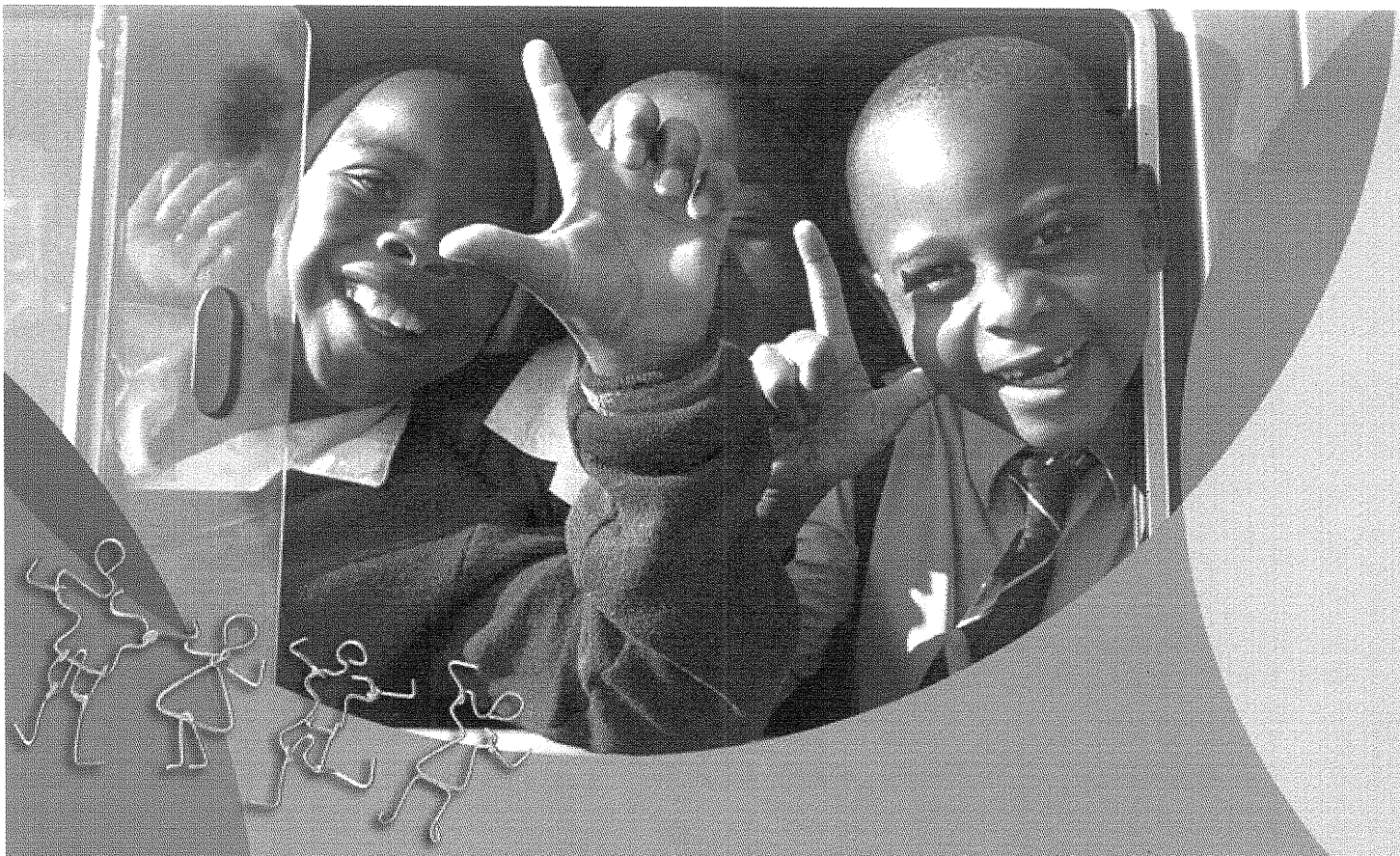


Indicators for early childhood development

Commissioned by the Research Directorate, Department of Social Services & Poverty Alleviation, Provincial Government of the Western Cape, Cape Town, South Africa

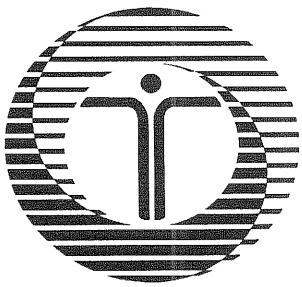
March, 2006

Dawes, A., Biersteker, L. & Louw, L.

Child, Youth, Family and Social Development (CYFSD)
Human Sciences Research Council (HSRC)
Phone: +27 – 31 – 242 5544
Fax: +27 – 31 – 242 5406
Email: lrichter@hsrc.ac.za
Private Bag X07, Dalbridge, 4014, South Africa

HSRC
Human Sciences Research Council

CHILD YOUTH FAMILY & SOCIAL DEVELOPMENT HUMAN SCIENCES RESEARCH COUNCIL



INDICATORS FOR EARLY CHILDHOOD DEVELOPMENT

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

Principal investigator: Andrew Dawes

Research Team: Linda Biersteker & Lee Louw

March 2006

Contact Address:
Child, Youth Family & Social Development (HSRC)
Private Bag X9182, Cape Town, South Africa
Phone: 27-21-466 7862 Fax: 27-21-466 7989
Mobile: 082-422-9940
Email: adawes@hsrc.ac.za

CONTENTS

ACKNOWLEDGEMENTS

Ms Cheryl Blankenberg	Department of Social Services and Poverty Alleviation
Ms Carol Bouwer	Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN)
Ms Petro Brink	Department of Social Services and Poverty Alleviation
Ms Kim Cooper	Peter Pan Down Syndrome Centre
Ms Karen Davids	Department of Social Security
Ms Fawzia Desai	Maternal, Child and Women's Health
Mr Edwin Hendricks	Department of Social Services & Poverty Alleviation
Ms Melanie Hindley	Department of Social Services & Poverty Alleviation
Ms Daksha Kassan	University of the Western Cape Community Law Centre Children's Rights Project
Ms Couthar Khatieb	Department of Social Services & Poverty Alleviation
Ms Erna Kotze	Department of Social Services & Poverty Alleviation Cape Town District Office: Welfare Planner
Ms Julinda Kruger	Department of Social Services & Poverty Alleviation
Dr Jackie Loffell	Johannesburg Child Welfare
Ms Marié Louw	Department of Social Services & Poverty Alleviation
Ms Geraldine Macpherson	Silvertree (War Memorial) Creche
Ms Mary Newman	Early Learning Resource Unit (ELRU)
Ms Elizabeth Pegram	Department of Health

Ms Una Petersen	Department of Social Services & Poverty Alleviation George District Office: Welfare Planner
Ms Sylvia Prezens	Parkwood After School Care
Ms Crystal Prince	Department of Social Services & Poverty Alleviation
Ms Christine Quickfall	Department of Social Services & Poverty Alleviation
Mr Dave Shepherd	Department of Education
Ms Nazeema Smith	Department of Social Services & Poverty Alleviation
Ms Karin Vervaart	Department of Social Services and Poverty Alleviation
Ms Ida Williams	Department of Social Services and Poverty Alleviation
Ms Iris Williams	Department of Social Services & Poverty Alleviation Wynberg District Office: Welfare Planner

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ACRONYMS

AC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ASC	After School Care
CCA	Child Care Act, 1983
CDG	Child Disability Grant
CRC	Convention on the Rights of the Child
CSG	Child Support Grant
CHHS	Child Headed Households
CDC	Centre for Disease Control
DAC	District Advisory Committee
DHIS	District Health Information System
DO	District Office
DoE	National Department of Education
DoH	National Department of Health
DoSD	National Department of Social Development
DSSPA	Department of Social Services and Poverty Alleviation
EPWP	Expanded Public Works Programme
ECCE	Early Childhood Care and Education

ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
EFA	Education for All
EMDC	Education Management and Development Centre
GET	General Education and Training Band
INP	Integrated Nutrition Programme
HIV	Human Immunodeficiency Virus
HO	Head Office
IMCI	Integrated Management of Childhood Illnesses
ISCED	International Standard Classification of Education
LAC	Local Advisory Committee
MCWH	Maternal, Child and Women's Health
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation Directorate
MICS	Multiple Indicator Cluster Survey
NEPAD	New Programme for Africa's Development
NGO	Non Governmental Organisation
NPO	Non- Profit Organisation
PMTCT	Prevention of Mother to Child Transmission
RtHC	Road to Health Card
SAC	South African Constitution
SADHS	South African Demographic and Health Survey
SES	Socioeconomic Status

TB	Tuberculosis
WC	Western Cape
WCED	Western Cape Education Department
WHO	World Health Organisation

INDICATORS FOR ECD

1. INTRODUCTION

1.1 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 Child 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.

1.2 OUTLINE OF THE REPORT

The report commences with a concise policy review followed by a review of literature pertinent to the development of early childhood development indicators. The research method is presented next, followed by the findings.

The final section of the report presents recommendations for data collection and improvement of information systems within the Department of Social Services and Poverty Alleviation in particular. The inter-sectoral nature of ECD is also taken into account.

1.3. APPROACH TO INDICATOR DEVELOPMENT

Many approaches to indicators for child policy focus on child status or outcomes. They ask how big the problem is. For example: – *how many* children were abused or went missing in the past year? *How many* died before the age of five? *How much* did we spend on ECD subsidies this year? Then they may go on to ask how much was spent on early child hood development services or how many therapeutic facilities there are.

Rather like the gauges on our car dashboard, child indicators tell us what we have to attend to in making policy and tracking the outcomes of our services and interventions.

While asking the *'how many or how much'* questions are important, they are not nearly enough for planning purposes. We need other gauges on the policy and welfare planning dashboard. We need instruments that tell us *why* and *where* children are most at risk of not doing well.

These would be rather like the indicators on our dashboard that provide information on the temperature of the water in the radiator – if it goes too high we know the engine will overheat and cause damage. We are speaking of the engine's environment lowering the performance of the car and even causing serious problems.

To extend this metaphor to the child, we need indicators for the *home and neighbourhood conditions* that we know are necessary for sound development in early childhood. It is evident that in order to understand the factors that influence outcomes for children and the impact of our policies, we have to broaden our scope to ask questions about the *contexts* within which children grow up so as to identify the contexts within which children are doing well or poorly. For example, we know that poor early child outcomes related to the types of homes and areas within which children live. Finally, what services are provided for young children – do they have good access, and what is their quality in terms of standards set by the relevant department?

The approach to indicator development used in this report is outlined in Figure 1 below. 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. The model is rights-based, drawing on international and national legal provisions and policies.

Our approach is based on a framework developed by Bray & Dawes (forthcoming), and contains five distinct types of indicator. They take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and ultimately services.

Type 1: Child Outcome Indicators measure the status of the child. Examples include child mortality; reading ability; immunisation status; and whether the child has been a victim of abuse.

Type 2: Family and Household Environment Indicators measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; the economic and health status of the caregivers (TB or HIV infection); and the quality of child care and supports for early child development (whether the child is read to by

household members). Structural variables could include whether the household is headed by a child; whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

Type 3: Neighbourhoods 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. They include services such as clinics and playgrounds, as well as the roads. They include people who can support children and others who put them at risk. This indicator set permits small area indices of child risk and wellbeing to be constructed in order to provide information for policy targeting.

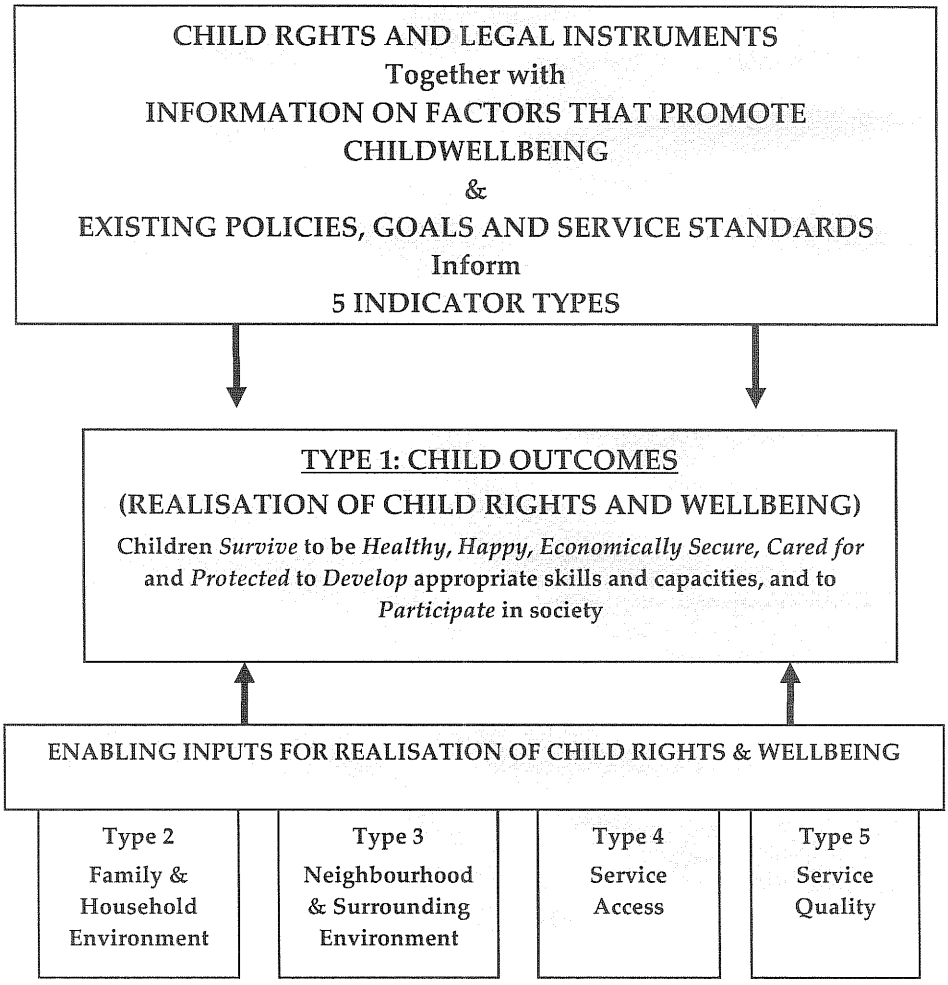
Type 4: Service Access Indicators describe children's access to services such as ECD facilities or child protective services.

Type 5: Service Quality Indicators measure service inputs. They measure the provisioning (e.g. the supply of money for the services). They could include whether the care of children in ECD facilities is to standard in terms of the regulations.

As is evident from Figure 1 below, the indicators are informed by rights that are granted to children in South African children by drawing on three bodies of law. The first includes international instruments ratified by the country {e.g. the Convention on the Rights of the Child (CRC)}, the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence, and finally by the specific policies and programmes of the sector for which indicators are developed.

The most important piece of legislation affecting children is probably the Child Care Act (CCA), which will be replaced by the Children's Bill.

Figure 1: A Model for Rights-based Child Wellbeing Indicators



2 ECD POLICY SYNOPSIS

Early childhood development was defined in the White Paper on Education and Training (Department of Education, 1995) as the processes by which children from birth to about nine years grow and thrive physically, mentally, emotionally, spiritually, morally and socially. Subsequently it has been the definition used in all government legislation and policy. The term ECD was originally selected because it: "conveys the importance of an holistic approach to child development and signifies an appreciation of the importance of considering a child's health, nutrition, education, psycho-social and additional environmental factors within the context of the family and the community" (Department of Education, 1996 Appendix 1:2).

ECD service provision therefore falls within the policies and programmes of several departments, major responsibility residing with education, social development and health. The Departments of Health and Social Development focus particularly on children up to five years, though after care for children over 5 years is a social services responsibility. Education is concerned with the full 0 – 9 years and its policies reflect this, though its role below the Reception Year or Grade R is currently developing within the Integrated ECD Plan.

This review provides a concise synopsis of the relevant international, national and provincial conventions, treaties, legislation, policies and protocols. The holistic and intersectoral nature of ECD is reflected in our comment on the role of the three Departments with key responsibility for ECD. A list of relevant policy documents is included in Appendix 5.

2.1 INTERNATIONAL STATUTES

2.1.1 The UN Convention on the Rights of the Child (1989)

The Convention on the Rights of the child (CRC) guarantees children of all ages the right to survival, development, protection and participation. The Preamble to the CRC states "the child should be fully prepared to live an individual life in society". Article 29 recognises the importance of a holistic approach to education: "States parties agree that education of the child shall be directed to (*inter alia*): The development of the child's personality, talents and mental and physical abilities to their fullest potential."

Relevant to the need for facilities to support early childhood care and development specifically, Article 18(2) specifies that: "States parties will render appropriate assistance to parents and legal guardians in the performance of their child-rearing

responsibilities, and shall ensure the development of institutions, facilities and services for the care of children."

In relation to disability Article 2 requires all state parties to ensure the rights of all children irrespective of race, gender, religion, status or disability and to protect them from disability. Article 23 states that disabled children should enjoy a full life and have the right to special care, education, training, health care services, rehabilitation, and preparation for employment and recreation opportunities.

The CRC further entitles the child to basic health services in Article 24, which requires the highest attainable standard of health care. It addresses the states' responsibility to decrease child mortality, malnutrition and the promotion of preventative health care by ensuring access to medical assistance to all children and pre-natal and post-natal health care to mothers.

The CRC also recognises a child's right to social security, the right to life, the right to protection, the right to birth registration, the child's right to physical, spiritual, moral and social development (Articles 6, 7, 12, 26, 27, 28, 37).

2.1.2 Committee on the Rights of the Child, General Comment No 7 (2005) Implementing Child Rights in Early Childhood

This document discusses the broader implication of the Convention on early childhood with a focus on implementation. It stresses that young children are holders of all the rights enshrined in the Convention and ECD is a critical period for the realization of these rights. Early childhood is defined as the age group 0 - 8 years and state parties are encouraged to construct a positive agenda for promoting rights in early childhood.

2.1.3 The African Charter on the Rights and Welfare of the Child (1999)

The African Charter on the Rights and Welfare of the Child (AC) though similar to the CRC also addresses aspects that relate specifically to children in Africa. The preamble states that the child occupies a unique and privileged position in African society and that for full and harmonious development the child should grow up in a family environment, and in an atmosphere of happiness, love and understanding. The child's physical and mental development requires particular care with regard to health, physical, mental, moral and social development. Children also require legal protection and dignity as well as cultural heritage, historical background and the values of the African civilization. According to the AC, Article 5(2), state parties need to ensure survival, protection and development of children. Education should be aimed at promoting and developing children's personality, talents and mental and physical abilities to their fullest potential" according to article 11(2a).

As in the CRC article 13 aims at promoting development of children with disabilities. The AC further recognises the importance of health and health services

to children, parental care and protection, leisure, recreation and cultural activities (Articles 14, 19, 18, 20 and 12).

2.2 NATIONAL STATUTES

2.2.1 Constitution of the Republic of South Africa, Act 108 of 1996, Chapter 2: Bill of Rights

The South African Constitution is aligned with the Convention in recognising the need to secure the wellbeing and future development of all children.

In addition the Bill of Rights recognises the need to secure the wellbeing and future development of all children. Section 28(1) specifically recognises the child's rights to basic nutrition, shelter, health care and social services, while Section 29 establishes the right to education. These provisions have implications for the provision of a range of services to support early development. To date there is no clarity on whether the right to education includes ECD services. While there is ambiguity about whether ECD forms part of basic education or not, access to ECD services has been shown to be positively associated with later access to schooling and progression within the system. The argument can be made that whether or not ECD falls directly within the right to basic education, ECD facilitates children's realisation of this right.

2.2.2 The Child Care Act 74 of 1983 Chapter 5: Places of Safety, Children's Homes and Places of Care

The Child Care Act (CCA) (as amended) regulates places of care for more than 6 children. Section 30 regulates the registration and classification of facilities and further states that no place of care may receive children until it is registered.

2.2.3 The Children's Bill August 2003 Chapter 7: Early Childhood Development

The Children's Bill once signed into law will replace the CCA. The bill defines ECD services as "services intended to promote ECD and provided by a person, other than a child's parent or primary caregiver, on a regular basis to children up to school going age" (Section 91.2). It outlines the minimum standards for ECD services that apply to facilities that take care of children up to school going age. It also provides for the registration and regulation of ECD services and partial care. The Bill further makes provision for funding of ECD services by the Department of Social Development.

2.3 NATIONAL POLICIES

2.3.1 Department of Social Development

White Paper for Social Welfare 1997

This overarching welfare policy document identifies principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa. It targets poor children under five years for ECD services, prioritising 0 – 3 year olds and children with disabilities. Departmental policy is to provide a range of services to meet the varied ECD needs of families. It seeks to do this by supporting and reinforcing programmes and supporting community development interventions.

Guidelines for Early Childhood Development Services 2005

The Guidelines for Early Childhood Development Services is a manual, which prescribes minimum standards for ECD services (including home based, community-based, centre based facilities, as well as ASC centres). This document outlines the rights and needs of the child, relevant childcare legislation and minimum standards, procedures for a facility to register.

National Department of Social Development Strategic Plan

This Strategic Plan (for 2002/2003 and from 2004/2005 to 2009/2010) is aimed at building a caring society and a better life for all and especially for children. It includes among other provisions, a commitment to improved social grants administration, a strong focus on mitigating the impact of HIV/AIDS on poor communities; reference to the Expanded Public Works Programme (EPWP) which has provisions for ECD and home/community-based care and support; and a new policy of financial support to NGOs and other civil society organisations serving the needy and vulnerable.

National Strategic Framework for Children Infected and Affected by HIV/AIDS 1999

In 1999 the Department of Welfare (now Social Development) drafted its National Strategic Framework for Children Infected and Affected by HIV/AIDS. This involved firstly, transformation of the care system to ensure effectiveness and appropriateness, and secondly, identifying and building on family and community strengths to maximise the potential of each community to care for their vulnerable children. The overall goal will be that "children who are affected by HIV/AIDS have access to integrated services which address their basic needs for food, shelter, education, health care, family or alternative care and protection from abuse and maltreatment". In terms of the Department of Social Development strategy for the care of children at risk, implementation is four levels: prevention, early intervention statutory process, and continuum of care.

2.3.2 Department of Education

White Paper on Education and Training March 1995

The White Paper provides a holistic definition of ECD a period covering 0 – 9 years. It delineates the Department's role in developing policy for the education of the young child. This includes a commitment to interdepartmental committees nationally and provincially as well as partnerships with NGOs, ECD practitioner groups and the private sector. It provides for inclusion of a Reception Year. The Reception Year is seen, as part of the General Education and Training Band (GET) to be state supported but it will not be compulsory in the first phase.

Interim Policy for Early Childhood Development1996

This policy document provides an interim policy framework for the implementation of the ECD pilot and for policy on ECD as a whole.

White Paper Five: Early Childhood Development 2001

Education White Paper No 5 on ECD, (May 2001), provides for the establishment of a national system of provision for the Reception Year aimed at children aged five years. The system requires the development of a strategic plan for intersectoral collaboration and targeted services and programmes for children under 5 years that are appropriate, inclusive and integrated. Improvement of the quality of Pre-Grade R programmes, inclusion of health and nutrition, appropriate curricula as well as practitioner development and career-pathing are all aspects of the strategy. Particular targets are "our poor rural, poor urban and HIV/AIDS infected and affected communities" (2001a: 49) and four year olds with special needs (2001a: 9).

White Paper Six: Special Needs Education 2001

Education White Paper 6 on Special Needs Education stresses the importance of including children with special needs in the education system. It does this in addition to the establishment of systems and procedures for early identification and addresses barriers to learning in the Foundation Phase (Grades R – 3). Collaboration with provincial ministries of health and welfare in the identification and support of learners with severe barriers to learning and their early admission to special schools/resource centres, full service and other schools is required. It makes provision for a strategic plan to provide intersectoral and inclusive services for children under 5 years.

National Strategy on Screening, identification, Assessment and Support May 2005

This document is currently in draft format but includes suggested guidelines to operationalise early identification and intervention for children 0 – 5 years.

2.3.3 Department of Health

White Paper for the Transformation of the Health System in South Africa 1997

Aspects of the White Paper with particular relevance for ECD include the chapters on nutrition, maternal, child and women's health (MCWH) and infectious and communicable disease control. Areas such as environmental health, which aims to limit health risks from the physical and social environment, are significant for young children though the policy does not refer to specific interventions aimed at this age group.

Department of Health: Maternal, Child and Women's Health 1995

The policy is based on the assumption that the most vulnerable are prioritised. Similarly, health problems that result in the highest morbidity and mortality must be tackled first and given financial resources. Ratification of key programmes include political support for international conventions, free health care in state and state aided health care facilities (for pregnant women and children under 6 years, Government Gazette Notice 657 of 1994), immunisation, reduction of mortality and morbidity from common diseases, improved nutrition, health education for priority issues, increased and enhanced reproductive health services.

Integrated Nutrition Policy

This policy is of great significance for the ECD sector. The Integrated Nutrition Programme (INP) is a programme aimed at specific target groups (including young children, pregnant and lactating mothers), and combines some direct nutrition interventions with indirect nutrition interventions. INP aims to facilitate a co-ordinated inter-sectoral approach to solving nutritional problems. The emphasis is on building the long-term capacity of communities to be self-sufficient in terms of their food and nutrition needs while at the same time protecting and improving the health of the most vulnerable parts of the population.

National HIV/AIDS/STDS Strategic Plan for South Africa (2000 – 2005)

The National HIV/AIDS and STD Strategic Plan has four priority areas Prevention; Treatment, Care and Support; Research, Monitoring and Surveillance and Human Rights. Focusing on reducing Mother to Child Transmission of HIV, and developing and expanding the provision of care to children and orphans have particular relevance for the ECD age range.

2.3.4 Intersectoral

Tshwaranago Le Bana – An Integrated Plan for Early Childhood Development in South Africa 2005- 2010

This social cluster plan (social development, health and education) aims at greater integration for ECD through a comprehensive approach to policies and programmes, networking to improve the use of resources and intersectoral

collaboration across government, NGOs and communities. The initial planning period from 2005 - 2010 includes integrated management of childhood illnesses, immunisation, nutrition, and referral services for health and social security grants, early learning stimulation and psychosocial programmes. This initiative is of great significance for ECD.

2.4 PROVINCIAL POLICIES

2.4.1 Department of Social Services

Draft Integrated Provincial ECD Strategy (2005)

The strategy aims to ensure access to effective, efficient, holistic and integrated ECD services that address the cognitive, emotional, physical and nutritional needs of young children and promote conditions and opportunities for each child's optimal development. The DoH, DoE and DSSPA will do this through integration, coordination and collaboration in planning and service delivery.

2.4.2 Department of Education

A Human Capital Development Strategy for the Western Cape 2005

The strategy focuses on a long-term process of building human capital from the ground up. It supports an integrated approach to the physical, social and cognitive development of all 0 – 4 years old living in the province. The goal is for all five-year-old children in the Western Cape to have full access to high quality learning programmes at the first level of formal education, Grade R, by 2014.

2.4.3 Local Government

White Paper on Local Government (Government Gazette No 18739, March 1998)

The White Paper contains the following provision in relation to Child Care:

"Municipalities have the constitutional power to provide child care facilities and may provide grants to associations for this in terms of the CCA, 1983." (p. 39).

All local authorities have a role in providing for sites for ECD facilities and monitoring environmental health and safety. Some, in addition, make budgetary provision for capacity building, equipment etc.

3 ECD LITERATURE REVIEW

This broad area necessarily involves policies and programmes from several departments notably Education, Health and Social Development. The latter two are mostly concerned with children up to five years, and Education with the full 0 – 9 year period. Three strata of service provision can be distinguished:

- Services for children *under the age of five years* – normally crèches and preschools, often taking the form of home-based care, and programmes to assist parents and caregivers to support ECD.
- The Reception Year (Grade R) - the year prior to primary schooling catering for children in their 5th year.
- Compulsory schooling commencing with Grade 1 from about age five and a half to six years. The Foundation Phase of primary school constitutes the first three years of formal education until the child is aged 8 to 9 years.

The TOR for this report focuses on ECD services rendered by the DSSPA for children under 5 years. This review therefore focuses on early education and social services during this period. Health aspects are noted where appropriate. A comprehensive review of holistic ECD services is beyond the scope of the current TOR (see Biersteker & Dawes, forthcoming, for further details).

3.1 THE IMPORTANCE OF INVESTMENT IN ECD

The early years of life are a particularly sensitive period for survival, growth and psychosocial development and if the contexts in which young children grow up are not supportive, their later participation in society is likely to be compromised (Shonkoff & Phillips, 2000).

Evidence from several ECD programmes in the United States shows that returns on high quality programmes justify the investment in ECD programmes for children living in poverty (Lynch, 2004; Heckman & Forum, 1999).

White Paper 5 recognises this evidence and puts forward the following sound arguments for public investment in ECD:

- To fulfil our commitments to the World Declaration on the survival, protection and development of children and Section 28 of the Constitution.
- Early childhood is a sensitive period for development and risk of "irreversible brain damage and stunted physical development ... for 40%

of our (poor) children" (2001:6) ('irreversible brain damage' is something of an exaggeration of the evidence in our view).

- Economic arguments for increased productivity in adulthood, cost savings in remedial education, health care and rehabilitation services, freeing parents to enter the labour market.
- Reduction of social and economic disparities and race and gender inequalities especially for children in poor urban and rural communities.
- Development of competencies required for the global economy.
- Transmission of values, community mobilisation, family relations.
- The evidence is that without the finance and without the necessary quality of educational inputs, the country's hopes for the outcomes of its policies will not be realised.

For children four years old and younger, the White Paper prioritises the development of a strategic plan for inter-sectoral collaboration through the ECD priority group of the NPA (National Programme of Action for Children). It focuses on improving the quality of early learning programmes, practitioner development and career-pathing, as well as targeting four year-old children from poor families with special needs and those infected with HIV/AIDS.

The draft integrated plan includes the integrated management of childhood illnesses (IMCI); immunisation; nutrition; referral services for health and social security grants; early learning stimulation and psychosocial programmes.

Research on ECD programmes in South Africa is minimal. A nation-wide audit of ECD provisioning conducted in 2000 provides information on coverage, resources and to a limited extent, quality (Department of Education, 2001b). The audit did not examine child outcomes.

A study at the Athlone Early Learning Centre (Short & Biersteker, 1984) indicated that attendance in a high quality ECD programme improved the scholastic achievements of disadvantaged children up to Grade 3. A study of 145 farm and township children, found significant differences between those who had experienced a preschool programme and those who had not on cognitive, language, fine motor and social scores in the second quarter of Grade 1 (Herbst, 1996).

In 2003, the Western Cape Education Department tested the literacy and numeracy skills of Grade 3 learners. Only 37% of were performing at that level or above for numeracy and only 32% were reading at Grade 3 level. This means that more than 60% of children did not achieve the reading and numeracy levels set in the national

curriculum. Fifteen percent of the children could neither read nor calculate at the most basic level.[1]

The indications are that children in the province are poorly prepared for school and that the school system was not able to redress the effects of early deprivation. Clearly, intervention needs to take place prior to school, and the foundation phase needs to be equipped to assist children who find schooling challenging. In particular there is the need for quality numeracy and literacy learning at preschool and grade R level. The challenge is to design appropriate programmes, ensure access especially to poor children, and most critically, to attach sufficient budgets and ensure a supply of appropriate and well trained educators.

Indicator systems that are embedded in the day-to-day administrative practices of government and facilities permit us to track how we are doing with respect to the improvement of child outcomes in early childhood. They also facilitate monitoring of inputs for service quality and access.

3.2 INTERNATIONAL ECD INDICATORS

International agreements relating specifically to ECD indicators tend to have an education focus. For example, the Education for All (EFA) indicators developed under the auspices of UNESCO includes provisions for ECD. The World Declaration on Education for All, Jomtien, in 1990 included the ECD period in its commitment to basic education noting that:

" Learning begins at birth. This calls for early childhood care and initial education. These can be delivered via arrangements that involve parents, the community or institutional programmes as appropriate. " (Article 5).

The Framework for Action set the target of:

" expansion of early childhood care and development activities, including family and community interventions, especially for poor, disadvantaged and disabled children." (Paragraph 8).

The Dakar Framework for Action reinforces the previous ECD commitment stating the ECD target as follows:

"expanding and improving comprehensive early childhood care and education especially for the most vulnerable and disadvantaged children." (Goal i). Provisions regarding the expansion of quality in education though associated with primary schooling (or above) outcomes, can be read as including ECD and will have reinforced the Department of Education's current focus on quality.

[1] Presentation by Mr Peter Present at the Learning Home for All Provincial Education Conference 23 -24 March 2005, Crawford Campus, College of Cape Town.

Educations for All (EFA) indicators designed for cross-country comparison are very limited, in part due to data access challenges. For the 1996 mid decade review they are:

- enrolment in pre-primary institutions for children aged 3 -6 years,
- the number of pre-primary institutions and the number of caregivers employed in the field.

When UNESCO's General Conference in 1999 approved a resolution to improve early childhood indicators, a specific concern was to improve data on non-pre-primary early childhood programmes including different settings. The considerable gaps in information were seen as due to a lack of operational guidelines to direct the collection of relevant and meaningful data on non-pre-primary programmes.

EFA Year 2000 assessment indicators for early childhood care and development (ECCD) for country reports focused on comparing current and past enrolments including

- *Gross enrolment in ECCD programmes.* The indicator is used as a measure of the general level of participation of young children in ECCD programmes and country's capacity to prepare young children for primary education.
- *Percentage of new enrolments to Grade 1 who have attended some form of organised ECCD programme during at least one year.* The indicator helps to assess the proportion of new entrants to Grade 1 who have received some preparation for primary schooling through ECD programmes.

Myers (2001) specifically raised concerns that the EFA indicators were focused on institutional programmes for young children. Myers (2001, 2004) has also noted that the EFA indicators do not include assessments of the inputs to early childhood programmes such as the financial contribution to ECD, service quality and the efficiency of programmes (e.g. cost per participant). The effects on children (outcomes) are also not measured – a key indicator of the impact of the money spent. Further, the focus of data gathering is on ECD facilities with children aged three to six years, and non-parental ECCD arrangements. This excludes the vast majority of children under five from the monitoring process.[2]

A similar problem is evident in South Africa where programmes for children and families outside of ECD facilities have been offered on a small scale by the non-government sector and there is no data base recording either the numbers reached by such programmes or their impact. As the social cluster's integrated plan for 0 – 4

[2] The International Standard Classification of Education (ISCED) defines pre-primary Education ISCED level 0 as comprising programmes that offer structured purposeful learning activities in a school or a centre (as opposed to a home) to children aged at least 3 years.

year olds provision for parent education is implemented, there will need to be systematic recording of these initiatives.

In a response to dissatisfaction with the EFA indicators and general difficulties of adequately assessing the situation of young children with the existing information and monitoring processes, the Consultative Group on Early Childhood Care and Development[3] formed a working group to identify, develop and undertake some country case studies to pilot country specific early childhood indicators. The Group identified the following as core information to collect:

- the general status of children during the early years of life;
- extension and quality of programme initiatives intended to improve that status and,
- the quality of contexts that affect child development (Myers, 2001: 3-4).

The Consultative Group for Early Childhood Care and Education (ECCE) (Myers 2001) identified the following categories to be used for monitoring ECD at a national level:

- coverage, access and use;
- programme quality;
- political will: policy and financing;
- costs and expenditures;
- status of or effects on children and parents.

To assess progress on the World Summit for Children Goals, UNICEF undertakes a series of household Multiple Indicator Cluster Surveys (MICS) – most recently in 2003. The MICS has a short but powerful list of indicators for ECD. Apart from survival, child health and maternal wellbeing indicators, items for child care and early education include: preschool enrolment and attendance of 5 year olds, and whether three and four year olds were in a programme outside the home and, if so, how many hours per week? The MICS also includes items on caregiver activities with children that stimulate learning domains in preparation for school (reading to children etc).

The Millennium Development Goals (MDGs), adopted by the UN General Assembly in 2000, and the World Fit for Children document adopted at the 2002 Special Session on Children, together form the Millennium agenda for improving the situation of children in this century (UNICEF, 2006). The MDG target date is 2015. The following goals are particularly relevant to young children in terms of the jurisdiction of the Department of Social Services and Poverty Alleviation:

[3] This group is a consortium of concerned donor agencies, foundations, and international NGOs working with regional ECCD networks.

Goal 1: to eradicate extreme poverty and hunger.
Indicator: Prevalence of underweight children under 9 years of age.

Goal 4: to reduce child mortality.
Indicators: Under 5 mortality; infant mortality; proportion of 1 year-old-children immunised against measles.

Goal 6: to combat HIV/AIDS (malaria and other diseases).
Indicators: HIV prevalence by age, gender, race and province, and condom prevalence rate for 15-24 year olds (for project the appropriate measure would be provision for young children in affected households; PMTCT; provision of ARVs and social security).

Goal 7: to improve access to basic services.
Indicators: Proportion of population/households with access to potable water, sanitation, electricity, health services and public transport (the DSSPA Poverty Index covers several of these).

The aim of the MDGs is to identify a small powerful set to measure overall human development, while including critical directly measured child indicators and others that measure risks to child wellbeing and survival.

Three of the New Programme for Africa's Development (NEPAD) indicators apply to child wellbeing:

1. Effectiveness of constitutional provisions and institutions to advance the rights of the child and young persons;
2. Accession to and ratification of the relevant international instruments on the rights of the child and young persons, and the measures taken to implement them;
3. Consequential steps taken to ensure the realisation of the rights of children and young persons.

As Bray & Dawes (forthcoming) note, the NEPAD framework is of limited use because it does not contain measures of inputs and does not specify child outcomes. Clauses one and three are vague and difficult to operationalise (essential for monitoring purposes). These serious omissions weaken the African Union's ability to monitor the situation of children and track outcomes related to the implementation of the rights provisions.

3.3 APPLYING THE INDICATOR MODEL FOR THIS PROJECT

Monitoring of young child wellbeing includes collecting and evaluating information at the level of the *child*, the *household* or care environment, broader *neighbourhood* factors (e.g. poverty levels, crime), as well as access and quality of *services*.

Of these, information is most easily accessible in relation to service access, via enrolments, and quality, via analysis of the policy environment and financing (both are closely related to access and quality) (Myers, 2001).

3.3.1 Service quality and access

These have a central bearing on child outcomes, particularly for children in disadvantaged households and communities.

Enrolment ratios in institutional services (facilities) are the most commonly used indicator of *access* and coverage. Access to non institutional services which may take a variety of forms, and focus on supporting parents and other caregivers of young children in their parenting responsibilities is not an area that has been included in ECD indicator systems. Access and quality indicators for this type of programme would need to be developed. Indicators could relate to facilitating access to services, which benefit the environment in which the child is raised (e.g. access to child support grants, nutritional support or to income generating activities) as well as caregiver skills.

There is debate on what constitutes a *quality* ECD service (Love et al, 2002; Woodhead, 1996). However, there is emerging consensus that the following input factors are associated with positive child outcomes over a range of contexts within which young children grow up including the home and ECD facilities (Biersteker and Kvalsvig, forthcoming):

Facilities:

- the standard of infrastructure and facilities;
- the learning materials used to promote development;
- educator and caregiver training;
- a curriculum that provides holistic care and varied learning experiences;
- high adult (or educator)/child ratios;
- parent and community participation;
- sustainable management and financing systems, as well as ongoing systemic supports for programme quality.

Home:

- access to basic necessities (including clothing, food and bedding); access to potable water and other services;
- household activities that promote stimulation and development and which assist the child to be ready for school (e.g. reading, numbers, singing and fine motor coordination);
- caregiver health and literacy;

- low child/adult dependency ratios.

For facilities child/educator ratios have been found to be one of the most significant quality variables. A recent study (Bertram and Pascal, 2002) covering mostly industrialized countries, reports ratios varying from an average of 25–30:1 for 5- and 6-year- olds to 15:1 for 3- and 4-year-olds. Crèches, catering to 0- to 2-year-olds, generally had fewer than eight children per adult. For 4- to 6-year-olds, the average ratio was as low as 15:1 in programmes targeting the socially and economically disadvantaged. In the United States 30 states regulate the ratio for three to four years olds at 10:1 (American Federation of Teachers, 2002). The International Evidence Project for Early Years and Childcare Quality gives ratios for the starting years of compulsory schooling ranging from 6:1 in Denmark to 20:1 in Spain, with the United States ranging from 7:1 to 25:1 (Mooney et al, 2003).

Resource allocations and implications for access and quality

Quality of provisioning is particularly dependent on availability of funding for infrastructure, operational expenditure, capacity building and monitoring and support.

Indicators that are frequently applied include operationalisation of policy, budgetary allocations and expenditure.

3.3.2 Assessing the quality of the home environment

Clearly it is not feasible to conduct regular surveys of households to assess the quality of care and structural variables that affect child outcomes. However, it is important to describe a range of household level variables that have a bearing on early development, and where the most vulnerable households and children are located. The Census (and other household survey) data can be analysed to describe the population of under fives, with access to potable water and other services, as well as the socio-economic status, employment, and literacy levels of their caregivers. Household surveys can also be used to describe the population of young children living in households with elderly caregivers, single parent families and other risks to early development.

In addition, as will be noted in the recommendations, some of this information can easily be collected from caregivers whose children attend facilities.

We know that the quality of stimulation provided to the child by caregivers in the household makes a difference to outcomes and readiness to manage the challenges of formal schooling. It is useful to monitor inputs for motor, language, cognitive and social development, but again it is not feasible to undertake large surveys for this purpose. One way of obtaining some sense of what children are receiving at home, is to use items from UNICEF's MICS Birth Registration and Early Learning Module with caregivers whose children attend a facility or a stand alone home-based

programme. The items could be included in household surveys (along with other modules from time to time (see Box 1)

Box 1 Multiple Indicator Cluster Survey (MICS) early learning items

Household member/s over 15 years of age engaging with child in any of the following activities:

- read books or look at picture books;
- tell stories to;
- sing songs to;
- take child outside home, compound, yard or enclosure;
- play with;
- spend time with naming, counting, and/or drawing things.

(Source: http://www.childinfo.org)

3.3.3 Child outcomes

Influenced by the requirements of reporting on international obligations, most child outcome indicators tend to focus on child health and nutrition and to broad indicators of caregiver health and education (e.g. caregiver literacy levels). Key areas that present complex measurement challenges but are important to monitor for a holistic understanding of child wellbeing include:

- monitoring of children's psychosocial development and preparedness for school;
- information on the cognitive and language stimulation offered to the child in the home environment.

The effectiveness of ECD programmes (and the quality of the home environment as noted above) on child development outcomes can be assessed in the following domains (Myers, 2001; Young, 2002; Combes, 2003):

- cognitive and language skills; social competence; self-care and life skills; physical coordination (particularly fine motor coordination and dexterity);
- nutritional and health status (mortality rates, literacy, stunting and body wastage rates).

While health and nutrition data are relatively easy to access, data for the psychosocial and school readiness indicators mentioned above are non-existent at the present time in South Africa. Difficulties include the lack of reliable, valid, culture and language sensitive measures and opportunities for such measurement.

Nonetheless, efforts should be made to monitor the key aspects of psychosocial development that are known to be associated with good school outcomes, including: age appropriate fine motor skills, self regulation and social skills, a

positive approach to learning, early language and literacy skills and numeracy skills.

Surveys conducted by qualified personnel from time to time within ECD centres and other services as well as in Grade R classes to collect such data. Without it, we cannot track whether child outcomes, or the impact of our spending on ECD. Culturally appropriate early childhood outcome standards for South African contexts have been piloted (Dawes, et al., 2004a, 2004b). The proportion of children meeting age appropriate development outcomes, disaggregated by type of ECD service would provide a useful indicator of service outcomes.

A potential source of information at Grade R level could be the system that emerges in response to the requirements in the Draft Norms and Standards for Grade R Funding (Government Gazette, 2005) for monitoring learner performance. Currently the Western Cape Education Department are piloting a screening system for Grade R to be conducted in the first three weeks of school and used as a baseline for by the educator. However, our view is that assessing the children so early in the year will present major challenges and our recommendation would be that it be done by the third quarter and seen as an opportunity to assess gain rather, and provide a baseline for assessment at the end of Grade 3.

Sound provincial indicator systems are essential for monitoring progress in all these areas. Good data that is valid, reliable and collected regularly is absolutely necessary for this purpose.

We turn now to our findings for the provincial ECD data environment.

4 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 sources of ECD information was gathered from personnel working at facility, District Office and Head Office levels using a key informant rapid appraisal approach. This included individual interviews (face to face and telephonic), focus groups and workshops were held with a range of key informants in the ECD sector (see Appendices 2 for a list of these activities). The questions addressed in these interviews are contained in Appendix 4. As will be evident, they were designed to help us understand what data is collected, at what point for what purpose and for which level in the system. Comment was also solicited on the challenges associated with data collection and with the flow of information through the system. Suggestions for improvements were also gathered. Visits were paid to facilities at each level of the system so as to gain an understanding of data capture and information flow from the ground up. It should be noted that not all facilities or DSSPA District Offices were included in this process. Rather, a rapid appraisal using selected facilities and offices was undertaken due to time and funding constraints. A sample of Offices located outside Cape Town and the Boland were contacted on the telephone so as to get an idea of the challenges facing those outside the metro. It was evident that the issues raised in the interviews soon converged across facilities and districts indicating that a full scoping was

unlikely to produce significantly different information to that which we were able to gather.

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 CCA), and by facilities for their own purposes (see Appendix 1 for a full list). The reason was to gain an understanding of exactly what fields of information were routinely gathered and what information gaps might be evident.
4. Once the service provider had sufficient understanding of the information collected and the manner in which it flowed through the system, information flow diagrams were 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; international, national and provincial reporting requirements, and local legislation and policy monitoring needs in terms of service access, standards and quality.

We are grateful to the many staff in a range of departments and facilities who assisted us with this process. They are acknowledged above.

Note that the research did not involve exhaustive and comprehensive interviews across all Districts and Departments. This was beyond the scope of the terms of the study.

It is therefore possible that additional informants may have provided further and different information to that captured here. However, much consensus in the data emerged from the focus groups and interviews, suggesting that the study captured the most prominent views prevailing in the system.

5 FINDINGS

This section of the report draws on interviews focus groups and workshops with ECD personnel at facility, District Office and Head Office levels. Data collection procedures at all levels are also key sources of information used in this section for ECD from facility level upwards. We describe the data collected at facility, district and provincial levels, the flow of information between the levels and the challenges within this system, as experienced by the respondents.

5.1 INFORMATION SYSTEM ARCHITECTURE

At present ECD data collected by the Provincial Head Office only takes account of registered, subsidised or pending subsidisation ECD facilities. Information on registered and pending registration ECD facilities is kept at the District Office. Different information is collected and kept at the three levels with registration and subsidisation data constituting the bulk of information collected. We start by outlining the registration and subsidisation information processes and then deal with specific information collected at the three levels of the system. Figures 2 and 3 describe the data flow.