

**PRELIMINARY STANDARDS FOR SOUTH AFRICAN CHILDREN'S  
PSYCHOSOCIAL DEVELOPMENT IN THE EARLY CHILDHOOD PERIOD:**

**ANDY DAWES**

**CHILD, YOUTH AND FAMILY DEVELOPMENT, HUMAN SCIENCES  
RESEARCH COUNCIL OF SOUTH AFRICA & PSYCHOLOGY  
DEPARTMENT, UNIVERSITY OF CAPE TOWN.**



Presentation to the Society for Research in Child Development Biennial  
Meetings, Atlanta USA, 9<sup>th</sup> April 2005.

South African Research Team: Andrew Dawes, Rachel Bray, Jane  
Kvalsvig, Zuhayr Kafaar, Sharmla Rama, & Linda Richter

Contact details:  
Professor Andy Dawes  
Child, Youth and Family Development (HSRC)  
Private Bag 9182  
Cape Town 8000  
South Africa  
Phone: 27-21- 467 4496; Fax: 27-21- 467-5229;  
email: [adawes@hsrc.ac.za](mailto:adawes@hsrc.ac.za)

## INTRODUCTION

### 1. THE PURPOSE AND THE GOALS OF THE STUDY

#### Purpose

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 broad goal** for Unicef 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.

#### South African study goals

In the South African study the goals were to

1. Understand the South African ECD policy environment including policies and programmes.
2. Review the standards approach to psychosocial development.
3. Adapt the standards approach to South African local conditions and to insert a Type 2 and Type 3 indicators component into the US-based standards approach (through an assessment of local views of affordances needed for psychosocial development);
4. Determine community-level standards for children's development and responses to international-developmental standards for the purposes of adaptation;
5. Produce a *preliminary* set of 'South African' standards for psychosocial ECD from 3 to 9 years that can be used to inform the development of measures to monitor psychosocial development in those periods that are associated with preparation for school and progress through the early school years.
6. Outline a set of steps for the way forward.

### 2. THE PROCESS

The South African study contained three components:

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.

Two reports were produced.

### **Report 1:**

The report addressed the first two components above. It contained three sections 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 (years 3- 6).

*The methodology* for this section involved 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.

The research used Myers (2001) five indicators for ECCD provision.

*Key findings* for this section were as follows:

- *Political will, policy and financing:* South Africa has shown considerable political commitment to ECD provision. The National Department of Education is the key role-player in driving ECD policy. 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.
- *Coverage, access, and use:* Despite the policies, coverage is very limited. Only one sixth of eligible children attend some form of ECD facility. There are vast inequities in access (in terms of race, class and location). Similarly, enrolment in Grade R (age 6) is very low and it is estimated that full enrolment will only be achieved 2015. Gross primary school enrolment however is very good for both boys and girls (95%). Lack of access to services, especially for the poorest and most at risk children under school going age is a major concern.
- *Programme quality:* ECD service quality is highly variable and in many instances the educational quality is very poor.
- *Costs and expenditures:* No nationally comprehensive data is available on child: service cost ratios. The vast majority of facilities for

preschoolers are dependent on government subsidies funding. Lack of funds seriously impacts on quality.

- *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.
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.

The methodology for this section involved a comprehensive review of the standards approach developed in the USA, as well the production of a summary of these standards.

*Key findings* for this section were as follows:

- *The Standards approach:* 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.
  - 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 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).

In this section we drew particularly on the cross-cultural developmental literature and conceptual work within the cultural psychology tradition.

*The key findings* for this section was as follows:

- *A key challenge is that culture and level of social development shape psychosocial development.* 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

- The standards approach that is emerging in the north has potential for adaptation to South African conditions. However 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.

## **Report 2:**

The second report outlines the methodology used to develop our standards and presents the standards.

This section of the presentation will be a little more extensive.

As noted above, the purpose of this phase was three-fold:

1. To determine community-level standards for children's development and responses to international-developmental standards for the purposes of adaptation;
2. To adapt the standards approach to South African local conditions and to insert a Type 2 and Type 3 indicators component into the US-based standards approach (through an assessment of local views of affordances needed for psychosocial development);
3. To produce a *preliminary* set of 'South African' standards for psychosocial ECD from 3 to 9 years that can be used to inform the development of measures to monitor psychosocial development in those periods that are associated with preparation for school and progress through the early school years.

### How did we go about it?

To develop our standards we had to take into account South African conditions. The challenges of cultural diversity, poverty and uneven societal development in the region have to be confronted.

We felt that 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 should be as listed below. These points informed our design.

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).

We then proceeded as follows:

1. We focused our study on the years 3 – 9 years and examined the capacities and supports that children would need to have to prepare them for school and support them in the first few years.
2. To conduct the empirical work and develop the *standards the study drew on the ECD standards developed for the State of California in the USA, and the Standards included in the South African National Curriculum guidelines for Grades R to 3.*
3. Questions were designed to tap *local standards for child development as well as supports for development in the home and the community* (Type 2 and 3 indicators respectively).
  - a. Questions for adults addressed the full range of domains: motor, cognition, language, emotion, social development, health and safety and child participation. They also included questions on their understanding of child development and its sources.
  - b. Questions for children aged 9 years were designed to tap what they thought they needed to support them in preparation for school, for support on school tasks, and for psycho-emotional support.
  - c. For both adults and children considerable emphasis was placed on the protection of children from violence, abuse, and other hazards associated with poverty. In addition we investigated adults and children's understanding of the role of children in domestic work and sibling care. We also examined understandings of death and the capacity of the young to care for the sick and dying (in the context of HIV/AIDS).
  - d. Examples will be given in the PowerPoint.

4. *A field manual was developed* so that all facilitators used the same approach in each of the sites within which we worked.
  - a. Examples will be given in the PowerPoint.
5. *Participants* included parents, ECD staff, primary school teachers, social service and medical staff, and children.
6. To test whether there would be differences in three typical but very different developmental contexts, we used three field sites:
  - a. A middle class modern urban community;
  - b. An informal modernizing peri-urban community with high levels of poverty (a favela / barrio), and
  - c. A poor deep rural modernizing community.
7. Focus groups and individual interviews were conducted with each set of participants in each site.
8. We recorded the emerging local standards and compared the standards from the three sites. The standards were considered in relation to local conditions and understandings of child development.
9. We then developed a set of preliminary national standards. This was an iterative process with research team members discussion the matter extensively.

### **3. RECOMMENDED DRAFT SOUTH AFRICAN NATIONAL LEVEL PRELIMINARY STANDARDS FOR PSYCHOSOCIAL DEVELOPMENT IN THE PERIOD 3 – 9 YEARS**

#### **Overall findings**

The results showed far more consistency than variability in local standards generated.

The areas that proved to be problematic were the *reading and writing sub-domains, and the social and emotional domains.*

#### **Eleven Steps for the generation of preliminary national standards**

1. Only a limited number of national standards should be included so as to avoid an over-inclusive set that would be costly to develop and measure.
2. We focused on psychosocial standards that pertain to the ECD years (3-5) Grade R (6 years), and the Foundation Phase of primary school (7-9 years).
3. In addition, we included some standards associated with child protection, participation, health and safety, as these have particular significance for children in this country.

4. The preliminary standards are based on the Type 1 indicators investigated in the field and are informed by the in depth conversations that occurred in the focus groups with both adults and children regarding expectations for development and supports for development (T2s and T3s). Focus group data gathered with both adults and children also informed decisions to include, exclude or modify a standard.
5. We followed a conservative approach with the general principle that standards in which consistent findings were found (across groups and sites) should be included.
6. Where the question asked in the study appeared to be poor (and thus unreliable), it was omitted.
7. Where particular issues emerged from the focus groups that suggested the need for additional standards, these were included. (e.g. co-operation on domestic tasks emerged as a central component of the lives of the rural and urban African poor communities; older girl children are commonly called upon to take care of younger siblings so as to free their mothers for work tasks).
8. Under-resourced communities in the study expected children to achieve more slowly in some tasks than those from middle class communities. This was taken into account in setting the standard. In addition, some of the standards assumed the presences of affordances for learning in the home that were not available or less available in the poor communities. Where this was the case the standard was lowered, but these were rare instances.
9. Social and emotional domains are particularly sensitive to cultural variation. Some areas have been omitted from the social participation domain, particularly those relating to choice, simply because they appeared difficult to deal with at a cross-cultural level.
10. Regarding children's understandings of death, we have constructed standards based on the literature.
11. As child safety and protection is such a crucial issue in this country, we have increased the standard in some of these areas.

In areas where the study revealed a wide response variation were not included. In these instances, the participatory research process indicated differences between poor and better-resourced groups (lower standards in the latter). Where there are these differences, and it is important to retain the standard, the age in the square bracket indicates the goal towards which South African children's development should aim.

Our list is open to debate and should not be considered the final word on the matter. There is a need for wide consultation prior to moving forward with this process.



## Preliminary South African Standards for Early Childhood Psychosocial Development in the Years 3-9

### Cognitive Development

<b>Preliminary Standards for Cognitive Development 1: Interest in Learning:</b> Children as effective learners: Children are interested in learning new things	
Indicator:	Preliminary standard [indicates goal for standard]
Creates new uses for materials and equipment in complex ways.	5 yrs
Participates in enrichment and real-life learning experiences with adult supervision.	6 yrs
Persists on a project with a minimum amount of help.	9 yrs
<b>Preliminary Standards for Cognitive Development 2: Numbers and Mathematics:</b> Children show interest in real-life mathematical concepts	
Indicator:	Preliminary standard [indicates goal for standard]
Counts to 10 by rote memorisation.	5 yrs
Adds and subtracts orally with numbers up to 10.	7 yrs [6 years]
Knows reads and writes number symbols and names 1-1000.	9 yrs
<b>Preliminary Standards for Cognitive Development 3: Order and Measurement:</b> Children show interest in real-life mathematical concepts	
Indicator:	Preliminary standard [indicates goal for standard]
Orders objects from smallest to largest.	5 yrs
Compares and orders objects using appropriate language e.g.: light heavy, heavier / longer shorter taller.	6 yrs
Names the days of the week and months of the year.	6 yrs
<b>Preliminary Standards for Cognitive Development 4: Language Development: Comprehension &amp; Expression:</b> Children show growing abilities in communication and language	
Indicator:	Preliminary standard [indicates goal for standard]
Participates in songs, rhymes, games, and stories that play with sounds of language.	5 yrs
Understands a variety of simple two-step requests.	3 yrs
Tells about own experiences in a logical sequence.	6 yrs
<b>Preliminary Standards for Cognitive Development 5: Language Development: Reading:</b> Children demonstrate emerging literacy skills	
Indicator:	Preliminary standard [indicates goal for standard]
Reads for fun.	9 yrs
Reads a story and talks about what happened, the characters and the setting	9 yrs
Reads grade level materials clearly and with understanding (e.g. book or homework instructions).	Standard for each year: Grade 1 (7); Grade 2 (8) Grade 3 (9 yrs)

<b>Preliminary Standards for Cognitive Development 6: Language Development: Writing:</b> Children demonstrate emerging literacy skills	
Indicator:	Preliminary standard [indicates goal for standard]
Uses written language in many different forms, to express opinions and communicate with others.	9 yrs

**Motor Development**

<b>Preliminary Standards for Motor Development:</b> Children show physical and motor competence	
Indicator	Preliminary standard [indicates goal for standard]
Stands and walks on tip toe; Walks backwards.	3 yrs
Gets dressed with minimal help.	5 yrs
Participates in more complex activities exhibiting coordination in body movement in increasingly complex gross motor tasks	6 yrs
Creates simple structures (objects on top of each other).	3 yrs
Pours liquid from small container.	5 yrs
Fastens buttons or is able to complete similar task.	5 yrs
Shows increasing eye-hand coordination, strength, and control to perform fine motor skills (e.g. control pencil or fine stick to make lines and patterns)	6 yrs

**Health Understanding and Safety**

<b>Preliminary Standards for Health Understanding and Safety:</b> Child understands a range of risks and protective strategies appropriate to age and the nature of the risk.	
Indicator	Preliminary standard [indicates goal for standard]
Can say why drinking only clean water and eating fresh food is important for health.	6 yrs
Washes and dries hands before eating and after toileting.	4 years
Can explain risks associated with common local communicable diseases	9 yrs
Pays attention to safety instructions.	4 yrs
Knows first and last name.	4 yrs
Says own name and address	6 yrs
Knows what to call for help if someone is injured.	5 yrs
Risks to child safety: Understands danger of deep water.	7 yrs
Risks to child safety: Understands danger of snakes and wild animals (for rural children.); dogs for urban children	5 yrs
Risks to child safety: Understands danger of drinking from unmarked bottles?	5 yrs
Risks to child safety: Understands danger of fire (paraffin stoves, candles, lamps) and electricity?	4 yrs for fire etc. 6 yrs for electricity if available at home
Risks to child safety: Understands that older people might want to hurt them.	6 yrs [5 yrs]

Can seek appropriate help if someone has physically injured or sexually hurt / touched them.	6 yrs
Risks to child safety: Understands risk of walking in, or crossing, roads.	5 years
Follows safety rules without adult supervision in an emergency (fire, violence; crime, abuse, injury and illness).	9 yrs [7yrs]

### Social Development

<b>Preliminary Standards for Social Development 1: Social Interaction with Adults:</b> Child participates in age appropriate ways with adults.	
Indicator	Preliminary standard [indicates goal for standard]
Uses words or actions to request assistance from familiar adults.	4 yrs [3 yrs]
Seeks adult help when appropriate.	5 yrs
<b>Preliminary Standards for Social Development 2: Social Interaction with Peers:</b> Child participates in age appropriate ways with peers.	
Indicator:	Preliminary standard [indicates goal for standard]
Forms friendships with peers.	5 yrs
Shows empathy for a friend.	9 yrs
<b>Preliminary Standards for Social Development 3: Dealing with Diversity:</b> Child shows awareness, acceptance, understanding and appreciation of others' special needs, genders, family structures, ethnicities, cultures and languages	
Indicator:	Preliminary standard [indicates goal for standard]
Is aware of prejudice and does not make prejudiced remarks.	6 yrs
Includes children from different backgrounds in games	7 yrs [6 yrs]
<b>Preliminary Standards for Social Development 4: Social Participation:</b> Child participates in age appropriate household responsibilities.	
Indicator:	Preliminary standard [indicates goal for standard]
Can participate in an organised group activity outside school e.g. church group, choir, or sports club.	9 yrs
Can care for a younger sibling for a short period	10 yrs
Can care for a younger sibling for a day.	14 yrs
Can care for a sick person for a short period.	14 yrs
Can care for a sick person full-time.	16 yrs

### Emotional Development

<b>Preliminary Standards for Emotional Development 1: Emotional Regulation:</b> Child demonstrates effective self-regulation of own behaviour	
Indicator	Preliminary standard [indicates goal for standard]

Can stay with person he/ she knows for an hour or two without significant distress when the parent / normal caregiver is temporarily away.	3 yrs
Can go and play with a group of friends for a morning without the parent being nearby.	6 yrs [5 yrs]
Can express anger without harming self, others, or property	5 yrs
Can voluntarily separate from a caregiver to attend school without being distressed for a long period.	7 yrs

<b>Preliminary Standards for Emotional Development 2: Coping with Death and Bereavement (in the context of HIV AIDS)*</b> Child understands and emotionally copes with death in the family.	
Indicator	Preliminary standard [indicates goal for standard]
Can feel the loss of a parent due to death	5 yrs [2- 3 yrs]
Adults can talk to children about a death in the family	6 yrs [4 –5 yrs]
Can understand the inevitability of death.	10 yrs [7 yrs]
* These are perhaps more correctly standards for <i>adult understanding</i> than child behaviour and should probably be treated as T2s; they are very important in the African context.	

#### 4. PLANS AS TO HOW WE INTEND TO USE THESE STANDARDS

##### Subsequent steps.

Once we had produced the South African standards, we presented them for comment to colleagues from the other participating countries. We also presented them to experts in standards development (Drs Engel, Kagan and Rebello). Thereafter modifications were undertaken.

Finally, the standards were shared with the Unicef South Africa ECD section (which had commissioned this work), and with the ECD directorates of the South African national departments of Health, Social Development and Education.

In order to translate the research findings into useable standards, we provided a number recommendations to Unicef

##### Recommendations for consultations regarding standards revision prior to piloting

1. *Consultation with Government:* We felt that if the standards were not to simply end up on the shelf and in peer reviewed journals inaccessible to the ECD policy community and practitioners, it was essential that UNICEF embark on a process of consultation with stakeholders in the national and provincial governments responsible for ECD policy and its implementation. We stressed that in South Africa the implementation of policy is a provincial function and that provincial level buy in would be essential if ECD provision is to be strengthened and appropriately monitored (using the final standards).

2. *Consultation with ECDNGOs and associated research staff:* We suggested that discussions be held with local ECD researchers (there are very few) and practitioners in order to adjust and fine-tune the standards. They would also provide invaluable advice as to appropriate assessment tools for the measurement of child outcomes and institutional quality.
3. *Consultation with ECD staff and Foundation Phase Teachers.* We believe this group would provide key input on the finalisation of standards and assessment tools.

### **Recommendations for Development and piloting of measures**

#### *Type 1 Indicators and Standards for psychosocial ECD outcomes in the years 3-9*

1. Measures will have to be developed and piloted. Some possibilities are contained in Report 1.
2. All psychometric tools will need to be scrutinised for their cross-cultural and cross-language suitability for each national standard to which psychometric assessment may apply. Other tests will have to be developed if there is not an appropriate local tool. For Grade R and the Foundation Phase of primary school, assessment tools should be linked where possible to the Outcomes Based Education Standards developed for those periods in the Education system.

#### *Type 2 Indicators of supports for ECD in the home*

The study has pointed to the need to provide assistance to caregivers, particularly those in poor communities, to enable them to support their children's psychosocial development in preparation for school. Just as important is the need to find ways to improve children's affordances in the home context for supporting learning in those areas taught in school (particularly literacy and numeracy).

In the course of the study, and bearing in mind its limited scale, we noted that many parents probably cannot provide the reading materials and other supports that could help a child to progress at school. In addition, parental limitations with respect to numeracy and literacy place further constraints on their ability to assist in this area.

Appropriate indicators and measures need to be developed. This requires further desk and field research to identify appropriate instruments. Some possibilities are contained in Report 1.

#### *Type 3 Indicators and Standards for ECD service quality*

It is essential that the quality of services designed to support children's psychosocial development should be measured. While this component was beyond the scope of the present study, there is a need for rigorous examination of the standards and measures available in South Africa to assess and monitor ECD services in the age band 3-5 and school environments for Grade R to Grade 3.

### *Recommendation for baseline Research*

A national baseline survey of early childhood psychosocial functioning should be conducted in order to provide baseline data against which progress in ECD services development can be assessed in a future system designed for the regular monitoring of ECD.

Associated with the child survey, an audit of ECD service quality based on indicators referred to above should be conducted in order to provide baseline data on service quality that can be used to monitor improvement over time (in Type 3 indicators).

### *Additional observations concerning support for development in vulnerable communities*

Given the high levels of long term poverty that characterise the home lives of a very significant proportion of South African children, and the low resource base of many schools and ECD centers, it is essential to find ways of supporting psychosocial and educational development in settings beyond the home and the school.

In this regard, our research suggests that the provision of *libraries or similar resource centers* that can give learning support to children may be considered a useful intervention.

The research we have conducted suggests that OBE activities intended for implementation in the home may well be too demanding for parents (and probably teachers) in low resource settings. The present study cannot tell us the extent of this problem. However, it would be wise to try to establish whether some of the demands of the curriculum may be difficult to implement in low resource settings – particularly where teachers are very overburdened by large classes, and where the resources at home are also unlikely to be able to meet the demands of the curriculum.

A very significant number of families and children are affected by HIV / AIDS. As a result, early psychosocial development is likely to become increasingly compromised for significant numbers of children. Schools and ECD centres could become important “nodes of support” for these children (Dawes, 2003). In order to achieve this objective, they require the appropriate given assistance so that they may provide the necessary support (see: Giese, Meintjes, Croke & Chamberlain, 2003b).

### **Impact?**

A number of authorities are aware of the draft standards, and the Johannesburg City Council is using them in order to strengthen ECD services in the city.

However, it is disturbing that the standards development process has not gone any further in Unicef as far as we are aware. This is essential if the process started by Unicef HQ is to bear fruit in the longer term.

We believe that the research process has demonstrated the usefulness of a adult and child participatory methods in order to generate standards for psychosocial ECD that are accepted across class and cultural communities. Indeed we believe that such an approach is essential, particularly in a multicultural society such as ours, within which

children occupy a variety of developmental niches that provide very different affordances for development (Gauvain, 1992).

It is well known that an investment in early childhood pays back handsomely in later childhood and adulthood (Shonkoff & Meisels, 2000). This is particularly for children living in high-risk environments such as South Africa, where 60% of children live in long term poverty (Streak & Wehner, 2004). ECD centers can play a crucial role in child protection and development, and in South Africa around a 6<sup>th</sup> of children have access to these services, many of which are of doubtful quality.

Despite the limitations on the ground, South Africa is taking steps to address the need for ECD services, and it is a priority issue in several regions. The research undertaken for this study has the potential to strengthen such initiatives in South Africa and elsewhere on the continent.

As a result of this work we have been requested to take this work further in one province in order to guide the improvement of child outcomes and services to children in the early childhood period.

This is a really exciting outcome for us. It enables us to take the work further, and develop a provincial level system for monitoring children's access to ECD services, service quality, and child outcomes.

In South Africa the Constitution specifies that children have the right to health, social security and education. We hope that this ongoing work will provide some substance to those rights, and assist us to work towards better outcomes for our children. In Lerner and colleagues (2000) terms, this is what we in South Africa would see as "Applying Developmental Science" for the local good. Our children deserve it.

The full report on this study may be accessed at [www.hsrc.ac.za](http://www.hsrc.ac.za) (Dawes et al, 2004).

## REFERENCES

- Biersteker, L (2003). Developing a Provincial Human Resource Development Strategy Early Childhood Development – An Analysis of the Current Provincial Realities. TENDER ECON 396 / 001. ITEM 7.
- Dawes, A., Bray, R., Kvalsvig, J., Rama, S., & Richter, L. M. (2004). Indicators of South African children's psychosocial development in the early childhood period (phase 1, 2 and 3 reports). Cape Town: Child, Youth and Family Development , Human Sciences Research Council.
- Streak, J. & Wehner, J. (2004). Children's socio-economic rights in the South African Constitution: towards a framework for monitoring implementation. In E.Coetzee & J. Streak (Eds.), *Monitoring child socio-economic rights in South Africa. Achievements and challenges.* (pp. 50-86). Cape Town: Idasa.

Lerner, R. M., Fisher C.B., & Weinberg, R. A. (2000). Toward a science for and of the people. Promoting society through the application of developmental science. *Child Development*, 71, 11-20.

Myers, R.G. (2001). In search of early childhood indicators. In: The Consultative Group on Early Childhood Care and Development, (2001). Early childhood indicators. Available at [www.ecdgroup.com](http://www.ecdgroup.com)

Gauvain, M. (1992). Thinking in niches: socio-cultural influences on cognitive development. *Human Development*, 38, 25-45.

Giese, S., Meintjes, H., Croke R. & Chamberlain, R. (2003a). Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS. Report submitted to the National HIV/AIDS Directorate, Department of Health. Children's Institute, University of Cape Town.

Giese, S., Meintjes, H. Croke, R. & Chamberlain, R. (2003b). The role of schools in addressing the needs of children made vulnerable in the context of HIV/AIDS. Prepared for the Children's Institute – HSRC Education Policy Round Table 28<sup>th</sup> & 29<sup>th</sup> July 2003. Children's Institute, University of Cape Town.

Shonkoff, J. P. & Meisels, S. J. (2000). Handbook of early childhood intervention. (2nd ed.) Cambridge: Cambridge University Press.