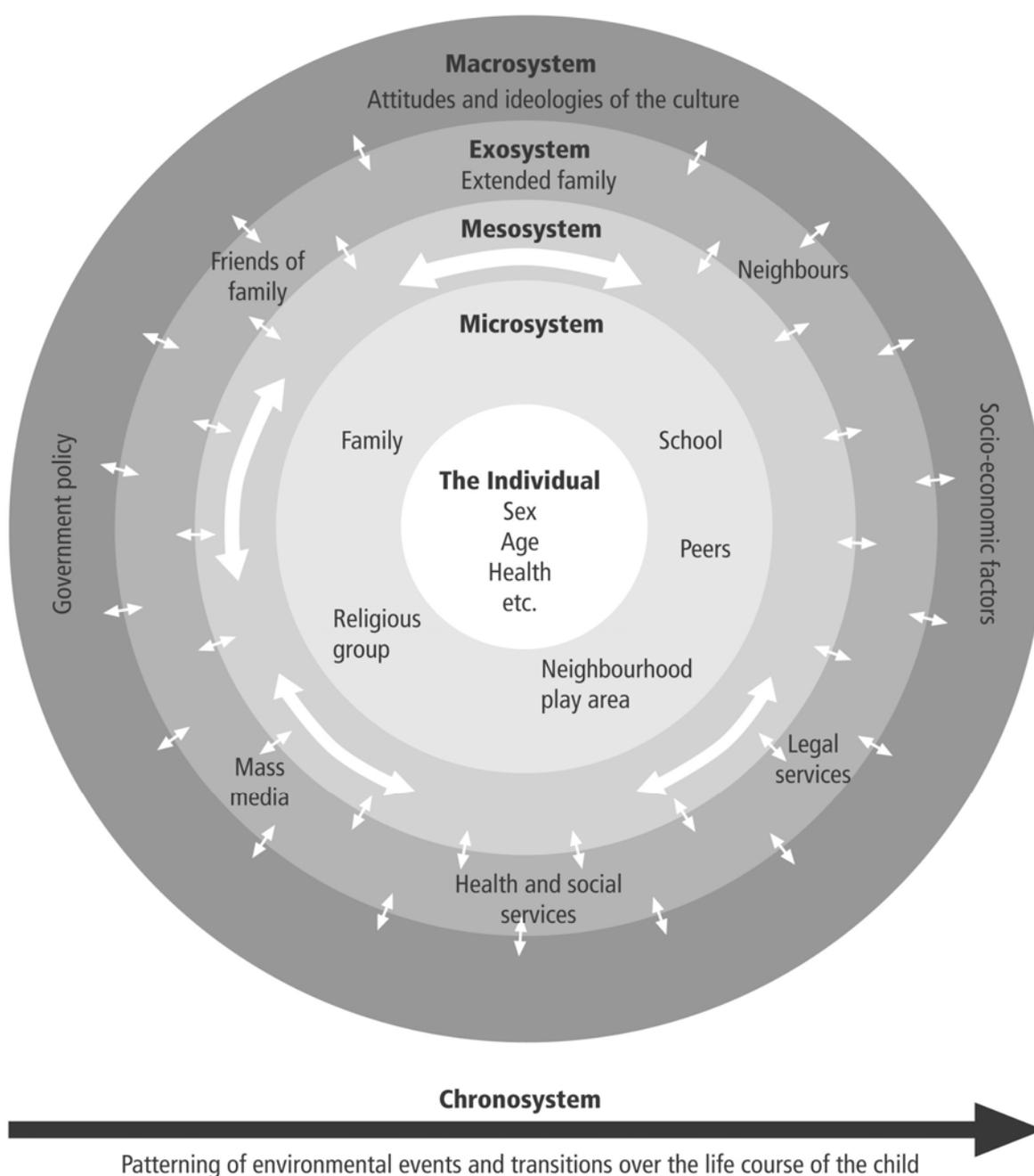
The different microsystems in which the child is involved may be linked to what is called a *Mesosystem*. For example, what the child learns in one context may complement or conflict with what occurs in other settings. This is an important point for early childhood development. The best early childhood outcomes for children in ECCD settings, are obtained when the activities and learning in the ECCD, are supported by the caregivers at home.

The *Exosystem* is a set of external influences and supports that are broader than the more intimate relationships that characterise the lower levels. Note the inclusion of services that potentially support the child and the caregiver on this level.

The outer circle of influence is known as the *Macrosystem*, which refers to the political, socio-economic and cultural level of influence on the other components of the ecosystem. At the political level, we could include the *constitutional provisions* and the *policies* that have been put in place (or need to be put in place) for children. The rights of children enshrined in the South African Constitution provide very significant protections for the child in vulnerable circumstances. These are not just political instruments, but filter through the other two ecosystems to impact eventually on the child (as in South Africa's policy decisions in regard to ECD provision).

As children *mature with age, they are sensitive to different sources of influence*. While this may appear obvious, depending on the issue that is to be addressed, policy-makers and programme implementation staff need to appreciate the particular sensitivities and capacities of children at different points in their maturation so that policy targeting is appropriate. The importance of maturation and influences at different points in development is captured in the notion of the *chronosystem* in Figure 3.

Figure 3: Child-context relationships



Source: adapted from Cole & Cole (2001)

Socio-economic and cultural influences on development originate in the macrosystem, but make their effects felt at the most proximal levels to the child – in the neighbourhood or village, the household and in the caregiver-child relationship.

The conditions commonly associated with *enduring conditions of deep poverty* have profound effects on a wide range of developmental outcomes (McLoyd, 1998). This is particularly true of early childhood. In an overview article to mark the beginning of the new millennium Horowitz (2000), refers to poverty as “a dense concentration of disadvantaged circumstances that can swamp development negatively”. Extreme poverty such as one finds in a developing country constitutes a swamping factor, placing children at high risk. Nonetheless, even under severe conditions, children can be protected by special circumstances and measures.

It must be noted that in South Africa, the majority of children live in enduring rather than transitory poverty and most are unlikely to experience a significant positive change in their economic well-being and social security in their childhood period (Cassiem, Perry, Sadan, & Streak, 2000). It is generally true that *enduring* life conditions and *on-going* negative or positive relationships and conditions have the most powerful influence on child outcomes.

In this regard, when we attempt to build a Standards Approach to child well-being in South Africa we need to identify the factors which differ in importance and impact from those in developed countries of the north. Probably the most noticeable of these are health and nutrition. In Africa, the lack of such services places major constraints on the well-being and psychosocial development of children. Macro- and micro-nutrient deficiencies, chronic parasitic infections and frequent episodes of respiratory and diarrhoeal infections, apart from causing pain and discomfort, impact on the socio-emotional and cognitive development of children in ways that are not fully understood, acting as constraints on children’s mood and energy, and consequently on their freedom to diversify their activities.

Compared with adults, children are especially vulnerable to these conditions: they have energy needs for growth and are immunologically immature. Issues of morbidity and mortality are outside the scope of this report, but in South Africa the impact of health and nutrition factors on psychosocial development is considerable and needs attention if we are also to move on to consider ‘positive well-being’ in the way suggested by Ben-Arieh (2000).

PSYCHOSOCIAL WELL-BEING STANDARDS IN SOUTH AFRICA

Culture shapes development across domains

Childhood has long been regarded as “a cultural invention” (Kessen, 1983), so it is not surprising in the literature on child development in Africa to find that children in most parts of the continent are viewed rather differently, and reared rather differently to those who have been subject to Western norms, and socialisation patterns (Nsameneng, 1995; Nsamenang & Dawes 1998).

These differences reflect contrasting cultural practices that embody a variety of approaches to childhood and child rearing. Cultural practices shape opportunities for learning in profound ways.

According to Miller and Goodnow (1995 p. 7), cultural practices are: "actions that are repeated, shared with others in a social group, and invested with normative expectations and with meanings or significances which go beyond the immediate goals of the action". "They include ideas about what is natural and moral" (in relation to childhood and child rearing) (p. 6).

Practices provide the route through which children come to participate in culture, and practices allow the culture to be continued. In this regard, the everyday quality of cultural practices is important. Cultural practices embody activities that people do not even think about. They are the taken for granted activities of everyday life that we do not question.

Through participation in the practices that accompany the process of growing into society, children develop mental scripts for action in the world, which form an integral part of their psychosocial development. These include how to speak, who one is allowed to speak to and when; whether to show emotion, and if so how, and what is regarded as 'intelligent' behaviour.

Cultural practice is constantly reshaped by circumstances. It responds to micro-economic and social pressures in a way that makes it difficult to generalise and standardise. Historical accounts of child-rearing in Southern African societies provide one example. They have noted the existence of social hierarchies based on age and respect for elders. Within the years of childhood, younger children have duties of obedience to older children and there are reciprocal duties of protection and teaching from older to younger.

While these hierarchical structures have eroded with modernisation, features remain, and are likely to influence a range of psychosocial outcomes, from exploratory behaviour to language development and social behaviour.

Intercultural misunderstanding is a real barrier to achieving useful and sensitive indicators. Thus in the domain of Civil Life Skills Ben-Arieh (2000) advises that "children in democratic cultures can develop co-operation and participation in social environments even in the early years" and that these "can be the forerunner of civic responsibility".

In Africa however, more involvement in domestic duties is expected of young children than is customarily the case in developed countries, and the political environment may not allow for the development and later expression of wider civic responsibility. The practice of sending children on errands is widespread and is a way of utilising the shared community responsibility for child-rearing by giving children opportunities to interact in the community (Ogunnaike and Houser, 2002).

This is a typical area where intercultural misunderstanding is rife: what one culture thinks of as introducing children to democratic responsibilities another thinks of as developing social skills; what is child labour in one setting, in another is socialisation practice.

The examples above point to the fact that cultural contexts provide different *affordances* for children. Affordances refer to the opportunities for learning and development in the child's environment. Where affordances exist, they serve to promote development through presenting the child with learning challenges. Affordances affect all psychosocial domain

developments. As we have noted at an earlier point, even in the USA (an increasingly culturally diverse environment), issues of class and cultural variability and standards development have raised concerns, but apparently they have not been adequately addressed.

We need to determine which measures are transferable without adaptation from their industrialised countries of origin to technologically underdeveloped regions and to different cultures, which need some modification, and which have to be redeveloped from first principles.

The following sections comment briefly on the cultural challenges that attend each psychosocial domain.

Motor development

The earliest observable indicators of child well-being are in the domain of motor development. However, as is well known, there is considerable variability in the age at which children accomplish gross motor skills like crawling, standing and walking. Cultural affordances play an important role. Children in communities that place high value on motor development are likely to develop faster, probably because they have more encouragement to develop in this domain. For example, well-nourished African infants show precocity in psychomotor development as a function of their particular environmental and cultural affordances (Timyan, 1988).

Studies of the development of locomotion (e.g. Thelen, 2000; Adolph, 2002) have shown the need for adjustments to be made to measures of child well-being to take account of different early environments. Adolph's work involves studies of how children learn to circumvent obstacles of the type found in American houses as they achieve mastery in gross motor skills. Children in poor rural communities in Africa spend much of their early life being carried by caregivers, and when they are allowed to move about on the ground, they do not as a rule encounter staircases. They meet other obstacles (uneven ground, sharp stones, deep holes).

In terms of standard measures and indicators of motor development in the first three years of life, is the ability to negotiate a staircase (in the Bayley Scales, for instance) an adequate measure of locomotor development in rural African children? Other examples are possible.

These realities suggest the need for sensitivity in the application of a Standards Approach even in the psychomotor domain (for example to motor milestones). The point is simply that the setting of standards assumes a certain amount of uniformity in the chronological ordering of developmental milestones within particular domains. However, where child-rearing environments have different affordances to those within which the standards and measures were developed, this may pose problems for the validity of the measures.

Nonetheless, the development of standards for this domain is crucial if we are to address threats to survival and well-being. For example, delayed motor development may be the first sign of serious disability. It is of interest that mothers in areas where cerebral malaria is a risk for young children are wise to this, taking care to keep an eye on their infant's motor

milestones. Such awareness can be used to build locally appropriate protection strategies for children.

Language development

Western Standards Approaches as we have seen, place considerable and appropriate stress on language development as a precursor to attainments in literacy. In Africa, literate cultures simply cannot be assumed. Indeed, the lack of *good educational services* in many communities, particularly in remote rural communities, has curtailed the spread of literacy. What this means for child well-being and development, is that child caregivers cannot take advantage of modern insights into child-rearing because their access to information is restricted: not only are they functionally illiterate, but little has been published in their home language, and there is therefore little incentive to learn to read.

A transgenerational effect may be evident when illiterate parents are unable to communicate an enthusiasm for literacy to their children, and inadequate school systems do little to remedy this disadvantage. In Ben-Arieh's terms of 'child well-becoming', or the conditions which might lead to future well-being, these semi-literate children are less likely as adults to be able to participate in a modern economy which takes literacy skills for granted.

The difficulty of identifying principles for the selection and adaptation of indicators and measures for use in South Africa is perhaps best illustrated in the domain of language development.

For example, there are several options in selecting a vocabulary test for isiZulu-speaking children. Perhaps one should take note of the special characteristics of isiZulu as a language, such as the flexible and imaginative use of metaphor, and take account of what is considered in Zulu culture to be a mark of a child who is competent at verbal communication in the language. This way of approaching the development of measures is intuitively preferable to importing a test, but will involve a lengthy research period. Have we the time and the resources? Should this be done separately for every African language?

As an alternative it is quicker to use the pictures from the original Peabody Picture-Vocabulary Test, to translate the items into isiZulu, and to omit those which do not translate well. This would enable direct comparison of scores with other language groups. However, Zulu children would probably respond more readily to illustrations drawn by a local artist and depicting the local version of the object. Would this compromise between importing directly and building our own tests from first principles serve our purposes? Can we take short cuts and still achieve robust and sensitive measures?

Social and emotional development

Social and emotional functioning is deeply cultural. Emotional expression takes different forms in different cultural communities, as does social behaviour. The question for diverse societies is whose standard do we use?

In many communities, a goal of socialization is the inculcation of obedience to authority and respect for senior members of the community. In many African communities, the means to

the attainment of this goal is strict discipline. As LeVine et al (1994) have shown in their study of a Kenyan community, obedience scripts result in children who defer to authority, do not ask questions of superiors, and tend to not to be active and exploratory in the school context. This culturally promoted behaviour is clearly not adaptive for modern schooling which is supposed to encourage independent thinking.

In modern Western societies, one indicator of emotional well-being is a developmental trajectory whereby the child becomes increasingly independent of her caregiver. Individuality and independence from kin are valued (while maintaining close relations). In contrast, small scale societies in many parts of the world, including African countries, value and demand a greater degree of interconnectedness with kin throughout life. Interdependence and responsibility for kin is valued over individuality and self determination (Honwana, 1997; Lykes, 1994). Because of a more socio-centric orientations, individual autonomy is highly circumscribed (rather than desired), and rights are seen as properties of social positions associated with ancestry, gender and age. These structural arrangements are supported by cultural narratives that are very different from those that regard individual freedoms and rights as natural, regardless of social position.

The intergenerational transmission of hierarchical relationship structures is evident at a young age. A South African study of five year old children in rural settings showed that adult communication with 5 year olds was characterised by more power and social distance than communication with older children in an apparent continuation of the hierarchical structure (Kvalsvig et al, 1991). The five year olds themselves issued controlling statements to younger children demonstrating the manner in which they were internalising the age (and gender) hierarchies of their communities.

Psychosocial developmental standards need to take these patterns into account. For example, it will be evident from Appendix 2, that in the Social sub-domain - Interaction with adults, the California approach lists several behaviours that refer to seeking help from adults, from an early age. Where cultural scripts for appropriate behaviour damp down this type of interaction (see LeVine et al, 1994), the standard is likely to be inappropriate.

There is a further challenge. Parental standards may reflect a generational perspective that is historically out of synchronisation with the experience of their children. For example, with the rapid social change that characterised southern Africa, there is disruption in the historical order of family responsibilities: parents may carry responsibility for the well-being of family members, but their children, who have had more opportunities for schooling, are often better informed about the modern world and have different perspectives on “what children should be able to do”.

For these reasons it is important to involve children, parents and caregivers in setting standards, so that a common understanding of the process will enhance the usefulness of the indicators.

Even conduct disorders, play out differently in different social environments. Studies on aggression in boys have identified a number of family factors with childhood aggression in developed countries, only some of which are predictors of aggression in a different

environment. For example, a study of the family and personal characteristics of aggressive Nigerian boys (Ani and Grantham-McGregor, 1998) indicated that crowding, little paternal affection and frequent physical discipline were risk factors, echoing similar findings in developed countries. Family instability and low SES were not as important indicators in Nigeria as in developed countries. Of course, the family structures are different in the two environments, as are attitudes towards corporal punishment, so while the Western literature may be helpful in suggesting etiological factors and possible intervention, careful examination is needed to determine the extent to which similar conditions exist, and standards can be applied.

The point of these short examples, is that we need to understand what is expected of children in their communities prior to setting standards and developing measures.

Cognitive development, literacy and numeracy

Cognitive development like all other domains, is sculpted by the affordances of the environment. Caregiver goals for development and local cultural practices (whether these be of the developed or developing world) are central to an appreciation of emerging cognitive abilities.

As Kagitçibasi (1996) remarks: "Socialisation is for competence. Childrearing is goal oriented, though the goal is often not explicit and may not be consciously formulated" (p.35).

She makes a central point in regard to cognition: "Clearly, children's cognitive competence *in culturally valued domains gets promoted*, whereas development in other domains lags behind - if it is recognised at all..... Learning is therefore functional. and it is parental conceptions of competence that will be particularly powerful in guiding development " (p. 43) (emphasis ours).

With regard to notions of children's intelligence, many authors have commented that in non-western modernising communities, intelligent behaviour may be viewed differently to modern communities. The difference in meaning is associated with the opportunities for cognitive development that are presented in the two contexts. This has an impact on cognitive development, numeracy and literacy. Kagitçibasi illustrates her point referring to Robert Serpell's (1997) work in a Zambian village. Serpell showed that social skills and social responsibility rather than cognitive capacities are what count for intelligence in that setting.

The point is that the goals for development do not provide the affordances for the child to develop the abilities that are normally tested to assess cognitive functioning, and psychological constructs like intelligence are based on different development goals in different parts of the world (Sternberg, 2002).

Nsamenang and Dawes (1998) draw on the work of Basu, (1987), Dasen (1984), Mundy-Castle (1968; 1974) and Serpell (1984; 1994). They note that in a number of instances, African indigenous conceptions of cognition place primacy on socio-affective socialization. In contrast, formal educational models of cognitive development in the same societies emphasize technological intelligence. There is therefore limited synergy between the two sites of learning. Indeed they argue that school curricula in many African countries bear little

relationship the everyday lives the children live, producing a dissociation between school learning and everyday living. Furthermore, in many African countries the failure to establish such connections is compounded by the use of languages of former colonial powers. This happens even in regions where an indigenous language is universally understood (e.g. Swahili in East Africa).

Despite these points of cultural variation, indicators of scope and depth of performance on information-processing tasks such as memory, attention, decision-making are important in all cultures. They are clearly essential as preparation for the tasks that the child will confront in school. Motor, cognitive, emotional and social *regulation* are all-important in this regard.

In addition, particularly for young children, poor performance in these areas may give warning of underlying neurological, nutritional, health or mental health problems, and standardised measures will assist to evaluate the success of interventions (such as treatment for intestinal helminths, food fortification or micronutrient supplementation). The challenge for a Standards Approach in South Africa is to make the tests sufficiently child-friendly, language appropriate and culture-fair so that children are able to show their real potential rather than their reaction to a strange and somewhat threatening demand.

Establishing literacy standards in South Africa can have important implications for the development of school entry curricula. Although South Africa can be said to have a modern economy, literacy levels are low and there is little reading material in indigenous languages. Parents and educators in formerly disadvantaged communities were themselves educated in a rote-learning tradition, and are inexperienced with other ways of introducing children to the usefulness and pleasures of literacy. In many homes there is little evidence of reading material suitable for children. There is an obvious need for intervention programmes to address this situation, and consequently a need for appropriate measures to evaluate the success of such programmes. And numeracy is of such general commercial use even in underdeveloped countries that it is worth including it in any set of standard measures to indicate whether existing curricula are using children's abilities to best advantage.

THE POTENTIAL OF EXISTING MEASURES FOR STANDARDS PURPOSES IN SOUTH AFRICA

Timyan (1988) notes that while there are some difficulties (see above), it is relatively uncontroversial to apply standards and measures of physical development cross-culturally, the same does not apply to psychosocial domains. She notes that in the African context, there are "few testswhich can yield indicators of child psychosocial development that are not culturally biased" (p.4). While her paper was written some years ago, this remains a challenge. The difficult goal for the southern African context, is to develop a set of culturally informed standards of psychosocial development that is sufficiently broad to capture the capacities that children need to play an optimal part in the learning opportunities offered both by their local and wider worlds.

The section of the report provides some pointers as to instruments that have the potential to be developed for South African application.

The care-giving environment (Type 2 Indicators)

There are several versions of the HOME inventory (Bradley, 1994) in use in South Africa and a number of checklists for assessing preschool quality. It would be relatively simple to produce standardised measures of home or preschool environments by building on experience with existing scales in South Africa.

On the other hand measures for comparing different care-giving environments such as family home, foster home, and various institutional settings are badly needed. They are important for the purposes of setting planning guidelines for the care of children affected by HIV/AIDS, and for setting minimum standards for registration of child care services. This indicator exercise requires special and urgent attention because of the scale of the problem and the emotional distress that is associated with it.

While Western tests of maternal depression may be more linked to a relatively rare clinical condition, the evidence points to a more widespread and context-linked unhappiness and withdrawal in developing countries including South Africa (e.g. De Bruin et al, in press, Tomlinson et al in press; Cooper et al 2002). Measures need to be developed on the grounds that these depressed states probably have implications for the well-being of children.

Personality, temperament, emotional regulation (Type 1 Indicators)

In the area of research on personality, temperament or emotional regulation, parents, peers and/or teachers have been co-opted to give insightful measures of the child's development in these areas (e.g. Baker & Velicer, 1982).

This has the advantage of seeing the child's score or rating through the eyes of someone from the same culture and environment, but the disadvantage that there may be conventions in discussing children within a culture which are not readily perceived and interpreted by cultural outsiders, and are therefore open to misinterpretation.

Children themselves from a very young age can, and should, give their own accounts of their emotions and anxieties. Special consideration has to be given to the age/developmental stage of the child, the level of understanding they may have of the topic and their ability to give expression to their feelings. There are a number of techniques which have been utilised to assist children: using narratives to give abstract questions a concrete form, or using pictures or objects to make the situation clear.

General scales of development and early intelligence (Type 1 Indicators)

Examples of general scales which have been used in Africa are: the Bayley Scales of Infant Development 2nd edition, the McCarthy Scales of Children's Abilities, the Griffiths Scales of Mental Development, and the Kaufman Assessment Battery for children (Bayley II, 1993; McCarthy, 1972; Griffiths, 1984; Kaufman & Kaufman, 1983; Richter & Grieve, 1991).

These have the advantage of being used internationally as developmental measures, allowing comparison between countries, and the disadvantage of being based on a set of performance measures which do not necessarily explain the underlying processes. If the

purpose of measuring development is to remedy the problems the measures reveal, it is a drawback that these general scales give very little indication of causal mechanisms. These general scales also assume a similar conceptualisation of the constructs they measure across countries.

Intelligence tests are a case in point. Intelligence tests developed in the West are linked in to scholastic ability, but they are not generally suitable as a means of assessing cognitive performance in children from rural communities in developing countries (Connolly, 1998). Differences in practical intelligence, on the other hand, as demonstrated by children in these communities may be reliably recognized in the community but have little to do with the construct measured by intelligence tests. Sternberg and co-workers demonstrated in a study in Kenya that a measure of practical intelligence had a negative correlation with scores on Western intelligence and with tests of school performance (Sternberg et al, 2001). In order to create a measure which will have some bearing on children's cognitive development, Sternberg has experimented with an alternative technique of measuring children's capacity to learn rather than a utilising a measure of what they have learned (Sternberg et al, 2002).

Intelligence tests, along with many other commonly used information processing tests, have another disadvantage when used cross-culturally: they are usually timed. This makes it difficult for children who are unaccustomed to timed procedures to do themselves justice. Furthermore, tests like the Bayley II and the Griffiths are expensive, the testers require extensive training, and the tests themselves need to be administered under special conditions. For the purpose of measuring changes over time as a result of an intervention, they do not have good predictive validity in the lower ages ranges, which is the time when they are most needed for tracking the effects of nutritional supplements.

In practice, items from these tests are frequently adapted and utilised either on their own, or as part of shortened forms, for research purposes.

Perceptual-motor functions (Type 1 Indicators)

The difficulty of achieving measures which are widely applicable and comparable resolves into several sub-questions: which skills are more valued in a particular culture, which test materials are familiar to children, and how can children in cultures which do not place a high value on speed can be motivated to perform timed tasks?

As noted above, unfamiliar tasks or test materials can result in the task being a measure of adaptation to a strange situation rather than a measure of perceptual-motor skills. Normally these constraints are overcome either by utilising familiar materials or by allowing the children more time to habituate to them, using them in ice-breaker games or allowing children to explore and discuss them prior to the measurement session.

Language-based assessments (Type 1 Indicators)

Some of the problems associated with language-based measures have been discussed above. There are cases of locally developed scales (for example, Solarsh Verbal reasoning) where the psychometric properties are known. The collection and collation of these measures in

annotated test manuals is a service which could be performed by the Human Sciences Research Council over time so that it becomes a national resource.

Other measures such as measures of verbal fluency are relatively easy to construct in a particular language, but more difficult to compare across languages. The Hopkins Verbal Learning Test (HVLT) is designed to circumvent this problem (Brandt, 1991). In it there is a standardised procedure for determining the words which should be included in the test. Certain words are more commonly used or easily remembered than others, but the words themselves differ from language to language. In the HVLT, the first step is to generate sets of words which are subsequently used in the memory test. This technique of using a standardised procedure for constructing measures rather than a standard measure is helpful in addressing the problem of different affordances in different languages and cultures.

Educational assessments (Type 1 Indicators)

There are a number of locally developed tests for preschoolers (for example, the Herbst Evaluation Instrument, 2000). They test for gross and fine motor skills and a number of cognitive skills. In some cases there are locally developed norms, and in general they share the advantages and disadvantages of the general developmental and intelligence tests, although they are more specifically designed to measure academic skills.

Early literacy and numeracy tests have been devised which take account of the important stages in becoming literate and numerate, such as letter and figure recognition, associating letters with sounds and so forth. Tests devised specially for different age groups and different purposes have been utilised extensively in research programmes in South Africa. The preschool audit research instrument is an example of this.

The Wide Ranging Achievement Test or WRAT (Wilkinson, 1993) is used internationally to measure performance on numeracy and literacy at school level, but within South Africa it is more important to take account of the curricula in the first few grades of school when devising measures.

Enrolment and dropout rates serve a number of purposes, but are sometimes difficult to interpret meaningfully in areas where there is considerable population migration and poor record-keeping in the education system.

Measures of children's adjustment in school are usually adapted and translated from widely used scales (such as the Teacher Temperament Questionnaire, see Baker & Velicer, 1982), but should be subjected to more rigorous scrutiny for cultural applicability. What may be problematic in a culture which values respect and obedience highly, might be valued as a sign of independence and creativity in another culture.

NEXT STEPS

In this section, we point to some of the key issues that need to be addressed in developing psychosocial indicators and measures in the South Africa and on the continent. A guiding principle in the initial stages should be the production of a simple battery of validated

measures developed with the participation of adults and children representative of the spread of cultural communities in the country.

The need for reliable Indicators

In the South African context the use of reliable indicators of the status of children will be valuable for advocacy purposes, to lobby government about the need for planning and further action and to create public awareness of children's rights and issues. They may also be used to detect the impact of intervention programmes and to inform the development of Outcomes Based Education curricula. It is important that these indicators are simple and robust, and that the manner in which they are collected is transparent. Too often exaggerated claims are made for the outcomes achieved in the course of a programme – partly to reflect well on the efforts of the implementing agency and partly to secure further support for the programme. These short-term gains are damaging in the long run if unsuitable education programmes are the result.

Connolly and Grantham-McGregor (1993) listed a number of key issues relevant to the development of psychosocial measures:

“underlying theory and dependent variables, measurement (naturalistic, tests, psychometric tests, experimental procedures, diary records), reliability and validity, confounding or interacting variables, cross-cultural assessment, ethical issues”.

To this list we would add the issues mentioned above which pertain to the generality of the measures.

Measures need to be suited to the target population

If *measures are being imported* from other countries or are intended to be available beyond the borders of South Africa and extended to elsewhere on the continent, there are many questions which need to be answered: is the concept being tested recognised within the culture to which it is being applied? Do the environmental and cultural affordances suggest that the measure can be used without modification? And if the measure is to be modified, how can this be done while retaining a standardised approach? Finally, to what extent is the measure able to detect variability in the target population.

The UNICEF project encompasses a broad age range. The same psychosocial measures will not be suitable for all ages. This is a fact of developmental assessments, and makes comparisons on the same domain across developmental periods a challenging task for test design. Also, norms should take account of gender differences in the socialization of skills, and these may diverge increasingly with age.

A related concern is that of devising indicators that can usefully be compared in longitudinal studies. It has been pointed out that the concept of developmental milestones is on shaky ground if it promotes the idea that there is a linear progression from one milestone to another, or that there is a fixed chronological order that is unaffected by cultural values. There is, however, a real need for measures and indicators that can be used across time to track the influences on development.

A participatory approach is required

Finally, we have noted above that people who know the child well and are from the same culture bring important insights to the measuring process. There is another reason for including lay persons from the child's environment in the process of developing measures and utilising them. For a system of indicators to be sustainable it has to be meaningful to the people involved and to give them the information about children's psychosocial development that they need. Parents, caregivers, early child development practitioners, teachers, community health workers and other people directly concerned with the well-being of children should be consulted, and should participate in the development of indicators and measures. Indeed, this is what will be done in the next phase of the study.

In the course of developing measures it is important to look at what children actually do and say. It may seem obvious, but in some areas of the child development literature a large body of practice is based on relatively few empirical studies. This is particularly the case in underdeveloped areas. If the measures generated in this study are to be applicable elsewhere in Africa, critical research should be encouraged across existing child development research units in sub-Saharan countries. This will ensure that the measures take account of variation within Africa at least, and will build research capacity in a number of places. The fledgling Association for Child Development Research in Africa is a possible vehicle for this initiative.

CONCLUSION

This report on the first phases of the South African component of UNICEF's *Going Global with Indicators of Child Well-Being* initiative, has established that while there is a long way to go, the South African government is clearly committed to early child development and care. Policy is in place and implementation is proceeding under difficult circumstances. Roll-outs are uneven, and ECD quality is variable. As the system of provision for children in grade R and in care centers for younger children gathers impetus, it is becoming increasingly important to measure the quality of services and the outcomes they produce in terms of child psychosocial well-being. Measurement should not be used as a threat to these fragile institutions, but should be supportive to their development.

The Standards Approach that is emerging in the north has considerable potential for adaptation to South African conditions. However, it is clear that the challenges of cultural diversity, poverty and uneven societal development in the region, will have to be confronted as a locally appropriate but globally integrated approach to early childhood psychosocial indicators emerges. A participatory approach to standards development is a first step in this process.

At an earlier point we noted that the challenge for the culturally and economically diverse southern African context, is to develop a set of culturally appropriate standards of psychosocial development that is sufficiently broad to capture the capacities that children need to play an optimal part in the learning opportunities offered both by their local and wider worlds. Perhaps it is useful to think of the school as representing that 'wider world' context. At the very least then, and without taking too narrow and unrealistic an approach, we should be ensuring that children, regardless of their cultural particularities are equipped in some essential ways to take advantage of the opportunities offered by their education.

Love (2001) has argued in relation to the relativist discussions that can bedevil progress in this area, that:

"the community context for (school) readiness is a particularly important consideration. At some point, however, *principle must give way to practicality*. It is important to remember this relativity; but if we dwell on it, we will never move forward. I resolve this dilemma for myself by assuming that schools, at least in some general sense, are likely to have common expectations for the children who enter their kindergartens and first grades."(p.3) (emphasis ours).

Standards and indicator development are a huge undertaking. Given Love's point, while we need to advance our ability to assess psychosocial functioning across the period 0-9 years, it may well be strategic to prioritize our search for standards, indicators and measures in the period between 3 and 6 years (including the Grade R year). It is these years that are so crucial in providing the foundation for future learning and development.

The aim of the "Going Global" project is to assist countries to develop strategies and processes for developing a set of core indicators that will assess young children's cognitive, language, physical, social and emotional development, and to monitor and report on the performance of children in these areas.

In order to realize this goal, the ingredients of success in devising a useful and sensitive set of indicators of child well-being for children in South Africa and elsewhere on the continent are as follows:

1. A participatory approach to standards development, involving children, caregivers, educators, childcare workers and other appropriate person should be the first step in this process.
2. Adequate identification of the variation in physical and cultural contexts between South Africa and the countries where the indicators originated, and modification of the measure where necessary.
3. Successful bridging of the differences between contexts (rural/urban, language and cultural) within South Africa to create a meaningful set of psychosocial indicators which is widely applicable.
4. Representation in the set of indicators of the most pressing issues in the South African context.

5. Investigation of the psychometric properties (reliability and validity) of the measures in the local environment.
6. Generation of subgroups of measures for different purposes and for use by different monitoring bodies with different skills (for example health and child development professionals, programme evaluators, teachers or community groups).

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Linda Biersteker –	Early Learning Resources Unit (Western Cape).
Prof David Donald	Western Cape
Sharon Shevil –	Children’s Rights (KwaZulu-Natal)
Mary James –	Letsee (KwaZulu-Natal).

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APPENDIX 1: CHILDREN'S RIGHTS IN SOUTH AFRICA

Rights of South African Children	Implications For Policy
The right to life ¹	The government must do all within its power to ensure that every child is able to survive and develop ² .
The right to family care or parental care, or to appropriate alternative care when removed from the family environment ³ .	<p>Children without families have the right to special protection and assistance from the government. The government has a duty to ensure some acceptable form of alternative care for the child.</p> <p>Parents and caregivers have a duty to care for their children and government has a duty to assist them in their responsibilities to their children. If the child's caregivers are abusing or neglecting the child, the government has a duty to step in and assist the child.</p>
<p>The right to health care services, including reproductive health care⁴. The Constitution gives children extra protection through providing children with a special health right: Every child has the right to basic health care services⁵.</p>	<p>The Government must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right⁶.</p> <p>No-one may be refused emergency medical treatment⁷.</p> <p>Governments must do everything possible to ensure that no child is deprived of his or her right of access to health care services⁸.</p> <p>The government has a responsibility to assist children with disabilities to access health care services⁹.</p>
<p>The right to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance¹⁰.</p> <p>The right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development¹¹</p>	<p>The government must take the necessary measures to achieve the full realization of this right¹².</p> <p>Children in especially vulnerable situations, such as children living with sick parents, children living on their own, and children living on the streets must be provided with material assistance immediately to ensure their survival and development.</p>
<p>The right to access to sufficient food¹³</p> <p>The right to basic nutrition¹⁴.</p>	<p>Parents and caregivers must do their best to ensure that their children's basic survival needs are provided for (food, water, shelter, clothing) and that their children are provided with educational, cultural and recreational opportunities to ensure their optimal development.</p> <p>The government must create a society that assists parents and caregivers to provide for the basic and developmental needs of their children.</p>

¹ Section 11 of the Constitution

² Articles 6 of the UNCRC

³ Section 28(1)(b) of the Constitution

⁴ Section 27(1)(a) of the Constitution

⁵ Section 28(1) (c) of the Constitution

⁶ Section 27(2) of the Constitution

⁷ Section 27(3) of the Constitution

⁸ Article 24(1) of the UN Convention

⁹ Article 23 of the Convention

¹⁰ Section 27(1) (c) of the Constitution.

¹¹ Article 27 of the UNCRC

¹² Article 26 of the UN Convention

	If parents or caregivers are unable to provide for the basic needs of their child, or do not want to provide for these basic needs, the government has a duty to step in and assist the child.
The right to sufficient water. ¹⁵	Everyone must be able to get at least 25 litres clean, safe drinking water per day. The water supply should not be further than 200 metres from any home ¹⁶ . All must have access to proper sanitation facilities ¹⁷ .
The right to a basic education ¹⁸	Government has a responsibility to ensure that children can go to school and that they have access to recreational and cultural opportunities. Government must ensure that children have access to a school near to where they live. If the school is far away, transport should be provided or made available in some way. The education provided must be of an acceptable standard Schools must be kept in an acceptable condition and have the necessary facilities No child may be refused admission to school or sent home because he/she is unable to pay school fees ¹⁹ No child may be discriminated against in any way as a result of not being able to pay school fees ²⁰ No child may be discriminated against, treated unfairly or harassed at school because of their HIV status or because someone in their family has HIV. Teachers may not beat children ²¹ .
The right to equal protection ²² . Equality includes the full and equal enjoyment of all rights and freedoms ²³ . Everyone has inherent dignity and the right to have their dignity	The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture,

¹³ Section 27(1) (b) of the Constitution.

¹⁴ Section 28(1) (c) of the Constitution.

¹⁵ Section 27(1) (b) of the Constitution.

¹⁶ The minimum standard for basic water supply services is defined in Regulations to the Water Services Act , 1997.

¹⁷ Regulations in terms of section 9 (1) and 73(1) of the Water Services Act specify the minimum standard for basic sanitation services.

¹⁸ Section 29 (1) (a) of the SA Constitution

¹⁹ Section 5 of the South African Schools Act, 1996.

²⁰ Section 9 of the Constitution says that everyone has the right to equality and no-one may be discriminated against just because they are poor. Section 5 of the South African Schools Act says that the school may not unfairly discriminate against learners in any way.

²¹ Section 10 of the SA Schools Act prohibits corporal punishment in schools.

²² Section 9(1) of the Constitution

²³ Section 9 (2) of the Constitution

²⁴ Section 10 of the Constitution

²⁵ Section 9 (3) of the Constitution

respected and protected ²⁴	<p>language and birth²⁵.</p> <p>The government has a duty to promote and achieve equality and all persons have a duty to promote equality²⁶.</p> <p>Government, with the assistance of the Human Rights Commission and other constitutional bodies has a clear duty to develop an awareness of the rights of people affected by HIV in order to promote a climate of understanding, mutual respect and dignity²⁷.</p> <p>If unfair discrimination is occurring on a large scale, against a group of people, such as people with HIV, government has a duty to develop an action plan to address the unfair discrimination²⁸.</p>
<p>The right to freedom and security of the person. This includes the right to be free from all forms of violence²⁹.</p> <p>The right to be protected from maltreatment, neglect, abuse or degradation³⁰.</p>	<p>Children have the right to be safe and free from violence and abuse, especially in their own home.</p> <p>The government has a duty to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation while in the care of parents, legal guardians or any other person³¹.</p> <p>Everyone (including family members) has a duty to protect children from rape and sexual abuse.</p>
<p>The right to rest and leisure, and to play³².</p> <p>The right to be protected from exploitative labour practices³³</p> <p>The right not to be required or permitted to perform work or provide services that are inappropriate for a person of that age; or place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development³⁴.</p>	<p>Children should not have to work in order to survive. Society must provide a nurturing and protective environment that allows children to be children; to go to school, to play, to feel safe and happy, to rest, and not to have to bear the stress of adult responsibilities.</p> <p>When society has failed to provide such an environment, or in times of social emergencies such as the HIV/AIDS pandemic, the government has a duty to:</p> <p>ensure that the worst forms of child labour are eradicated³⁵, urgently work towards creating a society in which children do not have to do any form of work in order to survive³⁶</p> <p>ensure that children who are forced to work for survival, are provided with support in order to ensure their work does not harm their education and development³⁷.</p>
The right to participate in decisions that affect children ³⁸	The South African Government must provide opportunities for children to participate in decision-making processes that impact on them, either directly or through appropriate representatives.

(Source: Giese, Meintjes & Proudlock, 2002).

²⁶ Section 24, Promotion of Equality and Prevention of Unfair Discrimination Act, 2000.

²⁷ Section 25 (1)(a), Promotion of Equality and Prevention of Unfair Discrimination Act, 2000

²⁸ Section 25(1) (c) (i), Promotion of Equality and Prevention of Unfair Discrimination Act, 2000

²⁹ Section 12(1) (c) of the Constitution

³⁰ Section 28(1) (d) of the Constitution

³¹ Article 19 (1) of the UN Convention

³² Article 31 of the UN Convention

³³ Section 28(1) (e) of the Constitution

³⁴ Section 28(1) (f) of the Constitution

³⁵ The Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.

³⁶ Article 32 of the UN Convention

³⁷ Section 27(1) (c) of the Constitution is one provision that can be used as authority for this statement.

³⁸ Article 12 of the UN Convention

Appendix 2: An example of The US Standards Approach developed by the State of California

BIRTH TO TEN YEARS						
Source: North American Reference Documents: California						
DOMAINS	INFANTS AND TODDLERS			PRESCHOOLERS	CHILDREN IN SCHOOL AGE CARE	
	BIRTH THROUGH 7 MONTHS	8 MONTHS THROUGH 17 MONTHS	18 MONTHS THROUGH 35 MONTHS	3 YEARS TO PREKINDERGARTEN	KINDERGARTEN TO 7 YEARS	8 THROUGH TEN YEARS
COGNITIVE	Children as effective learners: Children are interested in learning new things					
Interest in Learning	Directs attention toward caregiver's face or voice. Directs attention toward objects by reaching, grasping, or staring at them. Reacts to new objects, voices, sounds, etc., by becoming more quiet or active.	Manipulates things in the environment. Investigates new phenomena.	Independently explores the immediate environment to investigate what is there. Tries new activities, materials, and equipment.	Observes and examines natural phenomena through senses. Combines activities, materials, and equipment in new ways.	Shows willingness to take risks in learning new skills. Creates new uses for materials and equipment in complex ways.	Explores beyond immediate environment. Demonstrates creativity in multiple ways. Experiments and invents new uses for standard objects.
Cognitive Competence	Children show cognitive competence and problem solving skills through play and daily activities					
	Looks for or orients toward dropped object. Uses more than one sense at one time. Acts on an object to make a pleasing sight, sound or motion continue.	Remembers location of favourite objects. Shows basic awareness of cause and immediate effects. Uses another object or person as a tool.	Uses familiar objects in combination. Acts out simple dramatic play themes with others. Works simple "insert" puzzles.	Acts out plays, stories, or songs. Completes increasingly complex puzzles. Stays with or repeats a task.	Participates in enrichment and real-life learning experiences with adult supervision. Persists on a project with supervision.	Chooses, plans, researches, and expands on ideas. Persists on a project with a minimum amount of help.

BIRTH TO TEN YEARS						
Source: North American Reference Documents: California						
DOMAINS	INFANTS AND TODDLERS			PRESCHOOLERS	CHILDREN IN SCHOOL AGE CARE	
	BIRTH THROUGH 7 MONTHS	8 MONTHS THROUGH 17 MONTHS	18 MONTHS THROUGH 35 MONTHS	3 YEARS TO PREKINDERGARTEN	KINDERGARTEN TO 7 YEARS	8 THROUGH TEN YEARS
Number concepts	Children show interest in real-life mathematical concepts					
	[No appropriate measures for this age group]	Understands “more” in reference to food or play.	Counts to two or three. Imitates counting rhymes or songs. Uses some number words.	Counts to 10 by rote memorization. Uses size words like “many,” “big,” and “little” appropriately. Understands that numbers represent quantity.	Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities. Counts to 30 using objects	Engages in complex games using higher order math and/or problem-solving skills. Uses math operations and numbers in everyday experiences.
Measurement, order and time	Creates own patterns of self-regulation for sleeping, eating, and wakeful play.	Uses simple nesting or stacking toys. Understands time words such as “after,” “before”.	Fills and empties containers. Shows interest in patterns or sequence. Shows some understanding of daily time sequence.	Uses measuring implements. Orders objects from smallest to largest. Demonstrates an understanding of different rates of speed.	Uses measurement with adult supervision. Tells time from a clock. Names the days of the week and months of the year.	Uses measurement in a variety of ways with adult supervision. Orders objects without the objects being present.
Math Concepts	[No appropriate measures for this age group]	Explores spatial relationships. Groups a few objects by shape, color, or size.	Matches simple shapes in form boards and puzzles. Classifies, labels, and sorts objects by group. Arranges objects in lines.	Describes how items are the same or different. Matches and names simple patterns. Estimates.	Describes some concepts of distance or space. Play simple probability games. Collects information about objects and events and records results using pictures, tables, or	Demonstrates advanced spatial understanding. Classifies objects or people according to complex categories. Plays complex probability games.

BIRTH TO TEN YEARS						
Source: North American Reference Documents: California						
DOMAINS	INFANTS AND TODDLERS			PRESCHOOLERS	CHILDREN IN SCHOOL AGE CARE	
	BIRTH THROUGH 7 MONTHS	8 MONTHS THROUGH 17 MONTHS	18 MONTHS THROUGH 35 MONTHS	3 YEARS TO PREKINDERGARTEN	KINDERGARTEN TO 7 YEARS	8 THROUGH TEN YEARS
					picture graphs.	
LANGUAGE	Children show growing abilities in communication and language					
Language Comprehension	Reacts to human voice Distinguishes familiar voices from other sounds	Turns to look at object when named. Understands simple one-step requests.	Understands a variety of simple two-step requests. Understands names for common objects, familiar people, actions, and expressions.	Follows two-step requests that are sequential, but not necessarily related.	Understands complex, multi-step requests. Understands increasing number of specialized words.	Understands riddles, jokes, slang, and double meanings of words. Understands increasingly complex vocabulary words.
Language Expression	Makes a variety of repetitive sounds or gestures. Expresses several clearly differentiated cries. Uses gestures or signals to indicate needs or feelings. Imitates sounds or gestures made by caregiver.	Expresses two or three understandable words. Expresses self using gestures, movements, intonation, or facial expression. Takes turns in back and forth-sound play with caregiver that mimics a conversation.	Learns and uses new vocabulary in everyday experiences. Combines words into simple sentences. Asks and answers simple questions.	Engages in conversations that develop a thought or idea. Participates in songs, rhymes, games, and stories that play with sounds of language. Experiments with new vocabulary, uses more complex grammar and parts of speech.	Uses knowledge of language for simple humour and making silly jokes. Tells about own experiences in a logical sequence Asks and answers simple questions. Applies rules of grammar in his or her speech, including past, present and future verb tenses and subject/verb agreement.	Uses humour in more discriminating and complex ways. Understands that different situations/audiences require different types of language. Uses compound and complex sentence structures in varying ways to convey ideas.

BIRTH TO TEN YEARS						
Source: North American Reference Documents: California						
DOMAINS	INFANTS AND TODDLERS			PRESCHOOLERS	CHILDREN IN SCHOOL AGE CARE	
	BIRTH THROUGH 7 MONTHS	8 MONTHS THROUGH 17 MONTHS	18 MONTHS THROUGH 35 MONTHS	3 YEARS TO PREKINDERGARTEN	KINDERGARTEN TO 7 YEARS	8 THROUGH TEN YEARS
Reading Skills	Children are effective learners: Children demonstrate emerging literacy skills					
	[Precursors: see measures under Fine Motor Skills]	Points or makes sounds when looking at picture books.	Names objects or actions in pictures or books Recognizes signs and symbols in the environment Memorizes phrases of songs, books, and rhymes.	Understands that letters make up words. Recognizes print in the environment. Makes three or more letter-sound correspondences.	Summarizes what he/she has read. Uses letter-sound associations or word parts, to identify new words. Uses strategies such as rereading, questioning, or predicting to comprehend. Reads grade level materials with fluency and comprehension.	Reads books with complicated plots and chapters. Uses sentence and work context to understand the meaning of unknown words. Makes critical connections between texts and real life. Reads grade level materials with fluency and comprehension.
Interest in books and other written material	Explores books.	Enjoys touching, carrying, and looking at books. Brings book to caregiver. Shows pleasure when read to.	Looks through picture books, magazines, catalogs, as if he/she is reading.	Pretends to read books. Engages in discussion about books. Draws a picture related to a story and talks about his or her drawing.	Looks for and reads books related to interests. Enjoys being read to over extended periods of time Shares or discusses	Uses library actively. Reads for fun.

BIRTH TO TEN YEARS						
Source: North American Reference Documents: California						
DOMAINS	INFANTS AND TODDLERS			PRESCHOOLERS	CHILDREN IN SCHOOL AGE CARE	
	BIRTH THROUGH 7 MONTHS	8 MONTHS THROUGH 17 MONTHS	18 MONTHS THROUGH 35 MONTHS	3 YEARS TO PREKINDERGARTEN	KINDERGARTEN TO 7 YEARS	8 THROUGH TEN YEARS
					books with peers.	
Writing	[Precursors: see measures under Fine Motor Skills]	Grasps marker or crayon and makes marks on paper.	Scribbles with marker or crayon. Names scribbles.	Uses pretend writing during play activities. Uses strings of repeated letter-like symbols as pretend writing. Writes three or more letters or numbers.	Uses pictures and letters to express thoughts and ideas. Uses written language to express thoughts and ideas.	Uses written language in many different forms to express opinions and communicate with others. Uses the writing process.
PHYSICAL	Children show physical and motor competence.					

BIRTH TO TEN YEARS						
Source: North American Reference Documents: California						
DOMAINS	INFANTS AND TODDLERS			PRESCHOOLERS	CHILDREN IN SCHOOL AGE CARE	
	BIRTH THROUGH 7 MONTHS	8 MONTHS THROUGH 17 MONTHS	18 MONTHS THROUGH 35 MONTHS	3 YEARS TO PREKINDERGARTEN	KINDERGARTEN TO 7 YEARS	8 THROUGH TEN YEARS
Gross Motor Skills	<p>Exhibits beginning control of large muscles:</p> <ul style="list-style-type: none"> Lifts head Holds head up Rolls over Inches forward or backward on stomach or back. 	<p>Exhibits increasing control of large muscles and body movement:</p> <ul style="list-style-type: none"> Sits up Crawls or creeps on hands and knees. Pulls to stand Stands and cruises while holding onto furniture. Walks alone Runs Stops and walks backwards a few steps. Climbs simple structures. 	<p>Exhibits more control and coordination of large muscle and body movement:</p> <ul style="list-style-type: none"> Stands and walks on tip toe. Walks backwards Walks up stairs holding a hand or railing. 	<p>Shows greater balance and control:</p> <ul style="list-style-type: none"> Avoids obstacles Pedals a tricycle Jumps forward with both feet together. Kicks a large ball Catches a large ball with two hands. Shows rhythmic movement. Gets dressed with minimal help. Skips or gallops 	<p>Shows appropriate increasing ability in gross motor eye-hand and body movement coordination.</p>	<p>Participates in more complex activities exhibiting coordination in body movement in increasingly complex gross motor tasks.</p>

BIRTH TO TEN YEARS						
Source: North American Reference Documents: California						
DOMAINS	INFANTS AND TODDLERS			PRESCHOOLERS	CHILDREN IN SCHOOL AGE CARE	
	BIRTH THROUGH 7 MONTHS	8 MONTHS THROUGH 17 MONTHS	18 MONTHS THROUGH 35 MONTHS	3 YEARS TO PREKINDERGARTEN	KINDERGARTEN TO 7 YEARS	8 THROUGH TEN YEARS
		<p>Begins to use arms and legs purposely:</p> <p>Claps hands</p> <p>Pounds on things with hands</p> <p>Kicks at objects</p> <p>Holds arms out for jacket or lifts arms so T-shirt can be taken off.</p>	<p>Uses arms and legs with increasing purposefulness:</p> <p>Throws objects</p> <p>Carries objects</p> <p>Pushes objects</p> <p>Pulls objects</p> <p>Scoots on or rides wheel toys without pedals.</p>	<p>Uses arms and legs with more purposefulness:</p> <p>Catches a ball by trapping it with arms and hands.</p> <p>Pounds object with intent and precision.</p> <p>Creates simple block structures.</p> <p>Pushes foot into shoe</p> <p>Takes off shoes</p> <p>Rides tricycle using pedals most of the time.</p>		
Fine Motor Skills	<p>Brings object to mouth</p> <p>Grasps, releases, re-grasps, and releases object again.</p> <p>Exhibits some eye-hand coordination.</p> <p>Follows a slowly moving object with eyes.</p>	<p>Dumps objects from container.</p> <p>Releases objects into container.</p> <p>Scoops and rakes with hand to manipulate or pick up objects, sand, food, etc.</p> <p>Uses thumb and forefinger to pick up small items.</p>	<p>Uses a paintbrush</p> <p>Holds object with one hand and manipulates it with the other.</p> <p>Folds blanket, cloth diaper, or paper</p> <p>Pours liquid from small pitcher or cup.</p>	<p>Shows increasing eye-hand coordination, strength, and control to perform fine motor skills:</p> <p>Manipulates two small objects at the same time.</p> <p>Uses tools with increasing precision.</p> <p>Fastens buttons</p>	<p>Shows increasing ability, strength, and control in fine motor eye-hand coordination as appropriate to age and physical maturity.</p>	<p>Shows increasing ability, strength, and control in fine motor eye-hand coordination as appropriate to age and physical maturity.</p>

BIRTH TO TEN YEARS						
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		Feeds self.				
Healthy Habits	[No appropriate measures for this age group - caregiver and program are responsible for offering food and rest with some regularity]	Washes and dries hands with caregiver assistance.	Washes and dries hands without assistance Uses tissue to wipe nose with help Tries some new foods	Tries new food on own Washes and dries hands before eating and after toileting. Takes care of own toileting needs.	Knows what foods are good for them. Participates in some physical activity. Shows awareness of personal hygiene needs.	Shows understanding of the need for a balanced, varied diet based on the food pyramid. Participates in some physical activity. Is responsible for personal hygiene needs.
Safe Behaviour	[No appropriate measures for this age group – caregiver and program are responsible for keeping child safe]	Can be distracted from unsafe behaviour with verbal limits, physical prompt, or signal from caregiver.	Pays attention to safety instructions.	Communicates dangerous behaviour to another. Knows how to follow routines in emergency situations. Knows first and last name	Follows safety rules with adult supervision. Understands that some practices may be personally dangerous. Knows how to get help in emergency situations.	Follows safety rules without adult supervision. Understands implications of participating in personally dangerous behaviours. Demonstrates simple emergency help procedures with adult guidance.
SOCIAL	Show self-awareness and positive self-concept					

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Self-awareness	<ul style="list-style-type: none"> Explores own body (e.g. observes hands, clasps hands together, explores one hand from the other). 	<ul style="list-style-type: none"> Responds with gestures or vocal signals when name is spoken. Identifies familiar objects (e.g. body parts, when prompted, finds clothes, blanket etc). 	<ul style="list-style-type: none"> Recognises self in mirror or photograph. Uses names of self and others 	<ul style="list-style-type: none"> Identifies self by categories of gender, age or social group 	<ul style="list-style-type: none"> Identifies self as a member of multiples groups 	<ul style="list-style-type: none"> Understands unique personal role within peer group.
Self- concept	<ul style="list-style-type: none"> Although self-concept is developing in this early age it is difficult to measure. 	<ul style="list-style-type: none"> Shows preference Shows appropriate emotions 	<ul style="list-style-type: none"> Shows awareness of being seen by others Act as though - capable of doing anything. 	<ul style="list-style-type: none"> Demonstrates confidence in own abilities. 	<ul style="list-style-type: none"> Communicates that s/he is skilled in some areas and not in others, and shows pride in accomplishments. 	<ul style="list-style-type: none"> Makes independent decisions.
Interaction with adults	<ul style="list-style-type: none"> Signals caregiver for assistance. Maintains eye contact with person looking at him or her. Shows preference with interacting with familiar people. 	<ul style="list-style-type: none"> Looks to adults for messages about appropriate and inappropriate behaviour, frequently checking for caregiver's presences in unfamiliar situations. Distinguishes 	<ul style="list-style-type: none"> Periodically checks back with caregiver for help or reassurance when playing independently or with peers. Uses words or actions to request assistance from familiar adults. 	<ul style="list-style-type: none"> Seeks adult help when appropriate. Responds to and makes verbal greetings at appropriate items. 	<ul style="list-style-type: none"> Seeks adult help when trying to resolve a conflict or problem on own. Engages with back-and-forth conversations with familiar adults. 	<ul style="list-style-type: none"> Asks adult for assistance interpreting rules for game or other activity. Converses easily with familiar adults.

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		<ul style="list-style-type: none"> between familiar and unfamiliar adults. Uses physical gestures or sounds to get help from familiar adults. 	<ul style="list-style-type: none"> With adult direction finds items needed for an activity. 			
Interaction with peers	<ul style="list-style-type: none"> Shows interest in other children. 	<ul style="list-style-type: none"> Shows preference among play partners. Plays side-by-side with another child using same or similar toys. Participates in spontaneous interactions with peers. 	<ul style="list-style-type: none"> Approaches or seeks out a particular peer to be near or play with. Engages in joint explorations and some peer play. Shows concern for a child who is crying or in distress. Creates role play modeling everyday activities. 	<ul style="list-style-type: none"> Engages in cooperative pretend play activities with peers. Negotiates with peers to resolve social conflicts with adult guidance. Express empathy or caring for others 	<ul style="list-style-type: none"> Forms friendships with peers. Participates in cooperative group efforts. Expresses empathy or caring for others . 	<ul style="list-style-type: none"> Listens to others and participates in-group efforts, recognising peer opinions, differing from own. Uses discussion and begins to see compromise as a way to resolve conflicts. Show and demonstrates empathy for a friend.
Acceptance of Diversity	Children show awareness, acceptance, understanding and appreciation of others' special needs, genders, family structures, ethnicities, cultures and languages.					

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		<ul style="list-style-type: none"> [No appropriate measures for this age group] 	<ul style="list-style-type: none"> [No appropriate measures for this age group] 	<ul style="list-style-type: none"> Notices differences 	<ul style="list-style-type: none"> Shows concern about fairness within peer group regardless of group differences. 	<ul style="list-style-type: none"> Includes other children in his or her activities who are of different ethnic and cultural backgrounds, of a different gender, who speak other languages, or have special needs. Demonstrates an understanding of social behaviour and personal responsibility as a member of a group Recognizes others' capabilities in specific areas
EMOTIONAL	Children demonstrate effective self-regulation of their behaviour.					
Self-regulation	<ul style="list-style-type: none"> Looks intently, gestures, smiles, and or makes sounds to start, maintain or stop social contact. 	<ul style="list-style-type: none"> Comforts self by retrieving familiar objects or engaging in routines. Expresses own needs, such as being 	<ul style="list-style-type: none"> Exhibits the beginnings of impulse control and self-regulation Anticipates and follows multi-step, 	<ul style="list-style-type: none"> Comforts self with adult guidance. Exhibits impulse control and self-regulation. Follows rules when 	<ul style="list-style-type: none"> Comfort self and controls the expression of emotion with adult guidance. Understands and 	<ul style="list-style-type: none"> Comforts self and controls the expression of emotion with minimal guidance. Examines rules or

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	<ul style="list-style-type: none"> ▪ Anticipates being lifted or fed and moves body to participate. ▪ Signals when full. 	<ul style="list-style-type: none"> hungry or wanting an object of comfort. ▪ Anticipates and participates in routine activities. 	<ul style="list-style-type: none"> daily routines when prompted. 	<ul style="list-style-type: none"> participating in routine activities. 	<ul style="list-style-type: none"> follows rules in different settings. 	<ul style="list-style-type: none"> procedures and contributes individual thoughts to group decision-making process.