

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



***INDICATORS FOR EARLY
CHILDHOOD DEVELOPMENT***

EXECUTIVE SUMMARY

***REPORT FOR THE RESEARCH DIRECTORATE DEPARTMENT OF
SOCIAL SERVICES & POVERTY ALLEVIATION: PROVINCIAL
GOVERNMENT OF THE WESTERN CAPE***

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EXECUTIVE SUMMARY

TERMS OF REFERENCE

The Department of Social Services and Poverty Alleviation (DSSPA) (the client) commissioned the Child, Youth, Family and Social Development research programme of the HSRC (the service provider) to develop indicators for Early Childhood Development (ECD).

Early Childhood Development: The period between 0 and 9 years is normally considered to be early childhood. This report covers more limited period and focuses on children **under 5 years** only, with the exception of children 5 – 9 years in *After School Care Facilities*. The reason is that remit for ECD of the Department that commissioned this report does not include children of school going age. The focus is on services rendered by the DSSPA.

The service provider was instructed to:

Conduct an in-depth analysis of social service delivery in the Western Cape (WC) and facilitate a process to identify social service indicators (input indicators) with an emphasis on:

- An analysis of all legislation and policy governing ECD which may determine standards of services delivery;
- An analysis of all conventions and international treaties that guide ECD Services or set international goals and standards;
- An analysis of the various ECD service delivery sectors to determine the indicator domains;
- Developing a set of indicators for ECD in the Western Cape.

In addition:

- Establish the administrative data systems that may exist to track children and families in the ECD System and also identify data gaps in the system;
- Advise on ways of strengthening the data and the information system so as to promote regular monitoring of outcomes in accordance with Departmental goals and objectives and in terms of specific programmes from time to time;
- Establish methods for the measurement of the status of children, access to services, service standards and service quality (in terms of benchmarks).

METHODOLOGY

The research process had three objectives:

Objective 1: To gain an understanding of the data collected at each level in the system.

Objective 2: To examine the manner in which information moves through the various levels of the system and how it is used at each point along this path.

Objective 3: To integrate the information gathered with the requirements of the policy and legal environments to design a set of indicators and provide recommendations for improving data quality and the organisation of ECD information.

The following research activities were carried out to meet the above objectives:

1. Policy and literature reviews were conducted to inform recommendations and indicator development.
2. Data on all sources of ECD information was gathered from personnel working at facilities, District Offices (DO) and Head Office (HO) of Social Services using a key informant rapid appraisal approach including individual interviews (face-to-face and telephonic), as well as group interviews and a workshop.
3. The research team assembled all the forms used to capture data for ECD in terms of the various regulations and Acts (e.g. the Child Care Act), and by facilities for their own purposes.
4. Information flow diagrams developed and presented to key informants in the Provincial Head Office and District Office staff in order for them to check their validity.
5. Recommendations for the measurement of child outcome and service input indicators and for information flow, were constructed on the basis of data collected from key informants; the research literature on appropriate indicators for monitoring ECD Services; international, national and provincial reporting requirements, and local legislation and policy monitoring needs in terms of service access, standards and quality.

APPROACH TO INDICATOR DEVELOPMENT

Five indicator types are used for this project

Child Outcome Indicators, which measure the status of the child.

Family and Household Environment Indicators, which measure the structure and quality of the child's primary home-care setting. They are particularly important for ECD.

Neighbourhood and Surrounding Environment Indicators measure specific geographical spaces such as neighbourhoods, enumerator areas etc. They are the spaces outside the home where children grow up. This indicator set permits small area indices of child risk and wellbeing to be constructed in order to provide information for policy targeting.

Service Access Indicators describe children's access to services, childcare protection and development services?

Service Quality Indicators measure the quality of ECD inputs including provisioning.

The indicators draw on evidence as to what children need to survive, be healthy and protected, to develop their potential, to be economically secure, and to participate in society.

MAIN FINDINGS

The Subsidisation Process

1. Information received on subsidy forms by Head Office is often incomplete and there often has to be follow-up on missing information. If the form is incomplete the child will not get a subsidy.
2. Income information tends to be unreliable. Parents are reluctant to give information on income and the number of their dependents. This may be based on concerns that they may not be eligible for social grants or out of a general reluctance to reveal their income.

Information Collected at Facility Level

1. Interviews with facility staff revealed that mandatory information needed for subsidy purposes is hard to obtain from parents/caregivers, who are also often reluctant or unable to supply children's identity numbers. Sometimes this is because the children's births have not been registered.
2. Both facility staff and welfare planners commented that registration and subsidisation forms are long and cumbersome to complete. Tick boxes would produce greater accuracy and would be easier to complete.
3. Facilities stated that a clearer indication needs to be given to persons who have to complete forms as to their importance. This should help motivate facilities to fill in the required forms accurately, thereby reducing incorrect/ incomplete returns.
4. The need to provide a high quality holistic service to children requires good data. The following information gaps were noted:

- 4.1 Staff qualifications and training (this is only required on subsidisation forms);
- 4.2 There is no requirement on the facility registration form to provide ID numbers for personnel. This means that there is no ability to cross check whether the staff member is listed on the Child Protection Register (as is currently required under the (Children's Bill)).
- 4.3 Facilities are not required to include information about children receiving grants or children with disabilities or any other indication of family vulnerability on their admission forms or on other forms that record child information. If this data was routinely captured, the information could be used to access support services for vulnerable children and families.

District Office information processes

1. There are problems with compliance in regard to the required visits to facilities for quality assessment and biennial reviews. Regular support visits are the welfare planner's responsibilities. However, in a number of instances, planners do not visit facilities due to pressure of work.
2. The quality assurance report has several open-ended items requiring a judgement. The accuracy with which they are completed depends on the experience of the welfare planner. Not all planners are able to judge ECD programme quality. If the planners are rotated as occurs in some District Offices, the planners are unable to gain such experience. Training in quality inspection is apparently not done in all districts.
3. The Department's aim is to provide holistic monitoring of ECD services. However this is not possible as no information is kept on ECD programmes other than at day care facilities.
4. Quality Assurance information is neither requested nor collated by Head Office although it is a critical aspect of monitoring. If this data was collated for all districts in the province it would provide a guide to the quality of service provision and assist in identifying services that need support.

Head Office information

1. Head Office has access to socio-economic data, facility personnel statistics (including qualifications), and numbers of subsidised children. This data is potentially valuable for monitoring facility quality as well as being important for planning capacity building. However, Head Office currently only generates reports on the number of facilities receiving a subsidy and the number of children enrolled.

2. The District Offices were concerned that once a subsidy is approved, all information moves directly between the *facilities* and Head Office (bypassing the DO). As a result, District Office staff cannot monitor the progress of subsidy applications. Welfare planning would be improved if Head Office was to give feedback to the Districts on information it had received from facilities.
3. The Head Office Research Directorate sends the District Offices baseline data once a year for the Service Plan appraisal process. The welfare planners found the graphs and statistics useful. However, a problem for planning is the spontaneous development of facilities. Facilities have to be running before they can be registered and by that stage it is not possible to plan them, reducing the practicality of the needs assessment process.
4. District Offices clearly do not have the capacity human (resources or IT) to manipulate statistical information or to generate their own reports.

RECOMMENDATIONS FOR IMPROVEMENT OF EARLY CHILDHOOD DEVELOPMENT DATA

- Recommendation 1: Improve the quality of ECD information in all sectors by meeting the minimum requirements of a good information system.
- Recommendation 2: Provide appropriate human and technical resources for data capture, integration and reporting in all ECD sectors based on an operational assessment of staffing and equipment needs at all levels from Head Office down.
- Recommendation 3: The majority of the data should be collected at facilities, with aggregated summaries for each District produced at the Head Office level to allow for evidence based service planning and delivery at Head Office and District levels.
- Recommendation 4: Head Office should improve compliance with ECD data requirements at all levels through provision of regular feedback and reports to Districts and Facilities (see also recommendation 5 below).
- Recommendation 5: Improve intrasectoral sharing and integration of ECD information through the creation of an ECD Information Unit within the DSSPA.
- Recommendation 6: District Offices should be monitored and supported by Head Office to ensure that they use reports supplied by Head Office in local welfare planning for ECD.

- Recommendation 7: At District Office level standardised approaches to data capture and spreadsheets should be introduced and aligned with the data capture forms used at facility level.
- Recommendation 8: At District level, Forms for service assessment (ECD Manual pages 93 – 97) should be revised to include checklist information replacing open-ended items.
- Recommendation 9: Build capacity at District level for data collection and utilisation.
- Recommendation 10: Improve the quality of ECD data at source.
- Recommendation 11: The following information should be captured at ECD facility/service level including outreach, parent programmes as well as ECD centres:
 - Annually updated information on **staff qualifications and training for all facilities** (registered or in the process of registration) and not only for those receiving/applying for subsidisation.
 - Provision to include **identity numbers** of all personnel in ECD services on registration and updated for annual quality assurance reviews or biennial reviews of registration.
 - Information captured about children on admission should include: receipt of **grants** for which they might be eligible, children with disabilities and an indication that the home care-giving environment might be compromised through **multiple dependents**, illness, age of caregiver, child headed-household etc.
 - A **referral register** should be maintained of children in the above categories as well as children who show other signs of vulnerability such as frequent absences, and have been appropriately referred and assisted.
 - The number of cases at facility level that require follow-up (e.g. children needing referrals, grants, birth certificates, etc – see Recommended Indicator Table) should be aggregated at District Office Level and Head Office should monitor the proportion of such cases actioned.

RECOMMENDATIONS FOR EARLY CHILDHOOD DEVELOPMENT INDICATORS

CHILD OUTCOMES INDICATORS

Indicator: **Infant Mortality Rate**

Measure: Number of deaths between birth and exactly one year of age per 1000 live births in same calendar year in the province.

Indicator: **Under 5 Mortality Rate**

Measure: Number of deaths between birth and exactly five years of age per 1000 live births in same calendar year in the province.

Indicator: **Age-specific prevalence rate of children with 1 or more activity limitations.**

Measure: Proportion of children under 5 years in the province and each health district with a health condition and related impairments together with activity limitations in one or more domains of functioning per reporting year.

Indicator: **Children under 2 years with moderate and severe disabilities.**

Measures:

- 1) Proportion of children under 2 years in the province and in each health district attending clinics and who tested positive using the Provincial DoH Developmental Screening Tool in the same reporting year.
- 2) Proportion of children in registered ECD services province and in each DSSPA district who have been identified as disabled on developmental screening using the DoH Developmental Screening Tool or on other developmental assessments, in the same reporting year.

Indicator: **Under Weight Rate**

Measures:

- 1) Proportion of children in the province and each health district more than two standard deviations below the median weight for age reference value in a defined population of under-5s per 100 children under the age of 5 years in that population in the same period.
- 2) Proportion of children under 5 in ECD services in the province and each DSSPA district with weight for age under 2 standard deviations from the norm (reference population median).

Indicator: **Stunting Rate**

Measures:

- 1) Proportion of children in the province and each health district more than two standard deviations below the median weight for height reference value in a defined population of under fives in a given period.
- 2) Proportion of children in registered ECD services in the province and each DSSPA district who are more than two standard deviations below median weight for age.

CHILD OUTCOME AND SERVICE ACCESS INDICATOR

Indicator: Child

Measures:

- 1) Proportion of children in the in the province and each DSSPA district under 5 and under 9 years living in Poverty as per the DSSPA definition.
- 2) Proportion of children in ECD facilities in the province and each DSSPA district who qualify for subsidisation (as defined by the DSSPA).

CHILD OUTCOME AND SERVICE QUALITY INDICATOR

Indicator: Immunisation Rate

Measures:

- 1) The proportion of children 0-12 months in the province and each health district who are fully immunised divided by the provincial population under 1 year.
- 2) Proportion of children in ECD services in the province and in each DSSPA district who are not up to date for age and are referred to the primary health care system.

FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

Indicator: Caregiver Health Status

Measures:

- 1) Proportion of children under 5 years in the in the province and each DSSPA district in households where the caregiver is over 60 years of age, disabled or has an illness that is incapacitating (has or is eligible for a grant).
- 2) Number of caregivers in vulnerable households (as defined above) in the province and in each DSSPA district referred for services. These are caregivers whose children attend ECD services who are judged by the supervisor to be requiring support services in order to provide adequate child care, including grants, health care and other social services.

Indicator: Primary Caregiver Literacy

Measure: Proportion of children in the in the province and each DSSPA district under 5 and under 9 living in households in which the caregivers/ female household members over 14 years are literate.

SERVICE ACCESS INDICATORS

Indicator: Service provision to young children affected by HIV/AIDS

Measures:

- 1) Number of infants in the in the province and each health district in receipt of PMTCT as a proportion of numbers expected on the basis of provincial prevalence models.
- 2) Numbers of eligible children under 5 years in the in the province and each health district receiving ARV as a proportion of numbers awaiting treatment.
- 3) Numbers of children under 5 years in the in the province and each DSSPA district from Child Headed Households who attend ECD facilities.

Indicator: Birth Registrations in children 0 – 5 years

Measures:

- 1) Proportion of births in the province that are not registered relative to

estimated provincial population for 0 – 5 years.

2) Proportion of children enrolled in ECD services/facilities whose births are unregistered (and the proportion of these who have been referred to Home Affairs).

Indicator:	Social grant uptake by eligible children and caregivers
Measures:	<p>1) Proportion of eligible children under 5 years in the in the province and each DSSPA district receiving the appropriate grant (CSD, CDG etc).</p> <p>2) Proportion of children in the province and each DSSPA district enrolled in ECD services/facilities qualifying but not in receipt of a grant and who are referred appropriately.</p>
Indicator:	Children under 2 years receiving developmental disability screening
Measure:	Proportion of children in the province and each DSSPA district under 2 years attending clinics in a specific year who have been screened using the DoH Developmental Screening Tool.
Indicator:	Extra support provided to children under 5 years with special needs.
Measures:	<p>1) Number of children in the province and each DSSPA district identified with additional support needs referred to and accessing services, as a percentage of estimated numbers of children with extra support needs.</p> <p>2) Children with extra needs in ECD services/facilities not receiving intervention.</p>
Indicator:	Enrolment at ECD centres 0 – 5 years and Grade R classes
Measure:	Proportion of children in the province and in each DSSPA district under 5 years with access to registered ECD facilities and Grade R classes by age and gender (including those with disabilities).
Indicator:	Enrolment in registered after school care services
Measure:	Number of registered After School Care Centres in the province and each DSSPA district, and the number of children enrolled by age and gender, (including those with disabilities).
Indicator:	Attendance of children enrolled at registered ECD facilities.
Measures:	<p>1. Number of day's attendance as a proportion of possible days of attendance at ECD facilities by children under 5 years in the province by DSSPA district.</p> <p>2. Number and proportion of children enrolled in registered facilities that are absent for two or more consecutive days per week for more than a month (by facility and by DSSPA district).</p>
Indicator:	Primary caregiver participation in parenting programmes.
Measure:	Number of children of parents who have participated in such programmes (estimation of how many children per parent if this information not available) for the province and each DSSPA district.

SERVICE QUALITY INDICATORS

Indicator:	ECD services meet minimum benchmarked standards in terms the regulations under the ECD service guidelines.
Measure:	Proportion of facilities in the province and in each district that meet the standards. Note: This indicator depends on the DSSPA setting benchmarks. If this is not done the Department will not have a critical set of quality indicators for ECD Facilities. Benchmarks must be set within two years of receipt of this report and used for all audits of ECD facilities. Recommended Standard levels: below minimum standard (does not meet registration requirements; at minimum standard (meets registration requirements); exceeds minimum standard (to be determined).
Indicator:	After School Care services meet minimum benchmarked standards in terms the regulations under the ECD service guidelines.
Measure:	Proportion of facilities in the province and each DSSPA district meeting the standards.
Indicator:	Monitoring and supporting of ECD and ASC facilities.
Measures:	1) Proportion of known facilities in the in the province and each DSSPA district receiving 1 or more visits by district office staff in a year (disaggregated for those in the process of registration and those registered). 2) Proportion of known centres in the province and each DSSPA district with personnel or governing bodies attending capacity building workshops/training, by those in the process of registration or registered.
Indicator:	Actioned child referrals from ECD services.
Measures:	Number of referrals and follow-ups on children identified in risk categories by ECD service staff in the province and each DSSPA district.
Indicators:	1) An accessible intersectoral ECD administrative database is established and is available on the Provincial Government DSSPA, Health and education Department intranet. 2) Plans for the roll out of the intersectoral plan are in place and collaboration occurs regularly.
Measures:	1) A shared information database is operational within 2 years of delivery of this report. It is populated with information that is requested by staff at District and Head office level. It includes research reports and other relevant outputs by the three departments. It is updated regularly. 2) Plans for the roll out of the intersectoral ECD plan are in place within 1 year of receipt of this report. 3) A record of meetings and outcomes is to be kept by the appropriate authority. 4) Updates on the roll out of the Integrated Plan are posted on the ECD database on the DSSPA intranet.

Indicator: **Availability of regular updated administrative data reports**
Measure: Regular administrative data reports on ECD reflecting service inputs and child outcomes available on at least an annual basis and provided to each DSSPA district office.

SERVICE ACCESS AND QUALITY INDICATORS

Indicator: **Annual provincial budget allocations to ECD services**
Measure: Rand amount allocated for ECD services per year compared with previous annual allocations.

Indicator: **Registered ECD Facility Child Subsidy Cover.**
Measure: Proportion of children under 5 years in the province and each DSSPA district in registered ECD facilities in receipt of a subsidy (relative to the estimated eligible population of qualifying children).

Indicator: **Registered After School Care Facility (AFC) Child Subsidy Cover.**
Measures: Proportion of children 5 – 9 years in the province and each DSSPA district in registered ASC facilities in receipt of a subsidy (relative to the estimated eligible population of qualifying children).