

Final Report

**Western Cape Department of Social
Development 2009 Audit of Early Childhood
Development Facility Quality**

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**Child, Youth, Family and Social Development
Human Sciences Research Council (HSRC)**

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Executive Summary

Terms of Reference

This report presents the findings of an audit of the quality of ECD service provision in formal centre-based services that cater for infants and toddlers and for older children in the years before school. Included in the study are formal ECD sites that are registered with the Department; those receiving the daily subsidy for their eligible children; and those that are neither registered nor in receipt of a subsidy. Excluded are sites run by the Department of Education and Grade R classes.

The Directorate Research and Population Development required that the Human Sciences Research Council (HSRC) provide:

1. A provincial level description of ECD site quality through the use of both quantitative and qualitative methods.
2. A description of the factors that account for the quality of ECD sites using statistical methods to determine the relative contributions of appropriate variables to site quality.
3. An evaluation of the influence of the surrounding community environment of the site on its functioning to explore whether or not certain community characteristics are associated with site quality.
4. An examination of the views of ECD site supervisors on factors that influence the provision of quality ECD, as well as their views on the expectations of parents at the site.
5. An examination of the views of District Office staff on factors that influence site quality and sustainability; and
6. Capacity development of ECD service providers in the use of measures of ECD service quality.

Closely related to this study is the Public Expenditure Tracking Study of Early Childhood Development (The PETS Study), which seeks to establish the flow of funding for ECD from National and Provincial Treasuries to services, and the levels of service delivery quality provided by such funding.

The objective of this study is primarily to provide a description of the quality of formal ECD provision in the Western Cape.

The two central quality parameters examined are the *quality of the daily programme provided in the classroom*, and the *quality of site management*. Each is known to be crucial to the quality of service rendered to the child.

Research Questions

There are two central questions for this research.

1. What is the level of quality in a representative sample of ECD sites in the Western Cape Province?

The study provides a description of the situation in the province as it applies to registered, registered and subsidised, and unregistered ECD sites.

2. What are the determinants of ECD site quality in the Western Cape Province?

The role of factors such as management quality, fees charged, subsidies received, registration status, practitioner qualifications and experience, and child-practitioner ratios are examined so as to determine their influence on the quality of the daily programme.

The key outcome variable measured in the study is the *quality of the care and learning environments* provided in ECD sites in the Western Cape Province.

Methodology

Sample

For this study the focus is on sites with classes that cater for children under 5 years of age (i.e. 4 weeks to 48 months inclusive). For sampling purposes sites audited in the second Phase of the Directorate's ECD research were used. The first Phase identified sites and the second consisted of a physical audit). Sites audited in Phase Two were divided into those that have classes primarily designed to accommodate two age groups:

Infants and toddlers (1 – 36 months) and,

Children aged from 36 to 48 months

To determine the final sample, a probability proportionate to size, three-stage random sampling procedure was employed with the following levels:

Metro – Non-Metro (rural);

Registration and subsidisation status: a) Registered; b) Registered and Subsidised; c) Unregistered;

Sites with classes in one of the two age groups (sites could be selected twice if they had classes in more than one age group).

To increase the probability of rural site inclusion, these were over-sampled. In each of the other two strata, the sample drawn was proportional to the number in each registration category.

In order to realise 240 sites, a sample of 300 was drawn from 2293 known eligible sites. The balance was available for replacements. The final sample consisted of 152 Metro sites and 81 Non-Metro sites. A breakdown of the sample is provided in Table 1.

Table 1: Final Sample

| Age Group | Site Registration Status | | |
|---|----------------------------|--------------------------|--------------|
| | Registered Unsubsidised | Registered Subsidised | Unregistered |
| Infant and Toddler Classes (under 3 years) | 18 | 40 | 53 |
| Early Childhood Classes (3- 4 years) | 22 | 44 | 56 |

Measures

The care and learning environment

Measures and procedures for assessment of the child's care and learning environment were selected following a review of international literature. Particular attention was paid to developing country experience. Each instrument selected had to have sound psychometric properties, and to be reliable and valid and to cover domains relevant for South African norms and standards.

The three primary instruments selected for the study are:

The Caregiver Interaction Scale (CIS), which assesses the quality of the interaction of practitioners with the children in their classes, in particular the quality of the relationship (sensitivity, harshness, detachment and permissiveness).

The Infant and Toddler Environmental Rating Scale - Revised (ITERS-R) which assesses the quality of the care and learning environment in classes for children aged 1 – 36 months.

The Early Childhood Environmental Rating Scale - Revised (ECERS-R) which assesses the quality of the care and learning environment in classes for children 36 months and older.

Both the ITERS-R and the ECERS-R have seven subscales that contribute to a total score. Both scales provide scope for qualitative analysis. Examination of key areas of the care and stimulation environment is made possible through the use of equivalently weighted sub-scales which include:

Space and Furnishings; Personal Care Routines; Listening and Talking (ITERS-R) / Language and Reasoning (ECERS-R); Activities; Interaction; Programme Structure; Parents and Staff.

A fourth instrument was constructed for the study: Language of Learning and Teaching (LOLT). The instrument was included to assess the extent to which class practitioners took account of home

language of children in their classrooms and informally introduced other local languages. This is also a quality indicator.

Site management, support and the surrounding environment

A measure of site management quality was constructed for the study. It was informed by the international literature on management and financial elements that bear on site quality, and also by South African standards documents.

In addition to descriptive data on the site (e.g. enrolments; fees charged; practitioner child ratios etc), two scales and three stand alone items were designed.

1. A ten item Site Management Scale;
2. A four item Site Support Scale;
3. Two items to measure the extent of child Service integration;
4. Provision of Outreach Services beyond the Site was measured against six activities that sites could provide both to parents who attend the centre, and those in the surrounding community.

Information on the housing and roads in the surrounding area was captured to provide a very limited indication of whether the site is located in a more or less deprived area.

For this study, it was of interest to establish whether there was any relationship between the quality of ECD site care and stimulation and the degree of deprivation experienced by children in the surrounding area who in all likelihood would attend nearby ECD sites.

In order to examine this relationship, levels of deprivation experienced by children in communities in which study sites are located were examined using the South African Index of Multiple Deprivation 2001 (SAIMDC) at datazone level. The Index provides a Child Deprivation Score for each datazone (for methods of calculation see: Wright, Barnes, Noble, and Dawes, 2009; Barnes, Noble, Wright, and Dawes, 2009). The higher the SAIMDC Score, the more deprivation is experienced by children in that area.

Each ECD site was linked to a datazone which is a small geographic area. Census data is available for each datazone for children and adults (using the complete 2001 Census). Datazones and their corresponding ECD sites were ranked from most to least child deprivation. For the study, four groups of datazones (quartiles) were constructed ranging from areas with the least to those with the highest level of child deprivation.

Interviews to obtain qualitative data

All supervisors were interviewed to obtain their views on the determinants of site and programme quality. A sample of 30 sites across the quality range (determined by ITERS-R and ECERS-R scores) was selected, and supervisors' interview records were analysed for the presence of key themes. A further 30 records of management interviews were scrutinised to obtain data on supervisor's comments on factors affecting the management, administration and financial viability of their sites.

Additional views on site quality (at the level of the classroom, the site as a whole, and management domains) were obtained using focus group methodology with assessors once they had completed some or all of their site visits.

The fifth item in the Terms of Reference for this study required the investigators to consult with District Office staff. The purpose was two-fold: first to solicit their feedback on the findings and recommendations of the report; and second to obtain their views on factors that influence site quality. Sixteen ECD officials from 10 District Offices participated in focus groups. Their comments have been incorporated in the final recommendations.

Procedure

Experienced ECD trainers were recruited and trained to undertake site visits. Each visit included a classroom observation lasting several hours, and an interview with the site supervisor thereafter. No more than one site visit was conducted per day.

A limitation of the study is that supervisors decided on classes to be assessed. A selection effect is therefore possible, in which the better classes were provided resulting in positive bias in the findings on the quality of the care and learning environment.

While training was comprehensive, some assessors were found to be less competent than others as revealed in their records of visits. These problems were addressed by requiring assessors to rectify errors and where necessary, to obtain the appropriate information from the site.

Finally, there is variation in numbers of children and other factors between classes at a single site. Also, classroom practice can vary from day to day, so the data gathered can only provide a snapshot view of quality in the province. It is unlikely however that had classes been assessed on a different occasion, that they would have rendered substantially different findings.

Ethics

The study was approved by the Research Ethics Committee of the HSRC. All participants provided informed consent to participate in the study. Consent forms are provided in the site visit protocol in Appendix 2.

Key Findings

Question1. What is the level of quality in a representative sample of ECD sites in the Western Cape Province?

1. . On average, the quality of children's care and learning environments in both infant and toddler and early childhood ECD classrooms in the Western Cape *falls within the minimum standard* as set out in the Guidelines for ECD services. This indicates adequate custodial care including some form of learning programme. However it is a concern that the activities provided in programmes are of particularly low quality for both age groups.
2. Infant and toddler classes are of lower standard than those for older children.
3. There is no difference in classroom quality between sites located in the Metro and Non-Metro areas.
4. Registered sites that are not subsidised have higher classroom quality for both infant and toddler and early childhood classes when compared with those that are unregistered or are both registered and subsidised (or have applications for subsidy pending). The finding is not surprising as unsubsidised registered sites are likely to include those that serve wealthier communities, charge higher fees, and have better resources.
5. There is no difference in classroom quality between sites that are unregistered and those that are both registered and subsidised. This finding needs to be explored further using PETS data.
6. Practitioner interactions with children are generally positive with a warm emotional climate in both infant and toddler and early childhood classes.
7. Home language was used and additional languages were introduced in age appropriate ways in the majority of sites.
8. There are no differences in site management quality between Metro and Non-Metro sites and overall quality is not high.
9. Training opportunities provided, and support from external resources including the Department of Social Development, are limited, but highly valued if offered.

10. Service integration for children is uniformly poor. Children with problems are rarely identified or referred indicating that holistic care is not being provided to young children and that their families are not referred to services that can assist. District Office officials noted that service integration is a significant challenge in some areas as inter-departmental collaboration on provision of integrated ECD services in provincial and municipal sectors of government is weak.
11. Parenting support to ensure the holistic development of young children is rarely offered to parents whose children attend sites and there is virtually no outreach to parents of children who do not attend sites. It is probable that this gap between policy intentions and service realities is a result of sites in focusing on their core business of service provision in their site, as well as a lack of resources to reach out beyond the site.
12. District Offices will be able to improve support to ECD sites if they have a dedicated and experienced ECD team in place with sufficient resources (e.g. vehicles) to undertake their responsibilities. Particular account needs to be taken of the resources (personnel and transport) needed to function in the face of the significant distances between the Office and sites located in rural areas.
13. Individual leadership and management skills play a clear role in strengthening the sites.

Question 2. What are the determinants of the care and learning environments in Western Cape ECD sites?

1. For both infant and toddler and early childhood classes, Site Management Quality and Weekly Fees were predictive of the quality of the care and learning environment. In addition for infant and toddler classes the practitioners with a higher level of ECD training had higher quality classes.
2. A detailed analysis of domains of classroom quality showed that in addition to the above and for infants and toddlers:
 - a. The number of years experience in the field of ECD was *negatively* related to the quality of the class. It is suspected that this is due to burnout and upward mobility in the ECD system for better staff. Staff that remain in infant and toddler classes are those unlikely to either be able to progress to a higher level or have not had the opportunity.
 - b. The quality of facilitation of children's language was predicted by practitioners' level of training.
 - c. The quality of support is associated with improved engagement with parents on the part of sites and better staffing support and conditions.

3. For early childhood classes detailed analysis of classroom practice domains provided similar findings with regard to the important role of Management Quality and Weekly Fees. In addition:
 - a. The presence of a Grade R class at the site had an impact on both the programme structure and the quality of activities offered in the early childhood class. It is also associated with improved engagement with parents on the part of sites and better staffing support and conditions.
 - b. Practitioners who completed high school were better able to stimulate the language and reasoning of children in these classes than those who had not reached this level.
4. In order to examine the role of fees further, the relationship between weekly fee levels and quality of the care and learning environment was examined.
 - a. A significant proportion of sites in the province charge <R 50 per week in fees.
 - b. The quality of programmes in subsidised sites charging <R 50 per week was no better than unsubsidised sites charging in the same band of fee rates.
 - c. The only predictor of programme quality in sites charging <R 50 per week was management quality.
5. Finally, the study indicates that ECD sites located in areas in which children experience the most deprivation are of poorer quality than those attended by children experiencing the least deprivation. While this is not surprising, it indicates that children most in need are not receiving the level of care and stimulation needed to offset the deprivation they experience at home and in the community.

In relation to the three major public interventions to improve ECD services (that is: training, increasing the number of subsidised children and promoting service integration), the findings support the need to increase the cadre of trained ECD personnel, and the numbers trained at higher levels. Secondly, financial resources (as assessed by fee income) are low for the vast majority of sites and subsidies are not associated with improved service quality. This needs further investigation in order to determine how subsidies are used and how different allocations, for example to salaries or equipment, influence programme quality. Finally service integration, a key intervention to promote holistic early childhood development, is uniformly poor.

Supervisor views on determinants of quality

A card sort task designed to elicit supervisors' views of the principal determinants of quality revealed that there is a good correspondence with what supervisors spontaneously considered to be high quality and the evidence base. Qualified teachers, sustainable finances and parent support

were most highly ranked. However infrastructure, which is a particular problem in the South African context, was also seen to be a priority as well as staff attributes such as love and experience. Adult child ratios, the educational programme and nutrition were not highly ranked.

Supervisor views on what parents look for in an ECD Centre

Supervisors considered that for parents key elements sought in a quality service were the curriculum and teaching offered to prepare children for school as well as warm, kindly staff that cared for children's nutrition, safety and learning. Parents needed regular report backs and opportunities for involvement with the site.

Supervisor views on challenges and enabling factors

Supervisors identified the lack of financial resources and inadequate physical facilities as the greatest challenges to achieving and maintaining quality followed by insufficient trained staff and teaching equipment.

Personal vision, leadership and teamwork were most often mentioned as enabling the development and maintenance of quality followed by participation in training, parent and community involvement and support through the Department of Social Development, ECD Forums and informally with other sites.

District Office comment on the study findings and input to recommendations

District Office Staff were asked for their views on the findings, what they felt was needed to improve the quality of the care and learning environment, site management and service integration, how to improve services for the poorest children. They also reflected on what District Offices would need in order to strengthen support they offer sites.

Comment on the findings

District office staff observed that the findings largely concurred with their experience: programmes for infants and toddlers were generally of a lower standard, the positive impact that good individual leadership and management has on sites; and the fact training without continued support did not necessarily improve quality.

They questioned whether the study finding of no differences in quality between subsidised and unsubsidised sites was because the subsidy may not be spent on inputs that would make a difference to the care and learning environment. Further, they noted that parents paying higher fees at the more affluent unsubsidised sites included in this category, insisted on a better quality of service and an educational programme while poorer parents were more concerned about fees and proximity.

While policy requires it, participants agreed that outreach services to parents to improve parenting and access to service was limited for parents of children in centres and virtually non-existent to other parents in the community. They felt that most sites and in particular those in poor communities would not have the resources to fulfill this policy objective.

District Office Staff Suggestions to Improve Quality

Overall, participating officials argued that to improve the quality of daily care and learning, continued *monitoring* and support by experienced ECD personnel is required. Furthermore parents and other members of the community needed to be better informed about the minimum norms and standards so that they could exert influence on the site to improve. Membership of ECD forums was also often helpful in providing information and ideas that could contribute to better quality. All districts were using the forums as a means of disseminating information.

As a significant proportion of supervisors had no ECD training and management quality was a key predictor of service quality, participants argued that site supervisors must be capacitated in the different aspects of management. This should include a component on the ECD programme so that they could mentor staff.

Mechanisms to enforce compliance with standards of care were needed. Suggestions included making subsidy renewal contingent upon maintaining standards, and using the transfer pay agreement as a tool for this.

Participants stressed the necessity of collaboration between government departments and levels of government to provide integrated care and more holistic services. This needed to be driven by provincial and local government in liaison with the relevant district officials (e.g. Health and Social Development). The establishment of the Integrated ECD Management Team at provincial level and plans for a similar structure in the Cape Town Metropolitan area are positive steps in this direction.

District Office staff comments on their role in improving ECD site support

They noted firstly that District Offices often lacked the capacity for monitoring and support and felt that the Department needs to play a central role in supporting its District Office ECD staff to carry out their functions more effectively. This included the need for sufficient numbers of specialised ECD staff to be located in each DoSD District Office. ECD assistants had been helpful in this regard but needed knowledge and supervision. Second, staff require resources to undertake their duties effectively including access to sufficient vehicles.

Recommendations

The study shows two main areas requiring intervention:

Firstly, the need to improve the learning environments in sites, and secondly, the need to facilitate more holistic and integrated services to young children.

1. To improve learning environments the study indicates the need to:
 - a. strengthen site management particularly in the areas of governance and finance (including the possible introduction of requirements for annual financial statements as a condition of registration); training in fundraising and writing of funding proposals; management training, mentoring, support to implement after training, The inclusion of a management elective in the Level 5 qualification when supervisors are trained should be discussed with training providers. The DoSD could continue to facilitate sharing of expertise among site managers through assisting with the establishment of support groups possibly linked to ECD Forums).
 - b. ensure that site supervisors are knowledgeable about ECD programming as well as site management; . This will enable supervisors to mentor their own staff and ensure that standards for care and learning are upheld.
 - c. investigate whether financial support to sites should be increased, particularly for those whose client base cannot afford the fee levels necessary to lift quality. In order to determine the effect of the subsidy on site quality, it is necessary to know how the subsidy is utilised and whether subsidy allocation processes and amounts should be re-visited; PETS could possibly assist in providing information on this question.
 - d. provide assistance to sites in the poorest areas to enable them to take up training opportunities.
 - e. provide regular assessments of site quality accompanied by feedback and support by appropriately trained DoSD officials so as to assist sites to reach acceptable levels of quality. In order to realise this recommendation, each District Office requires a specialised ECD team with the necessary resources (particularly functional transport) in order to carry out its responsibilities and particularly to fulfill its role in ensuring compliance with standards and improving the quality of care and learning. ECD assistants have been a helpful addition to the staff establishment but more permanent staff are needed.. Where capacity is not available in District Offices, the Department may wish to consider contracting suitably qualified organisations and individuals to assist in this process.

- f. parents should be provided with user-friendly guides on the minimum standards they can expect from a registered facility so that they can request the appropriate level of service; General community awareness of priorities for young children should also be developed.
- g. experienced practitioners need to be retained in the sector and need to be paid a fair wage for their challenging and important work as an incentive to do so and to undertake further professional development.
- h. improve levels of ECD qualifications to a standard of at least FETC Level 4 for all ages of children served.
- i. particularly in rural areas, District Offices should continue to facilitate the formation of clusters of ECD centres so that they can support each other; this practice could serve to exchange knowledge and materials, and also link emerging sites to those that are more established.

For all of these points more attention is needed to improve the care and stimulation environment for infants and toddlers as their classes were of consistently lower quality than those for older children.

The need to attend to the quality of care and learning environment for all children in sites must be regarded as of equal importance to initiatives to improve the quality of infrastructure and equipment.

2. To improve holistic services to children:

- a. Site personnel need to be trained to identify and refer children at risk for a range of problems.
- b. Monitoring and support by DoSD should include a focus on facilitating the development of appropriate systems in sites for capturing information on vulnerable children and referral to appropriate services.
- c. Given the distances involved, accessibility to ECD sites in rural areas would be enhanced by the provision of subsidised transport.
- d. While it is critical to strengthen sites' capacity to integrate services for enrolled children and their families, the evidence from this research strongly indicates that sites do not have the capacity to provide outreach services beyond their client base. This was confirmed by consultations with District Office personnel. While the policy might be good in principle it is too much to expect of most sites, particularly those in the poorer areas, to go beyond their basic function of providing a site-based service.

Furthermore, the study indicates that major efforts are needed to improve collaboration between different government sectors and tiers providing services to young children. This cannot be left to

sites, and while the key node in this regard is the District, some District Offices may require higher levels of the administrative system to put such systemic arrangements in place. Such processes should be enhanced by the existing Integrated ECD Management Team in Provincial government and similar structures in the Cape Town Metro.

If this research is to be used as a baseline to track changes consequent on policy implementation (improved subsidies; more and better trained personnel) in the quality of ECD provision in the province, it is strongly recommended that the same measures of classroom and management quality are utilised.

Contents

| | |
|--|-----|
| Terms of Reference | 2 |
| Research Questions | 2 |
| Methodology | 3 |
| Sample..... | 3 |
| Measures..... | 4 |
| Site management, support and the surrounding environment..... | 5 |
| Interviews to obtain qualitative data | 6 |
| Procedure..... | 6 |
| Ethics..... | 7 |
| Key Findings | 7 |
| Recommendations | 12 |
| Contents..... | 15 |
| Acknowledgements | 16 |
| Acronyms | 17 |
| Terms of Reference | 18 |
| Background | 19 |
| The Three Phases of the Western Cape ECD Audits..... | 19 |
| The Public Expenditure Tracking Study of Early Childhood Development (The PETS Study) ... | 19 |
| The Policy Environment..... | 20 |
| The Evidence-Base..... | 22 |
| Research Questions | 29 |
| Methodology | 30 |
| Sample..... | 30 |
| Site Recruitment and Replacement | 31 |
| Measures Used to Assess Sites..... | 32 |
| Assessor Selection and Training | 38 |
| Data Entry and Cleaning | 40 |
| Preliminary Analyses | 40 |
| Results | 41 |
| Section 1: A Description of ECD Site Quality in the Western Cape | 43 |
| 1.1. The Quality of the Care and Learning Environment in the Province..... | 44 |
| 1.2 In-depth Description of Classroom Quality Parameters | 46 |
| 1.3 The Quality of Site Management in the Province..... | 52 |
| Section 2: Site Supervisors' Perspectives on the Key Elements of Quality..... | 62 |
| Section 3: Determinants of Quality of Care and Learning Environments in the Province | 68 |
| District Office Staff Comment on the Study Findings and Recommendations | 83 |
| Study Limitations | 87 |
| Summary of Key Findings | 87 |
| Recommendations | 90 |
| References | 93 |
| Appendices | 101 |
| Appendix 1 : Field Manual..... | 102 |
| Appendix 2: Site Protocol | 110 |
| Appendix 3: Emphasis on different domains in the Phase 2 audit and key policy documents..... | 133 |
| Appendix 4: Focus Group Guide for District Official Consultation..... | 136 |

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Particular thanks are due to the ECD sites that participated in the audit including their ECD practitioners and supervisors. This study involved intensive observations of classroom practice and extensive interviews with supervisors. This level of programme scrutiny is never easy. We are grateful to participants for opening their sites to scrutiny.

Christopher Du Plooy captured the data for the project accurately and in rapid time.

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Professor Michael Noble, Dr. Gemma Wright and David McLennan at the Centre for the Analysis of Social Policy at the University of Oxford provided the statistical geography that enabled links to be made between child deprivation and ECD provisioning based on the South African Index of Multiple Deprivation for Children 2001. This is the first time that this valuable tool has been trialed in a South African study of this nature.

Finally the authors wish to thank Judith Streak and Dr Mokhantso Makoae of the Human Sciences Research Council for their support.

Authors

This report was compiled by Andrew Dawes (University of Cape Town), Linda Biersteker and Lynn Hendricks (Early Learning Resource Unit).

Acronyms

| | |
|----------|--|
| ANOVA | Analysis of Variance |
| CECD | Centre for Early Child Development |
| CIS | Caregiver Interaction Scale |
| DoE | Department of Education |
| DoSD | Department of Social Development |
| EC Class | Early Childhood Class (normally a class for children older than 36 months) |
| ECD | Early Childhood Development |
| ECCE | Early Childhood Care and Education |
| ECERS-R | Early Childhood Environment Rating Scale-Revised |
| ELRU | Early Learning Resource Unit |
| EPWP | Expanded Public Works Programme |
| FCW | Foundation for Community Work |
| FETC | Further Education and Training Certificate |
| HSRC | Human Sciences Research Council |
| IT Class | Infant and Toddler Class (normally a class for children up to 30 months). |
| ITERS-R | Infant and Toddler Rating Scale-Revised |
| LOLT | Language of Learning and Teaching |
| NELDS | National Early Learning Development Standards |
| NIPECD | National Integrated Plan for ECD |
| NQF | National Qualifications Framework |
| OECD | Organisation for Economic Cooperation and Development |
| OVC | Orphans and Vulnerable Children |
| PETS | Public Expenditure Tracking Study |
| QSDS | Quality of Service Delivery Survey |
| SAIMDC | South African Index of Multiple Deprivation for Children |
| SPSS | Statistical Package for the Social Sciences |

Terms of Reference

This report provides an analysis of the quality of ECD sites that fall within the competence of the Provincial Department of Social Development. These would include sites for children under 2 years and those for older children in the years before school. Sites include those run by Private for Profit Organisations, Private not for Profit Sites, and those funded by the Department. This study takes us to the core issue of the quality of provision for children who attend formal ECD sites: those registered with the Department; those receiving the daily subsidy for eligible children; and those that are neither registered nor in receipt of a subsidy.

No sites run by the Department of Education are included, although some sites in this Audit may be located on school premises. Grade R classes are specifically excluded.

In terms of the Service Level Agreement with the Department, the HSRC was required to provide:

1. A provincial level description of ECD site quality through the use of both quantitative and qualitative methods.
2. A description of the factors that account for the quality of ECD sites using statistical methods to determine the relative contributions of appropriate variables to site quality.
3. An evaluation of the influence of the surrounding community environment of the site on its functioning to explore whether or not certain community characteristics are associated with site quality.
4. Interviews with ECD site supervisors in order to ascertain their views on factors that may enhance or obstruct the goal of quality functioning, as well as their views on the expectations of the site.
5. An examination of the views of District Office staff on factors that influence site quality and sustainability.

In addition, the HSRC was charged with capacity development as an integral aspect of the project, including:

- a) Provision of training in the use of measures of ECD site quality to staff of organisations contracted to undertake site assessments for the study;
- b) Introduction of Departmental staff to the statistical methods employed in the study;
- c) Involvement of research interns in the project.

This aspect of the contract has been arranged with the Department and will be undertaken in early March 2010 (after delivery of this report).

Background

The Three Phases of the Western Cape ECD Audits.

The current study is the third in a series initiated by the Directorate Research and Population Development. As there was no up to date database of ECD sites in the province, Phase 1 (2006-2007) involved listing of all ECD sites that could be identified (including home-based, ECD sites, backyard structures, play groups and outreach programmes). Community Grade R sites were included and public Grade R sites excluded. Phase 2 was intended as a baseline to track the progress and development of the Province's ECD programme. In Phase 2, a physical audit of ECD sites (including Community Grade R) was undertaken (February-May 2008). The survey questionnaire was informed by the Nationwide Audit of ECD Provisioning undertaken by the National Department of Education (Department of Education, 2001a). Phase Two excluded 143 ECD sites in the Bellville District (September, 2009). This Phase captured data on child enrolments and demographics including the number of children with disabilities in ECD sites. In all, 2928 sites were described in terms of registration status, enrolments, class sizes, practitioners employed and their training, the existence of management structures, fees charged and availability of equipment. Despite some concerns about numbers of inadequately trained staff and high turnover "Most facilities reported having met the requirements for basic infrastructure and physical amenities as stipulated by the ECD-guidelines, national norms and standards"; and "the overall findings suggest a relatively positive picture in terms of the minimum requirements for ECD-functioning and service provision" (September, 2009, p. 8).

The Public Expenditure Tracking Study of Early Childhood Development (The PETS Study)

Closely related to this Phase 3 Audit is the PETS Study, which is currently under way (in November 2009). Initiated by UNICEF, with the support of the National Departments of Education and Social Development, and the National Treasury, PETS is both a Public Expenditure Tracking Study and a Quality of Service Delivery Survey (QSDS).

PETS seeks to establish:

"whether financial resources intended for ECD reach the institutions to which they have been allocated in public (provincial and national) budgets, whether they are used for the intended purposes, and whether they lead to service of a good quality being provided to the target population." (PETS progress report, October, 2009).

The Western Cape is one of three provinces involved with 101 Grade R sites, 132 registered and subsidised community ECD sites, and 30 unregistered and non-subsidised community ECD sites being studied. PETS mainly tracks financing of ECD, but will also examine relationships between financing (particularly subsidisation) and ECD quality.

There is some overlap between the Phase 3 Audit and the PETS QSDS component. For example both studies draw on South African ECD guidelines and standards, although the manner in which quality is measured differs in several respects. PETS has a much greater focus on cost drivers, including nutrition and also captures data on physical facilities which are not considered in the Phase 3 Audit. Both studies include interviews with the supervisor of the site in which data on management, governance and administration, staff experience and qualifications, enrolments, and challenges to the delivery of a good service are captured (not necessarily in the same manner) .

A major difference between PETS and the Phase Three Audit, is that the latter includes a narrower and more in depth approach to the question of the quality of the ECD learning environment through structured observations of individual classes for using standardised internationally accepted instruments. A further difference is that Phase Three excludes Grade R and includes separate measures for infant and toddler classes and those for three to four year olds.

The Phase Three Audit therefore complements PETS in many ways, hopefully extending our understanding of the quality of care and the learning environment in ECD sites as well as its determinants.

The Policy Environment

ECD has been identified as one of the APEX priorities of the Government of South Africa. The Children's Act No. 38 of 2005 (as amended 2007) regulates ECD programmes and the National Integrated Plan for ECD (NIPECD) (Departments of Education, Health & Social Development, 2005), provides the framework for a package of integrated services for children from 0 to 4 years. Its holistic child outcome goal is expressed as follows:

“The most important outcome of the integrated approach is the creation of an environment where children can grow, thrive and become better prepared for their future roles and responsibilities in society” (Departments of Education, Health & Social Development, 2005, p. 15).

While the NIPECD has its main and longer term focus on delivery of home and community based ECD programmes, increasing access to centre programmes of quality is a priority for its first and second phases. This includes upgrading of infrastructure, including water and sanitation, as well as the practitioner training which is being driven through the EPWP Social Sector Plan developed

within the Social Cluster (Expanded Public Works Programme Social Sector Plan 2004/05-2008/9). The Department of Education has also prepared National Early Learning Development Standards (NELDS) as a guideline for facilitating learning for the 0 – 4 age group in home and group settings. At provincial level the Western Cape Integrated Provincial ECD Strategy (Provincial Government of the Western Cape, 2005) has plans for:

1. Ensuring that all young children have access to effective, efficient, holistic and integrated ECD services which address their cognitive, emotional, social, physical and nutritional needs; and
2. Maximising the conditions and opportunities for each child to develop.

Of particular relevance to this audit are a number of the Strategic Objectives of the Provincial strategy in particular:

1. To develop and implement mechanisms for integration, co-ordination and inter-sectoral collaboration of the ECD sector;
2. To enhance the care and protection as well as promote the rights of children in ECD programmes;
3. To promote and encourage high quality services through setting of minimum standards and developing monitoring tools systems;
4. To empower, support and build the capacity of persons or organisations providing services to young children.

To this end three significant public ECD initiatives are:

- Increasing the numbers of trained ECD personnel;
- Increasing the amount of the subsidy, and number of subsidised children; and
- Implementing an integrated ECD system.

The Department of Social Development's Guidelines for ECD services (DoSD, 2006) outline basic standards and registration requirements for sites. Regulations under the Children's Act include norms and standards for partial care and ECD programmes but have not yet been finalised. It is anticipated that there will be a high level of consistency between the norms and standards and the guidelines for services where it comes to centre based programmes.

The guidelines cover

- premises and equipment (including square meters per child)
- health, safety and nutrition (including child protection protocols, HIV policy)

- management (policies, records, menus, transportation regulations)
- active learning (daily programme, activities, discipline)
- practitioners(training, qualities, ratios, basic conditions of employment)
- working with families (relationships).

The National Early Learning Development Standards focus on provision of varied and age appropriate experiences for young children, to assist their growth and development.

These are organised by “desired results” which include:

- Children are learning how to think critically, solve problems and form concepts
- Children are becoming more aware of themselves as individuals, developing a positive self image and learning how to manage their own behaviour
- Children demonstrate growing awareness of diversity and the need to respect and care for others
- Children are learning to communicate effectively and use language confidently
- Children are learning about mathematical concepts
- Children begin to demonstrate physical and motor abilities and an understanding of a healthy lifestyle.

For each area there are examples of how adults can support the growth and development of babies and young children.

The selection and development of measures therefore took account of these areas. In addition it would be necessary to assess how each child accessed services which cover their holistic needs as prioritised in the NIPECD and Western Cape Provincial Integrated ECD Strategy. An aspect of this was the programme currently being piloted in various provinces of using ECD centres as resources of care and support for poor and vulnerable young children and their families (including OVCs), in other words as a resource beyond those who are enrolled in the centre.

The Evidence-Base

Determining Site Quality

The plethora of literature associated with quality programmes in early childhood centres highlights the significant impact of such programmes with positive child development; including brain development (Catherwood, 1999; Shonkoff & Phillips, 2000). Gilliam and Zigler (2000) found that positive effects of early years programmes on children’s language, cognition and daily social skills

were more significant for children from disadvantaged backgrounds. Returns on high quality programmes have been found to justify investing in ECD programmes for 3 and 4 year olds who live in poverty (Biersteker & Dawes, 2008). Lynch (2004) suggests that the investment in early childhood development pays for itself in 17 years by reducing the need for the government to invest in 'remedial' funding associated with social disengagement. Heckman (2006) similarly shows that early and sustained investments in young disadvantaged children bring higher rates of return relative to investments in teenagers and young adults. The call for quality early interventions is particularly appropriate in developing country settings in which significant proportions of young children are challenged by poverty environments, risks to health, undernutrition, compromised care and stimulation (Engel, Black, Behrman, Cabral de Mello, Gertler, Kapiriri, et al., 2007).

South African policies and programmes focusing on ECD should be appraised of the evidence that programmes with long term effects are well resourced to achieve quality and high cost benefits.

Little research has been done to assess the effects of ECD programmes in South Africa but small scale studies have found significant differences in children who have attended high quality programmes (Short & Biersteker, 1984; Herbst, 1996; Vinjevold, 1996). Assessment of quality for ECD services requires a clear statement of the elements that define quality - a construct that is hotly debated. Quality issues are not clear-cut. Moss (2007) points out that quality is a relative and constantly evolving construct. Even in Europe and America where resources are relatively generous, the meaning of quality ECD care is disputed for young children (Woodhead, 1996). Definitions of ECD service quality reflect the values and needs of the contexts for which quality is sought and the influence of various stake holder groups for whom ECD services are important.

Although no absolute 'contextually relevant' definition of quality has been established nor a measure with which to benchmark current quality scores (if any) in South Africa, the Western Cape Integrated Provincial ECD Strategy parallels international trends (Villalón, Suzuki, Herrera & Mathiesen, 2002) by prioritising young children's access to effective and integrated ECD services which address their cognitive, emotional, social, physical and nutritional needs.

Centres which prioritise the core elements of ECD quality usually provide conditions which positively influence children's experiences and create an environment in which optimal learning may take place. Centre quality is inclusive of ECD centre management, rules and regulations and classroom quality. Cryer (1999) and Phillip & Howes, 1987) use two broad categories of classroom quality: process quality and structural quality. Cryer (1999, p. 40) defines process quality as a 'child-centered approach to raising children, with caring adults who are kind and gentle rather than restrictive and harsh and who protect children's health and safety, while providing a wealth of experiences that lead to learning through play'. OECD (2001) refers to operational quality at the

centre level. This dimension relates to management, leadership, planning and administration as well as integrated servicing and flexibility to different user needs.

Moss (2007, p. 2) states that the meaning of quality can be used to either 'analyse, describe and understand the essence or nature of something' or to 'assess how well a service performs or, more specifically, to what extent it meets its goals or objectives'. This study used an evaluative approach to identify key domains and indicators of ECD centre quality. To understand why a centre may be rated to be of a good or bad quality, it is necessary to understand the 'quality' of that service (Moss, 2007). Therefore, following the audit of site quality the state of the Western Cape's early childhood development services will be analysed, described and understood, with a special attention given to the predictive effect of theoretically aligned and recommended indicators on centre quality.

Domains and Indicators

As Myers (2004) points out, assessing the quality of provision in early childhood services is more challenging than for schooling. Achievement tests and competency assessments are largely absent at this level. Further, a wider range of outcomes than those related to learning achievement is needed to judge programme quality, especially in developing countries.

While all children have basic needs to be addressed in a service that claims to provide quality, decisions about what constitutes quality are complex and contested. Pence and Moss (1994, p. 172) note, 'quality in early childhood services is a constructed concept, subjective in nature and based on values, beliefs and interest, rather than an objective and universal reality'. Woodhead (1996) takes the position that while quality is relative it is not arbitrary and that it is important to make values explicit. Domains and indicators of quality need to be contextually relevant. ECD centres in lower income countries may rate quality at a high level and this may be similar to average ratings of the same in 'developed' countries. Western value-orientated Developmentally Appropriate Practice (Bredekamp & Kopple, 1997), which has been criticised for insensitivity to cultural diversity in parenting practices (Penn, 2005; Viruru, 2001) has had enormous influence on notions of quality, and therefore on dimensions of quality measured and studied.

With the exception of the Department of Education's Nationwide Audit of ECD Provisioning in 2000 (Department of Education, 2001) no data was systematically collected in the past (Biersteker & Dawes, 2008). Data from that audit formed the foundation from which to open up debate around issues of quality and a platform from which to launch subsequent quality monitoring and evaluation studies on a national level. The weighted indices used in the Nationwide Audit of ECD Provisioning (Department of Education, 2001) included:

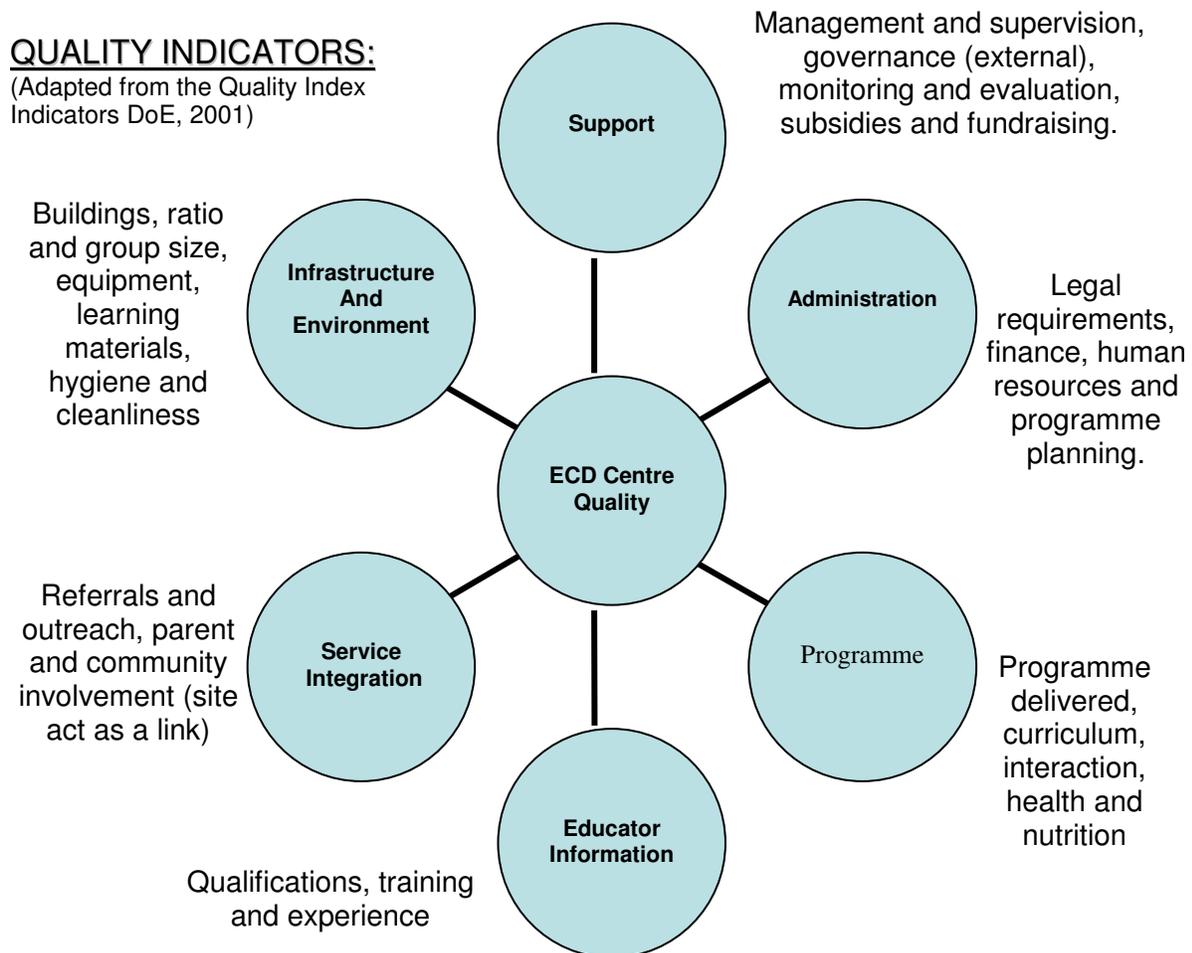
- *Infrastructure index*: a summated picture of material and infrastructural resources at the site;

- *Support index*: a combination of items regarding degree of financial and educational support provided to the site by government, parents and educator training providers;
- *Programme index*: a measure of educational activities and programmes at the site;
- *Educator information*: a combination of highest school grade achieved, highest ECD qualification years of experience of educators at the site.

The Consultative Group for Early Childhood Care and Education (Myers, 2001) identified the several categories to be used in monitoring ECD at a national level for a range of countries and circumstances. They include: access, programme quality, political will, cost and expenditure, and status of or effects on children and parents. Hyde and Kabiru (2004), in their paper on improving the quality of basic education in sub-Saharan Africa, also use these as a reference point.

A visual representation of indicators to measure quality indices as used in the Nationwide Audit of ECD Provisioning (Department of Education, 2001) is provided in Figure 1 below:

Figure 1: Indicators adapted from Department of Education (2001) Quality Indicator Index



The seven elements are listed below together with reference to other studies and monitoring projects that have used them.

Facilities and their surroundings/physical environment

These include infrastructure, access to water and sanitation, safe and secure premises, cleanliness, and space to play. This was also used as a quality index in the nationwide audit of ECD provisioning (Department of Education, 2001a).

Materials and equipment

This category includes play equipment for inside and outside, learning materials, consumables such as paper, paint, and so on. Recent studies have found this to be associated with positive child outcomes (High/Scope Educational Research Foundation, 2004; Peisner-Feinberg, 2004).

Trained caregivers/education agents

Assumptions are that trained caregivers will be knowledgeable about how children develop, and that they will interact with children in a consistent, respectful, supportive, and unthreatening way. Dlamini et al. (1996) and Peisner-Feinberg (2004) support this as a quality element.

Qualification level is often used as a quality indicator but this is not always associated with better outcomes. Weikart et al. (2003) found better cognitive and language outcomes related to the teacher's educational level. Rhode Island Kids Count (2005) use teacher credentials as a measure, as did the Department of Education (2001a) in its Educator Index of Quality. The Head Start Family and Child Experiences Survey found that the higher a teacher's educational level, the better the classroom quality (Tarullo, 2002). However, Early et al (2007) found contradictory associations between teacher education levels and classroom quality, suggesting that raising the effectiveness of ECD services would require a broad range of professional development activities and supports. In South Africa Dlamini et al (1996) and the Department of Education's (2001b) reception year pilot project found that training was important but level of training was no guarantee of a quality service.

Services/curriculum

A curriculum that takes a holistic view of a child's development; provides a variety of relevant, stimulating and enjoyable learning experiences; encourages children to play, explore, and initiate their own learning activities; and adapts to the capacity of individual children is proposed as one which is associated with positive outcomes. To take account of the child's right to participation, the curriculum/service should be responsive to input from the children (Lansdown, 2004). The Department of Education (2001b) and Dlamini et al. (1996) focus on the holistic nature of development and on the need for a variety of learning experiences. In a ten country study, Montie, Xiang and Schweinhart (2006) found that child initiated activities, working in small groups and

access to a range of equipment and materials was associated with positive cognitive outcomes at age 7.

Integration of education and care

Programmes should attend to children's physical, social, and emotional needs, as well as to their cognitive and intellectual needs. In particular, health and nutrition elements are important for children from poor communities and have been a focus for many initiatives (for example Dlamini et al., 1996; Department of Education, 2001a; Tarullo, 2002; Dawes et al., 2004). In recent years integration has also come to mean service integration beyond the centre including the ability to make referrals, work with social, health, and adult education authorities (e.g. OECD (2001) and the National Integrated Plan for ECD).

Ratio of children to adults

This indicator is less clear. Lower ratios have often been associated with higher quality (for example Burchinall et al, 2000; Tarullo, 2002) and maximum ratios are usually set in national, provincial or local standards. However, international studies (for example Siraj-Blatchford & Wong, 1999) have shown that excellent outcomes can be achieved with far higher numbers of children than are considered acceptable in North America, depending on the curriculum approach. Nevertheless, very low adult to child ratios tend to reduce the adults' role to group management, limit opportunities for interaction with smaller groups of children and may even compromise safety elements.

Partners/parental and community participation

This includes involvement and participation of families and communities as partners in the programme, helping the programme to set appropriate standards and function well within the context, as well as supporting their children's learning at home.

Finance/resources/management

A consistent, permanent financial and material resource base, sufficient to support working in an appropriate way with children and to sustain the programme, is necessary. The level of investment in ECD services has to be at a high enough level before child effects become significant (Liddell & Kemp, 1995; Penn, 2004). LoCasale-Crouch et al (2007) found that the poorest quality profile was associated with classroom poverty level. Rhode Island Kids Count (2005) uses childcare subsidies as an indicator associated with school readiness. Phillips et al (2000) found in their study that teacher wages and parent fees made the most significant contribution to high quality classrooms.

The Department of Education (2001a) Support Index contains financial indicators as well as support and monitoring from the appropriate bodies.

An essential aspect of management discussed in the OECD Starting Strong 1 report (2001) is ensuring operational quality by a focus on team work, planning, continuous professional development and support to staff performance. Howes et al (2003) and Love Schochet and Meckstroth (1996) also note the importance of supervision and mentoring in improving teaching practice.

Teaching strategies

This involves learning programmes which include questioning, direct instruction and scaffolding, matching tasks to the children's capabilities, and responsiveness to children's interests, family and community. Many of these strategies require individual and small group learning experiences. Dlamini et al. (1996), High/Scope Educational Research Foundation (2004), Siraj-Blatchford and Wong (1999), Siraj-Blatchford, Sylva, Muttock, Gilden and Bell (2002) and Weikart et al. (2003) have all focused on the association of these particular teaching strategies with positive outcomes. Table 1 uses ticks to indicate whether these elements are also captured in Phase 2 of the Western Cape Audits, the PETS Study, and the Department of National Education ECD Audit in 2001. Note that these other two studies do not necessary use the same measures of these indicators as the current Phase 3 study. This limits comparison across the studies. The word 'limited' indicates that the indicator is partially assessed.

Table 1: ECD Quality Indicators

| Indicators | National ECD Audit 2001 | PETS 2009 | Phase 2 Audit 2008 |
|---|-------------------------|----------------|--------------------|
| Facilities and their surroundings/physical environment | √ | √ | √ |
| Materials and equipment | √ | √ | √ |
| Trained caregivers/education agents | √ | | |
| Services / curriculum Integration of education and care | √ | √ | |
| Ratio of children to adults | √ | √ | √ |
| Partners/parental and community participation | | | |
| Finance /resources/management | √ | √ | |
| Teaching strategies | Limited | Limited | |

Research Questions

This is primarily a descriptive study. The main unit of observation / measurement is the classroom (and the practitioner's practice). Quality parameters pertinent to the site as a whole are also assessed (see measures below). The research questions flow from the terms of reference. There are two central questions for this research.

In the first, we draw upon South African norms, standards and guidelines, and internationally accepted measures of quality to ask:

What is the level of quality in a representative sample of ECD sites in the Western Cape Province?

This question requires a description of the situation in the province as it applies to registered, registered and subsidised, and unregistered ECD sites.

The second and related question draws on the international evidence-base and local context by selecting appropriate quality indicators to ask:

What are the determinants of ECD site quality in the Western Cape Province?

This question requires the use of statistical analyses to determine which indicators are predictive of site quality and to what extent.

In addition, the study explored the relationship between the quality care and stimulation and the influence of the surrounding environment of the site. The latter was assessed using the level of child deprivation in the area in which the site was located (Barnes et al, 2009; Wright et al, 2009). It is asserted that child deprivation (high or low) (see below) can be used as a proxy measure for the conditions (poor and good respectively) experienced by children in the environment surrounding the site and from which most of the site's children are likely to be sourced.

While both questions are addressed mainly (but not only) using quantitative methods, the issue under investigation is ECD site quality. The key outcome variable measured in the study is the quality of *the care and learning environments* provided in ECD sites in the Western Cape Province.

Methodology

Sample

For this study the focus is on sites with classes that cater for children under 5 years of age (i.e. 4 weeks to 48 months inclusive). For sampling purposes sites were divided into those that have classes primarily designed to accommodate two age groups:

1. Infants and toddlers (1 – 36 months) and,
2. Children aged from 36 to 48 months.

While these age divisions were chosen, it was recognised that classes for the younger age group could include older children, and those for 3 and 4 year olds could include older children. Some sites had Grade R classes which were excluded.

It was agreed with the Department that a 10% sample of sites that included the classes listed above would be drawn from the population of 2,293 eligible sites identified from Department Audit Phase 2.. A ten per cent sample was judged affordable given the intensity of the field work required (1 day per site visit). Site selection took account of the sites included in the Public Expenditure Tracking Study (PETS) that was supposed to be in the field at the same time as this Audit. However, it was not conducted as anticipated. It should be noted that sites in the Bellville district were not included in Phases 2 or 3.

It was not possible to provide a truly representative sample as the universe is unknown at any particular point in time. The population of sites is unstable. The Phase 2 Audit established that ten per cent (10%) of sites visited in the previous year were no longer operating. For present purposes, it was the view of the Department that the known sites from which the sample was drawn was likely to cover at least 80% of those in existence.

A probability proportionate to size, three-stage random sampling procedure was employed with the following levels:

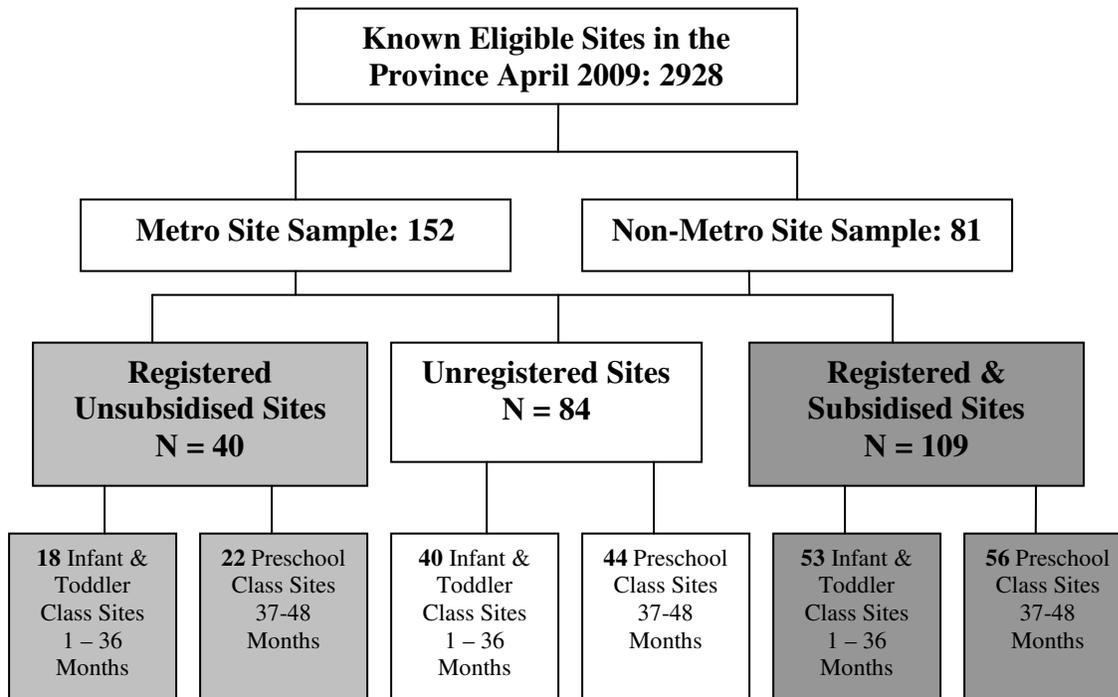
1. Metro – Non- Metro (rural);
2. Registration and subsidisation status: Registered; Registered and Subsidised; Unregistered;
3. Sites with classes in one of the 2 age groups (sites could be selected twice if they had classes in more than one age group).

As it is known that the vast majority of sites are located in the Metro, to increase the probability of rural site inclusion, these were over-sampled. In each of the other two strata, the sample drawn was proportional to the number in each registration category.

A total sample of 300 sites was drawn. The target was to realise 240 sites. The balance of sites identified was available for replacements should sites in the main sample not be available for visiting.

Sampling was undertaken by the Department and the final sample (including the replacements), was provided to the research team. The final numbers realised for the study are displayed in Figure 2.

Figure 2: Levels of Stratification



The number of sites realised permits one to interpret results with a confidence level of 95%, and a confidence interval of 6 units¹. For example, if 60% of sites achieved a score of 3.6 on a measure of ECD class quality, one can be 95% confident that between 54% and 66% of the sites in the province would obtain that score.

Site Recruitment and Replacement

Department of Social Development district officials were the first to make contact with the selected sites within their respective districts. Once sites accepted the invitation from the officials to participate in the study, assessors made appointments with sites telephonically. If no telephonic contact was possible after two attempts the site was visited personally. Sites had the right not to participate or to withdraw from the study, without any penalty or consequences, at any time during

¹ These calculations are based on a survey sample size calculation tool available at <http://www.surveysystem.com/sscalc.htm#one>.

the study. Also, due to the varying nature of ECD centres, the 2008 Audit dataset from which this study sample was drawn was at risk for attrition for sites or changes in the target groups serviced by the centres. Forty-four sites were replaced throughout the study for varying reasons; 15 sites refused to participate when contacted by the assessors, 10 sites had closed and 7 started servicing only Grade R in the time between the 2008 Audit and the current (2009) Quality Audit; 7 sites refused participation when contacted by Department of Social Development officials, and 5 sites were not able to be contacted even when visiting the site personally.

Measures Used to Assess Sites

ECD site quality was measured by three types of instruments. These included:

1. Measures of the care and learning environment
2. Measures of site management, support and surrounding environment
3. Qualitative assessment, interviews and focus groups.

1. Measures of the Care and Learning Environment

Measures and procedures for assessment of the child's care and learning environment (in infant and toddler and 3-4 year old groups) were selected following a review of international literature published in the past ten years. Particular attention was paid to developing country experience in the measurement of ECD site quality. Attention was also paid to instruments that are likely to be applicable across ranges of quality.

The following were selected to assess the child's care and learning environment:

The Early Childhood Environmental Rating Scale - Revised (ECERS-R);

The Infant and Toddler Environmental Rating Scale - Revised (ITERS-R);

The Caregiver Interaction Scale.

Language of Learning and Teaching (LOLT).

ECERS-R and ITERS-R

The ECERS-R and ITERS-R (1998) are the revised editions of the original ECERS (1980) and ITERS (1990) developed in the United States and widely used by both researchers and early childhood education practitioners. The revision takes account of inclusion of children with disabilities and culturally sensitive indicators for many items and expanded on Interaction (staff-child, child-child and discipline), Curriculum (nature/science and math/number) Health and Safety and Parents and Staff. The measures have been translated into several languages for use internationally. Harms and Clifford (1980, p. iv), the authors of the ECERS, refer to it as a 'relatively

short and efficient means of looking seriously at the quality of the [early years] environment' and as covering 'the basic aspects of all early childhood sites'. Following training this instrument may be used by a variety of people (including those outside of ECD services) as a basis for monitoring and evaluation.

The different versions of the ITERS and ECERS have been used in several major studies in the United States and a relationship has been found between higher scores on the ECERS and more positive child development outcomes in areas that are considered important for later school success. The ECERS-R (or adaptations) has also been used in research studies in many other countries including the 'developing' world, including, East Africa (Mwaura, 2009), Cambodia (Rao & Pearson, 2007), Chile (Herrera & Mathiesen, 2005) and South Korea (Sheridan, Giota, Han & Kwon, 2009).

They include a number of domains pertinent to most aspects of ECD site quality; they are valid and reliable measures; they provide sub-scale and total quality scores. These observational tools are indicator based, and harmonise well with current approaches to assessment practised in the South African ECD sector.

Both the ECERS - R and ITERS-R are organised into 7 subscales covering the same areas but adapted according to age appropriateness. These are presented in Table 2 below.

Table 2: ITERS-R and ECERS-R Subscales and Items

| ITERS-R | ITERS-R Items | ECERS-R | ECERS-R Items |
|------------------------|----------------------|------------------------|----------------------|
| Space and Furnishings | 5 | Space and Furnishing | 8 |
| Personal Care Routines | 6 | Personal Care Routines | 6 |
| Listening and talking | 3 | Language-Reasoning | 4 |
| Activities | 10 | Activities | 10 |
| Interaction | 4 | Interaction | 5 |
| Program Structure | 4 | Program Structure | 4 |
| Parents and Staff | 7 | Parents and Staff | 6 |
| Total Items | 39 | Total Items | 43 |

Each item is scored on a seven point scale of quality with 1 - 2 inadequate, 3 - 4 minimal, 5 – 6 good and 7 - excellent.

Caregiver Interaction Scale (Arnett, 1989) (CIS)

The CIS is commonly used with the ECERS / ITERS to provide more information on the quality of the practitioner child relationship. It is an observational rating scale which can be administered in parallel with the other measures. The 26 items are divided into four sub-scales: permissiveness,

harshness, detachment and sensitivity. The Arnett scoring includes: not at all (0%) = 1; somewhat (1-30%) = 2; quite a bit (about 50%) = 3; very much (60-100%) = 4

LOLT

It is generally accepted by language specialists and recognised in the Department of Education's policy of additive multilingualism (Department of Education 1997), that early exposure to the second language/s should not be done at the expense of the first language for fear of compromising concept development (e.g. Bloch, 2008). As there was no provision for language of instruction in the ECERS/ITERS an observational item was developed. This included medium of instruction and the informal introduction to other languages through songs, rhymes and common functional phrases. For very young children (IT classes) one would not expect much emphasis on the latter though the use of mother tongue is extremely important.

2. Measures of site management, support and the surrounding environment

Measures for Section D of the site assessment protocol (Appendix 2) were informed by the international literature on management and financial elements that bear on site quality (for example Myers, 2001), and also by South African ECD policies, norms and standards.

Items are located in Section D of the protocol: "Interview with the Supervisor", which includes items suitable for both quantitative and qualitative analysis.

Section D1 captures the particulars of the ECD site, including information on the qualifications of the supervisor, fees, the numbers of children, registration and subsidisation status among other characteristics.

Section D2 contains questions designed to elicit the supervisor's perceptions of quality ECD, the challenges she faces in her management of the site, and her views on parental perceptions of site quality. This section provides for qualitative analysis to be described more fully below.

Section D3 contains four scales designed for the study. These measures draws on internationally accepted indicators of management quality, they are also aligned with local legislation and policy noted above.

D.3.1. Site Management Scale: This scale has 10 items known to be associated with the quality of site management and in line with South African ECD Standards and Regulations. Item scores are totaled to derive a Site Management Score.

D.3.2. Site Support Scale: The scale has 4 items designed to tap sources of support for site functioning, including government officials, donations, and training. Item scores are totaled to derive a Site Support Score.

D.3.3. The Service Integration Scale: The scale has 2 items that tap the extent to which the site provides integrated services to children – particularly referrals for medical and social services. A Service Integration Score is derived. The section also captures information on whether vulnerable children attend the site, and whether referrals are made. This information is impressionistic and based on supervisor / practitioner reports of children who have come to their attention.

D.3.4. Provision of Outreach Services beyond the Site is measured against six activities (e.g. parenting capacity development; provision of nutritional advice) that sites could provide both to parents who attend the centre, and those in the surrounding community. Outreach to both groups is scored separately and summed to derive an Outreach Score.

Section E captures information on the housing and roads in the surrounding area, which provides a very limited idea of whether the site is located in a more or less deprived area.

In each section, there is opportunity for the assessor to add the comments of the supervisor on matters relating to each item, and how issues such as crime and the nature of the parent body affect the management of the site.

Assessing the effects of the surrounding environment on site functioning

It was not possible to assess the effects of the surrounding environment in any simple causal manner as the range of possible influences was not measured.

Information on supportive or negative influences of the environment in which sites are based was also gleaned from interviews with site supervisors and from the observations of the assessors in the field.

Children in deprived communities are likely to have a particular need for quality ECD services in order to overcome the challenges presented by disadvantaged homes and communities. It is therefore appropriate to examine whether site quality varies in relation to the level of deprivation experienced by the children they are likely to serve. The level of deprivation can be seen as proxy for the risks facing children in the area. Child deprivation as assessed in this study is a function of family disadvantage. That in turn is likely to impact on site quality through insufficient parental funds to pay fees and reduced access to other resources that can be used to improve site quality (e.g. donations of equipment and money).²

The level of child deprivation in the area surrounding the site was based on the South African Index of Multiple Deprivation for Children – 2001 (SAIMDC) (Barnes et al, 2009). The SAIMDC-2001

² It should be noted that access to ECD centre programmes by the poorest children is generally low because parents cannot afford to pay fees. (refs)

originally provided the Index at Municipality level and was constructed by combining five domain scores with equal weights. The domains are:

Income and Material Deprivation: Children living in households that have a need adjusted (OECD Equivalence Scale) income below 40% of the mean equivalent household income; or children living in households without a refrigerator; or without a television or a radio.

Employment Deprivation: Number of children living in households where no adult (>18 years) is employed.

Education Deprivation: Number of children (aged 9-15 years inclusive) in the incorrect grade for their age (behind the norm); or number of children (aged 7 – 15) who are not in school.

Biological Parent Deprivation: Number of children whose mother *and* father are no longer alive or not living in the household; or number of children living in a child-headed household (no persons > 18 years).

Living Environment Deprivation: Number of children living in a household without piped water inside their dwelling or yard or within 200 metres; or Number of children living in a household without a pit latrine with ventilation or flush toilet; or Number of children living in a household without use of electricity for lighting; or Number of children living in a household without access to a telephone; or Number of children living in a household that is a shack; or Number of children living in a household that is crowded (taking into account the age and sex of household members and based on the Canadian Occupancy Standard).

A much lower level of geographic disaggregation than originally used in the SAIMDC-2001 is required to meaningfully plot ECD sites in relation to child deprivation. For this study levels of child deprivation measured at much smaller geographical levels (datazones) were utilised.

Datazones are a new statistical geography in which contiguous Enumerator Areas are combined to form small area units that take into account population size and population homogeneity (Wright et al, 2009). On average, each datazone contains 773 children aged 0-17. None contain less than one hundred children. Technical details are available in the publications cited in this section.

To derive the Index for children in each datazone, domain scores are combined to provide an Index of Multiple Deprivation. No individual is counted more than once. The datazones with the most deprived children have the *highest* scores on the Index.

It is asserted that child deprivation in an area (high or low) can be used as a proxy measure for the conditions (poor and good respectively) experienced by children in the environment surrounding the site and from which most of the site's children are likely to be sourced.

Each ECD site participating in the study was located in a datazone using its address, and the corresponding Child Deprivation Index Score for the Datazone was linked to the site. Our approach follows that proposed for the United Kingdom a number of years before these techniques were developed (Noble and Smith, 1994).

3. Qualitative assessments, interviews and focus groups

Supervisor's views of determinants of site quality (section D2).

In order to conduct a qualitative analysis of site managers' reports of factors that support or undermine quality and to obtain a more in depth view of the constraints they face as well as the manner in which they addressed them, extensive interviews were conducted with supervisors of all sites. They were also asked about what parents expected at sites.

This aspect of the study addresses item 4 of the Terms of Reference referred to above.

For the purposes of this report, a stratified random sample of 30 interviews was analysed. They were drawn from the top (5 – 7) middle (3 - 4) and lower ends (1 – 2) of the site quality distribution based on classroom quality ratings (ECERS-R and ITERS-R scores). Half were Infant and Toddler classes, half Early Childhood classes and Metro/Non-Metro cases were included in each category.

Supervisors had been asked the following questions

1. What do you think are characteristics/kind of things that you would find in a high quality ECD centre?
2. What, in your view, do parents whose children attend this site look for in an ECD centre?
3. Are there challenges in providing quality you would like? If so, what are these?
4. What has been most useful in developing or maintaining the quality of your ECD centre?

At the end of the interview the supervisor participated in a card sorting task (Site Audit Section D.29). The task was designed to answer the question:

To what extent are supervisors' views of the determinants of ECD site and programme quality aligned with the research evidence?

In the task, supervisors were provided with five blank cards on which to provide words or phrases that would describe the five most important factors that contribute to a quality ECD programme. Each was written on a separate card.

In the second step of the procedure, supervisors were provided with another five cards on which research-based quality indicators were written. These included: *sustainable finances*, *supportive parents*, *supportive supervisor*, *qualified teachers* and *a high teacher to child ratio*.

The pack of ten cards was checked for duplicate indicators (which were kept together).

Supervisors were then requested to order the cards from highest (1) to the least important (10) (duplicates only ranked once).

Assessor commentaries on site visit experience

Once the assessors had completed the first few site visits and again at the end of the fieldwork period, focus groups were held with those who were available in order to gather their views on the assessment process and also observations they made about site quality and the challenges faced by many supervisors and practitioners. Data from this process is included, where appropriate, in the Results section.

District Office staff views of determinants of site quality.

The findings and recommendations of the study were presented to Department of Social Development District Office Staff prior to finalisation of this report. Thereafter, focus groups were held in order to establish the views of these personnel to solicit their feedback on the findings and recommendations of the report, and to obtain their views on factors that influence site quality. Sixteen officials from 10 District Offices participated.

Participants were asked which of the study findings were to be expected and which were not.

Their views on what is needed to improve the quality of ECD sites were solicited by asking the following questions:

What would you suggest is needed to improve the quality of:

Safety, hygiene and daily care in sites;

The learning environment;

Children's access to holistic / integrated services;

Site management.

Participants were asked what actions the Department of Social Development could take to improve services for the poorest children, and what District Offices required to strengthen the support they offer to ECD sites.

Focus group discussions were audio recorded. The consensus of each group on the above questions was captured and presented to a plenary session. In that forum, the group as a whole considered the reports of the two groups, and overall consensus on each question was captured.

Assessor Selection and Training

ECD site assessments were undertaken by staff provided by the following organisations (as identified by the client):

1. The Centre for Early Childhood Development (Cape Town; N = 2)
2. The Early Learning Resource Unit (Cape Town; N = 6)
3. The Foundation for Community Work (Cape Town; N = 2)

4. Grassroots Adult Education and Training Trust (Cape Town; N = 1)
5. Klein Karoo Voorskoolse Bronnesentrum (Oudtshoorn; N = 5).

Selection of Assessors

An initial selection of fieldworkers from partner organisations was made by the project team on the basis of a pre-selection form. This established their eligibility for training but final selection was based on demonstrated proficiency in the study instruments assessed at the end of the training period.

Initial selection criteria included:

- Experience as an assessor of ECD practitioners at levels 4 and above;
- Experience of programmes for children in Infant and Toddler and 3-4 year old child programmes;
- ECD Qualification (at least Level 5 or equivalent);
- Language proficiency (predominant language of the children in classes to be assessed and practitioner language);
- Access to service-provider transport or own car.

Following training by the project team, the final selection criterion employed was demonstrated proficiency in the study instruments.

Training of Assessors

Fieldworker training took place over five days from May 11 – 15 with the intention that field work would begin the following week. Officials from the Department of Social Development District Offices were invited to attend at least the first morning and as much of the rest of the training as they wished. Seventeen Department of Social Development staff attended the first morning and 16 fieldworkers and three departmental officials attended the full training.

The training was designed to

- Acquaint fieldworkers and district Department of Social Development officials with the background and purpose of the audit and their respective roles and responsibilities
- Introduce the project team to all fieldworkers and officials
- Inform fieldworkers (and district Department of Social Development officials) about the different measures to be used, the link between these and existing norms and standards and the reasons for their selection
- Thoroughly acquaint fieldworkers with the measures and give them practical experience of using them.
- Establish inter-rater reliability to inform the final selection of fieldworkers
- Discuss the ethics and format of the audit visit, including trouble shooting procedures

- Establish logistics for managing the site audits, travel and accommodation arrangements and reporting to the Project Coordinator
- Capacitate ECD service provider staff in the use of measures which can be applied in their ongoing training and monitoring activities.

In the first session the background to the audit, the design, sample and different measures were introduced and the respective roles of provincial and district staff; the research team; service providers and fieldworkers explained. Training on all the observational instruments – the ECERS-R, ITERS-R, Caregiver Interaction Scale and Language of Learning and Teaching item involved reading and discussing each item as a group. In addition the ECERS-R made use of a training DVD designed by the authors to explain how the scale and indicators worked and to practice rating. Fieldworkers spent three full morning sessions in the field to gain practical experience with the observational instruments in three classes each. Field practice took place at four ECD sites which had infant and toddler units as well as older children and which were not part of the study sample sites. More than one fieldworker independently observed in each class to allow for the checking of inter-rater reliability.

For the supervisor interview, simulations were used for training, as this was time consuming and not practical with a large group of fieldworkers observing in the same site. The management checklist was explained in detail as was the format for gaining consent, managing the site visit etc. All this was detailed in the field manual (See Appendix 1).

Data Entry and Cleaning

On receipt of the protocols each was checked for any anomalies or incorrect entries or missing data and if necessary returned to the assessor to follow up and complete. For example if a 'yes' rating at the lower levels was inconsistent with a 'yes' indicator at a higher level. Assessors were also asked to provide details to justify scores to avoid over-and under-rating. All assessors had kept observation notes which were helpful in this regard. Once a completed protocol was received the data was coded and entered into the Statistical Package for the Social Sciences (SPSS) version 17 (SPSS, 2009). The data was screened using the frequencies analytical function and descriptive statistics function in SPSS to ensure that there were no anomalies, missing or incorrectly entered data. On completion of the data screening processes analyses commenced.

Preliminary Analyses

Inter rater agreement during the assessor training was within .3 of a score or less for the Caregiver Interaction Scale. For the ITERS/ECERS there was 70% agreement on all items rated and 83% within one point.

Results

As an introduction to the study results the characteristics of the class practitioner observed and the site supervisor interviewed during the site visits are presented in Tables 3-6 below:

Table 3: Class Practitioner Characteristics for IT Classes

| Infant and Toddler Class Practitioners | | | | | | | | |
|--|-------------------|-------------------------------|-----------|---------------------------|-----------|-----------------------------------|-----------|-------|
| Qualifications and Experience | | Registered and Not Subsidised | | Registered and Subsidised | | Not Registered and Not-Subsidised | | Total |
| | | Metro | Non-Metro | Metro | Non-Metro | Metro | Non-Metro | |
| Class Practitioner Schooling | | | | | | | | |
| High School | Lower than matric | 8 | 3 | 23 | 19 | 28 | 7 | 88 |
| | Matric | 5 | 2 | 6 | 3 | 4 | 1 | 21 |
| Class Practitioners with an ECD Level 1 - 5 Training | | | | | | | | |
| ECD Level ³ | No training | 8 | 4 | 21 | 9 | 23 | 6 | 71 |
| | Level 1-2 | 2 | 1 | 6 | 5 | 6 | 1 | 21 |
| | Level 3-4 | 3 | - | 2 | 7 | 2 | 1 | 15 |
| | Level 5 | - | - | - | 1 | 1 | - | 2 |
| Class Practitioners with Degrees and Diplomas | | | | | | | | |
| College/ University | Diploma | - | - | - | - | - | - | - |
| | Degree | - | - | - | 1 | - | - | 1 |
| Average Class Practitioner Years of Experience | | | | | | | | |
| Years in ECD | | 7 | 5 | 6 | 6 | 6 | 4 | 6 |

Table 4: Site Supervisor Characteristics for IT Classes

| Infant and Toddler Site Supervisors | | | | | | | | |
|--|-------------------|-------------------------------|-----------|---------------------------|-----------|-----------------------------------|-----------|--------|
| Qualifications and Experience | | Registered and Not Subsidised | | Registered and Subsidised | | Not Registered and Not-Subsidised | | Totals |
| | | Metro | Non-Metro | Metro | Non-Metro | Metro | Non-Metro | |
| Supervisor Schooling | | | | | | | | |
| High School | Lower than matric | 6 | 2 | 26 | 14 | 23 | 5 | 76 |
| | Matric | 7 | 3 | 2 | 8 | 9 | 3 | 32 |
| Supervisors with an ECD Level 1 - 5 Training | | | | | | | | |
| ECD Level | No training | 6 | 3 | 4 | 6 | 16 | 5 | 40 |
| | Level 1-2 | - | 1 | 7 | 1 | 6 | 1 | 16 |
| | Level 3-4 | 3 | - | 13 | 5 | 7 | 1 | 29 |
| | Level 5 | 4 | 1 | 5 | 10 | 3 | 1 | 24 |
| Supervisors with Degrees and Diplomas | | | | | | | | |
| College/ University | Diploma | 6 | 1 | - | 3 | 3 | 2 | 15 |
| | Degree | 2 | - | - | - | 2 | - | 4 |

³ Levels 2 and 3 refer to pre-NQF levels.

| Average Supervisor years of experience in ECD | | | | | | | | |
|---|--|----|----|----|----|----|---|----|
| Years in ECD | | 16 | 11 | 13 | 13 | 11 | 6 | 12 |

Table 5: Class Practitioner Characteristics for EC Classes

| Early Childhood Class Practitioners | | | | | | | | |
|--|-------------------|-------------------------------|-----------|---------------------------|-----------|-----------------------------------|-----------|--------|
| Qualifications and Experience | | Registered and Not Subsidised | | Registered and Subsidised | | Not Registered and Not-Subsidised | | Totals |
| | | Metro | Non-Metro | Metro | Non-Metro | Metro | Non-Metro | |
| Class Practitioner Schooling | | | | | | | | |
| High School | Lower than matric | 8 | 5 | 19 | 17 | 20 | 3 | 72 |
| | Matric | 6 | 3 | 12 | 8 | 11 | 10 | 50 |
| Class Practitioners with an ECD Level 1 - 5 Training | | | | | | | | |
| ECD Level | No training | 11 | 5 | 18 | 8 | 16 | 7 | 65 |
| | Level 1-2 | - | - | 5 | 6 | 5 | 1 | 17 |
| | Level 3-4 | 3 | 2 | 6 | 7 | 7 | 4 | 29 |
| | Level 5 | - | 1 | 2 | 4 | 3 | 1 | 11 |
| Class Practitioners with Degrees and Diplomas | | | | | | | | |
| College/ University | Diploma | 5 | 4 | 4 | - | 4 | 3 | 20 |
| | Degree | - | 1 | - | 1 | 1 | 1 | 4 |
| Average Class Practitioner Years of Experience | | | | | | | | |
| Years in ECD | | 11 | 8 | 8 | 8 | 8 | 11 | 8 |

Table 6: Site Supervisor Characteristics for EC Classes

| Early Childhood Supervisors | | | | | | | | |
|---|-------------------|-------------------------------|-----------|---------------------------|-----------|-----------------------------------|-----------|--------|
| Qualifications and Experience | | Registered and Not Subsidised | | Registered and Subsidised | | Not Registered and Not-Subsidised | | Totals |
| | | Metro | Non-Metro | Metro | Non-Metro | Metro | Non-Metro | |
| Supervisor Schooling | | | | | | | | |
| High School | Lower than matric | 6 | 4 | 21 | 12 | 17 | 4 | 64 |
| | Matric | 8 | 4 | 10 | 13 | 13 | 9 | 57 |
| Supervisors with an ECD Level 1 - 5 Training | | | | | | | | |
| ECD Level | No training | 10 | - | 15 | 9 | 20 | 7 | 61 |
| | Level 1-2 | - | - | 4 | 3 | 4 | 1 | 12 |
| | Level 3-4 | 3 | - | 8 | 7 | 4 | 2 | 24 |
| | Level 5 | 1 | - | 4 | 6 | 3 | 3 | 17 |
| Supervisors with Degrees and Diplomas | | | | | | | | |
| College/ University | Diploma | 4 | 6 | 3 | 1 | 4 | 5 | 23 |
| | Degree | 1 | 1 | 2 | 5 | 4 | 2 | 15 |
| Average Supervisor years of experience in ECD | | | | | | | | |
| Years in ECD | | 19 | 14 | 13 | 13 | 11 | 15 | 14 |

Qualifications are regarded as an important factor in determining the quality of care and learning in ECD sites. In brief, and taking NQF qualification levels 1 – 5 only, the figures show that:

- 35% of practitioners in Infant and Toddler (I&T) classes assessed had an ECD qualification; 63% of supervisors in charge of I&T sites had an ECD qualification (65% of these below level 5).
- 47% of practitioners in Early Childhood (EC) classes assessed had an ECD qualification; 46% of supervisors of sites with EC classes had an ECD qualification (68% below level 5).

Section 1: A Description of ECD Site Quality in the Western Cape

This section of the report addresses the two questions:

1. What is the level of quality in a representative sample of ECD sites in the Western Cape Province?
2. Does quality vary across Registration and Subsidy categories?

This question requires a description of the situation in the province as it applies to registered, registered and subsidised, and unregistered ECD sites. In order to answer it, analyses of the quality of the care and learning environment observed by assessors were conducted. The main tools used included the ECERS-R, and the ITERS-R (measures of the quality of the daily programme for classes with children older than 36 months and Infant and Toddler classes respectively). Total scores are used in the main, but analyses of subscales are undertaken where appropriate. It should be noted that the ITERS-R and ECERS-R provided a summated score that covers both the quality of care, and the quality of the learning environment. The *Personal Routines* subscale measures the quality of care provided, while the Listening and Talking (ITERS-R) / *Language and Reasoning* (ECERS-R), *Activities*, *Program Structure* and *Interaction* subscales speak in particular to the quality of the practitioner's provision of a stimulating age appropriate environment. The other scales have been described above.

Additional tools include the CIS, a measure of practitioner sensitivity and responsiveness to children in the classroom; and the LOLT, constructed for the study, which assesses the extent to which home language instruction is addressed in the class. Quality of management was assessed using the ECD Facility Management and Support Scales (Section D of the protocol). These results are reported in this section. In addition, other pertinent quality indicators are reported. Where appropriate, qualitative data gleaned from supervisor interviews and assessor observations is included to add depth to the findings.

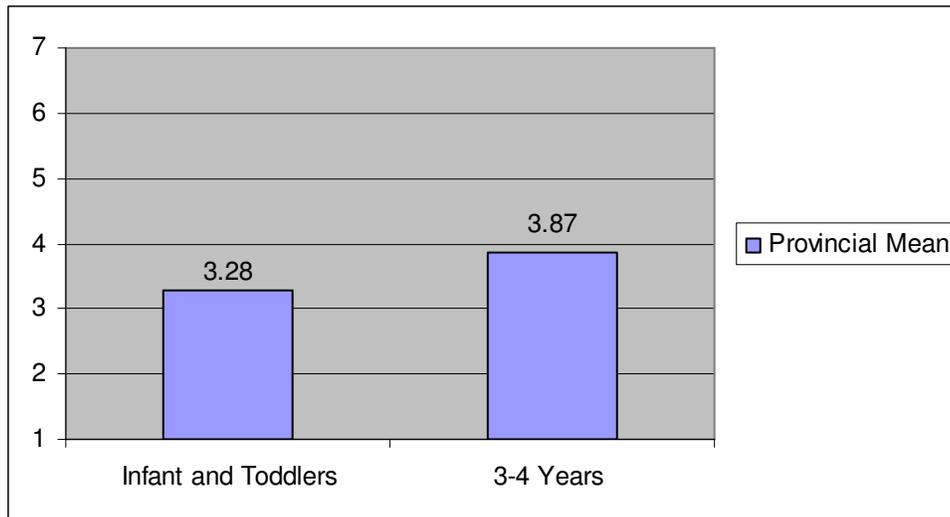
In the discussion that follows the designation IT class refers to classes of children up to 36 months and EC class refers to classes with children over the age of three years.

In each graphic, the full score range is presented on the Y axis.

1.1. The Quality of the Care and Learning Environment in the Province

Results are presented in Figure 3, and are based on mean total scores obtained on the ECERS-R and ITERS-R for classes in the province. The provincial mean for IT classroom quality is 3.28 (N = 111) (ITERS-R), and for EC classes, the mean is 3.87 (N = 122) (ECERS-R). The score range is from one to seven points on these instruments, always displayed on the Y axis of the figure.

Figure 3: Mean ITERS-R and ECERS-R Class Scores in the Province



This finding indicates that both IT and EC classes in the province fall just above the level designated as 'minimum' quality on the measures (scores of 3 - 4). This indicates adequate custodial care including some form of programme activities and is in many respects the minimum that the Guidelines for ECD Services (DoSD, 2006) require.

Sites in both Metro and Non-Metro areas are within the minimum standard: For IT classes, means are as follows: Metro site mean = 3.15 (N=74); Non-Metro Site mean = 3.58 (N=35). For EC classes, means are: Metro site mean = 3.92 (N=76); Non-Metro Site mean = 3.79 (N=46).

While the minimum quality scores for ECD sites in the province are a concern, these scores are by no means unique to this context, it is a deep concern in many different countries. To provide some examples, mean ITERS and ECERS scores in a study in the Netherlands were 3.4 and 3 respectively (Vermeer et al, 2008); 4.43 and 4.71 in Canada (Goelman et al, 2006); and 3.76 for the ECERS in non Madrassa preschools and 4.6 in Madrassa Preschools in East Africa (Mwaura, 2009). ITERS scores were 3.5 and 2.6 in studies in Greece (Petrogiannis, 2002) and Portugal (Pessahna, Aguiar & Bairrao, 2007) respectively.

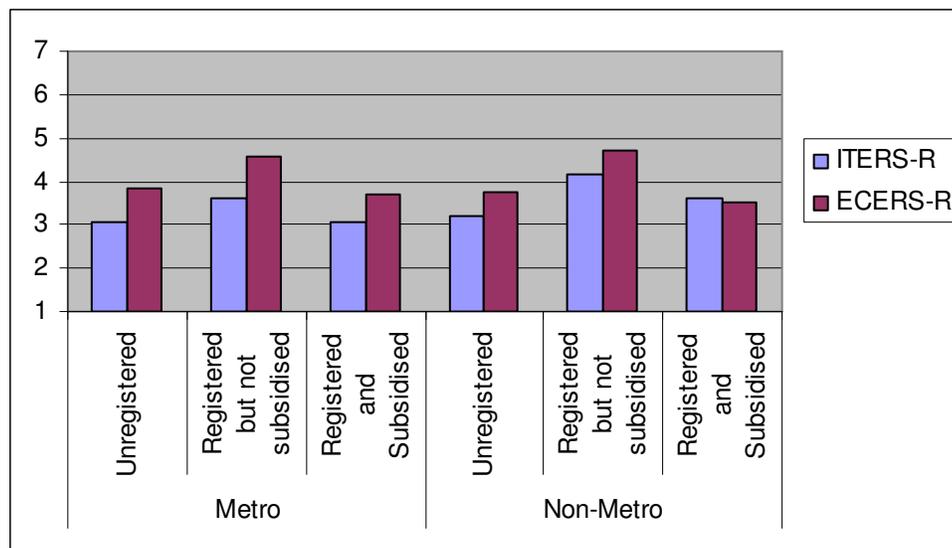
Quality of the Care and Learning Environment across Registration and Subsidisation Categories

Given the fact that registered sites are supposed to meet certain standards and be inspected regularly, one would expect their quality to exceed that of unregistered sites. While some registered sites are awaiting subsidisation, the majority have not applied. Those that have a subsidy can be assumed to serve at least a proportion of poor children. Therefore sites with the subsidy can be used as a proxy for the quality of the care and learning environment provide to poorer children. Unregistered sites are likely to contain a variety of children from both poor and wealthy backgrounds. Average weekly fees charged could be used as a rough indicator of financial resources available to each category of site. These are presented in Table 7.

Table 7: Mean Fee Levels Charged by Different Categories of ECD Site

| SITE CATEGORY | AVERAGE WEEKLY FEE |
|---|---------------------------|
| Registered & Not Subsidised (% with applications for subsidy = 4.7%) | R175.57 |
| Registered & Subsidised | R47.76 |
| Unregistered (% with applications for registration & subsidy = 5.2%) | R99.35 |
| All Sites | R88.30 |

The comparison of means analysis presented in Figure 4 compares Registered, Registered and Subsidised and Unregistered sites for Metro and Non-Metro areas. Figure 4 shows that registered sites that are *not* subsidised have higher quality for IT and EC classes regardless of Metro or Non-Metro location. This is not surprising as these sites are likely to charge higher fees and may not serve children who require a subsidy. In the Metro sites, there are no differences in the quality of the care and learning environment for either age group. However in Non-Metro areas, the subsidy appears to make a difference to classroom quality for Infants and Toddlers.

Figure 4: Site Quality by Registration and Subsidy Categories in Metro areas

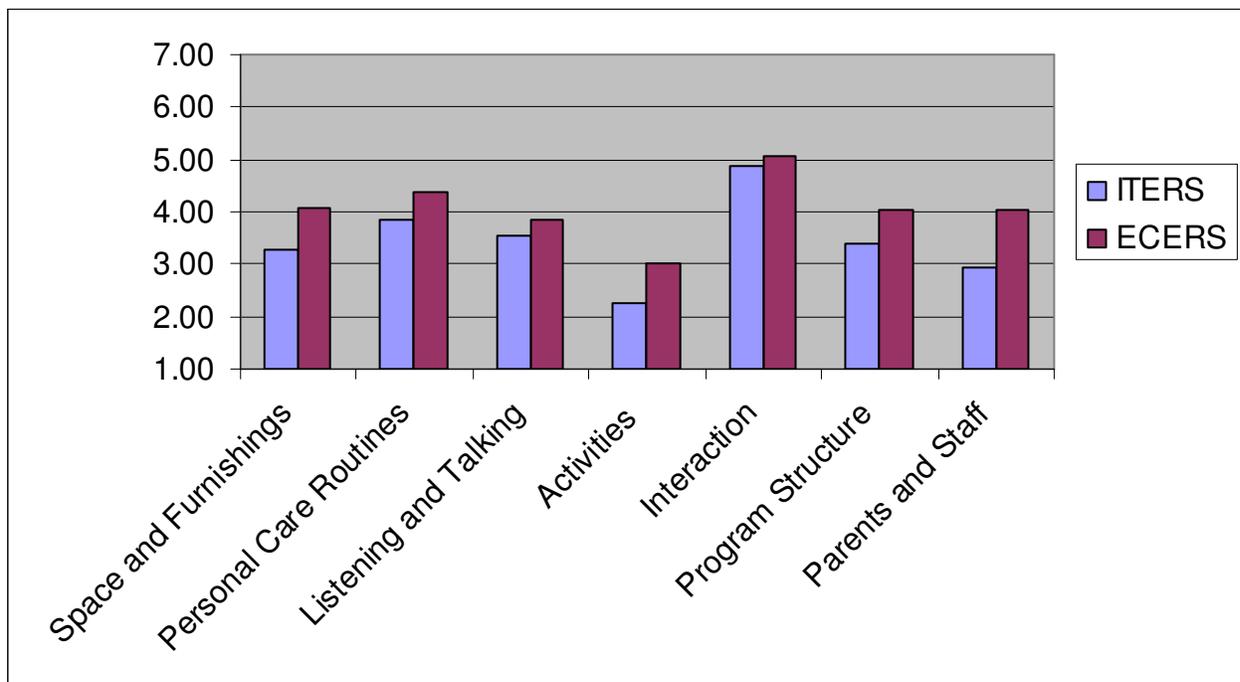
1.2 In-depth Description of Classroom Quality Parameters

ITERS-R and ECERS-R

The ITERS/ECERS each have seven subscales measuring specific domains of the care and learning environment. Each is accorded equal weight in determining the total score. Scales such as Space and Furnishings are heavily reliant on infrastructure which is known to be a challenge in provisioning in South Africa, and others such as Parents and Staff, and aspects of Personal Care Routines are not necessarily within the control of the classroom practitioner. A breakdown by subscale is helpful in determining which aspects of the programme require most attention in the Province.

As displayed in Figure 5 below the subscale score pattern for the ECERS is mirrored by the ITERS though the EC classes have better scores on every sub-scale indicating that conditions are better for older children. Activities quality is lowest while Personal Care Routines and Interaction quality are highest for both IT and EC classes. A recent study ECD sites in Kenya (Mwaura, 2009) indicates a very similar pattern across most of the ECERS subscales.

Figure 5: Quality of the Care and Learning Environment by ITERS-R and ECERS-R Subscales



Space and Furnishings:

This subscale covers indoor and outdoor space, furniture and large equipment as well as room layout and display. The Provincial mean for ITERS (3.28; N=111) on this subscale is lower than that for the ECERS (4.07; N=122) suggesting that classrooms for older children are of a better standard than those for Infants and Toddlers.

Scores for both IT and EC classes indicate minimum adequacy (the 3 - 4 range), but the items relating to the physical space/infrastructure in particular indicate some difficulties. This is an area where the Western Cape Department of Social Development has been assisting with an upgrading programme in recent years. Audit assessors reported that a number of sites lacked space and were very over-crowded with no space for children to move freely. Several sites did not have outdoor play areas either because they were too unsafe to use (e.g. there was no fence; there was glass or rubble and tin lying around; presence of violent crime) or there was no space. Two sites provide for children by blocking off a nearby cul de sac for outdoor playtime with the agreement of neighbours. Even if there were windows, assessors often reported that these were kept closed and that ventilation was inadequate. Vandalism by older children is a concern for many sites in the Metro especially Khayelitsha, Lavender Hill and other very disadvantaged communities. Difficulties of having to set up and pack away all equipment and displays when working in multi-purpose sites were also noted.

Personal Care Routines

Routines such as arrival and departure, meals, toilet, health and safety are covered in this scale.

The Provincial mean on this ITERS subscale (3.85; N=111) is lower than that for the ECERS (4.39; N=122), indicating that IT classes are not faring as well as EC classes, although both are within the minimum standard score range.

While a minimum standard has generally been reached in the audited sites, assessors flagged a number of areas for attention. In particular hand washing by both staff and children is often a 'hit and miss affair'. Assessors recorded many instances when hands were not washed after changing nappies or wiping noses or when older children went to the toilet or before eating. A lack of soap and shared towels was a problem in many sites where hand washing was a part of the programme. Meals were generally adequate and nutritious with awareness of children with allergies, but when parents sent food it was challenging to get them to send healthy food and even babies were supplied with chips.

At rest time many children sleep on blankets and in the informal sites several babies may share a mattress.

Listening and Talking/ Language and Reasoning

On this scale the ITERS items include helping children use and understand language and books, and the ECERS - encouraging children to communicate, informal use of language, books and the practitioner's use of language to develop children's reasoning.

The Provincial mean on this ITERS subscale (3.53; N=111) is in the same minimum range as that for the ECERS (3.83; N=122).

While scores for ITERS and ECERS were similar, the subscale ranked higher for ITERS classes (it was the third highest subscale on the ITERS but second lowest for ECERS). This is probably because talking to babies or labeling things for them is a more readily available skill than using language to mediate the development of reasoning. Several assessors found practitioners talking to children. The following are examples from IT classes:

"There might not be enough things for children to play with, but the language is definitely good." "Teachers do not repeat baby talk but answer in sentences."

However extending language is an area for further work. For example in summing up her experiences of the audit sites, another assessor commented:

"What struck me most which I realised we could fix, is that in many areas where I have worked, they don't speak to the children, don't expand on the language."

Availability of sufficient suitable books was a widespread problem, and books in an IT class were rare.

Activities:

This subscale goes to the heart of the learning programme, covering fine motor, art activities, make believe play, blocks, sand and water play, nature and science, music and movement and TV and computers as well as promoting acceptance of diversity. ITERS items include active physical play and ECERS maths and numbers. Scoring depends both on the availability for substantial portions of the day of a range of different play materials for each type of play and free choice, with far more required for EC than IT children.

The Provincial mean on this ITERS subscale is (2.24; N=111) and for ECERS (3.01; N=122). This is the lowest subscale score for both IT and EC classes with ITERS scores in the *inadequate* range (1 – 2) and ECERS just reaching the minimum (3).

Assessors had much to say about the lack of activities especially for babies and toddlers but also for three and four year olds. For example:

“Babies pay more than older children but they get worse service, no toys, no nothing”;
“Children were sitting, others were crying. I asked the lady (practitioner) ‘Where are the toys for these babies? They fetched legos from next door’”; “They don’t seem to know what to do, children continuously sang” ; “There is a lot of crying for toys, because toys are not enough, children have to rush to get a toy before others do.”

If the class had equipment but it was not accessible to children, scores would be low. Assessors noted that “The Department gives equipment and people don’t know how to use it or don’t want to use it or Grade R has it”. There was little improvisation or use of natural materials.

The overall means and concerns should not obscure the fact that there were sites with good to excellent activities and these were not only sites in higher income areas.

Interaction:

The Provincial mean on this ITERS subscale is (4.88; N=111) and for the ECERS (5.06; N=122).

This was the highest scored subscale with ITERS at the high end of the minimum range and ECERS reaching good (5 – 7). It covers supervision of play and learning, peer interaction, staff-child interaction and discipline for ITERS and the ECERS items include supervision of gross motor activities.

The relatively higher scores on this subscale are substantiated by the scores on the Caregiver Interaction Scale for which the means were ITERS classes 3.11 and ECERS classes 3.12 of a possible total of 4 points.

Assessor comments also indicate that interactions were positive:

“A centre with not much equipment but a good carer”; or “(They are) mostly illiterate but doing their best, there is a lot of nurture, care and love.”

However this did not necessarily extend to playing with children and extending their learning through this process, rather they control or watch the children. This is not necessarily due to large numbers in the classes either, as enrolments were down during this period which was after older siblings had written exams. In relation to discipline there was a general understanding that children should not be hit, but there were instances of threatening and shouting.

Program Structure

Program structure includes the schedule (daily programme), free play, group times and children with disabilities.

The Provincial mean on this ITERS subscale (3.41; N=111) is in the same minimum range as that for the ECERS (4.06; N=122).

Some sort of daily programme was followed in most EC classes but care for babies was less structured. Scoring on these items requires age appropriate grouping and play and several instances were observed of age inappropriate instruction. For example, assessors noted:

“ Three year olds doing Letter Land”; or unsuitably long whole group activities including e.g. “Teacher has a poster of different shapes and kept asking them to come individually to show a circle, square and triangle. This took more than half an hour with children sitting all the time.” There were many examples of children having to wait for a long time for meals, activities, or toilet routine.

While there were very few children identified as having disabilities in the classes observed, assessors commented on instances where children with special needs had been assisted. For example, a child who could not speak can now sing, speak and fully participate in activities; a practitioner has been persistent in trying to get a child with a serious loss of vision into a school for the visually impaired. However one site has a five year old who has a hearing impairment and staff were unaware what to do about it.

Parents and Staff:

This subscale rates provisions for parents, personal and professional needs of staff, staff interaction and cooperation (where there were more than one in a classroom), supervision and evaluation of staff and opportunities for professional growth.

The Provincial mean on this ITERS subscale (2.95; N=111) falls within the *inadequate* range, considerably lower than that for the ECERS (4.06; N=122), which is within the minimum range. The lower score for IT sites may well relate to subscale items relating to professional development and supervision because training opportunities and supervision are more common for EC class practitioners.

In general there was provision for parents to be involved and informed in some ways in most sites. However, most sites were unable to provide a separate area for staff to have a break away from the

children. Often their ‘break’ was in the classroom while children were sleeping. In many sites principals did not provide for evaluation and regular monitoring and support for staff. As one assessor commented: “Principals just sit in the office, don’t supervise what is going on.”

However assessors also commented on the administrative burden which keeps principals out of the classrooms for example:

“The Department must give them examples of these administrative things (e.g. policies) – they take up a lot of time, they worry about them a lot, and it is not the main issue. The issue is the teaching, developing of those children, loving them, putting up play activities.”

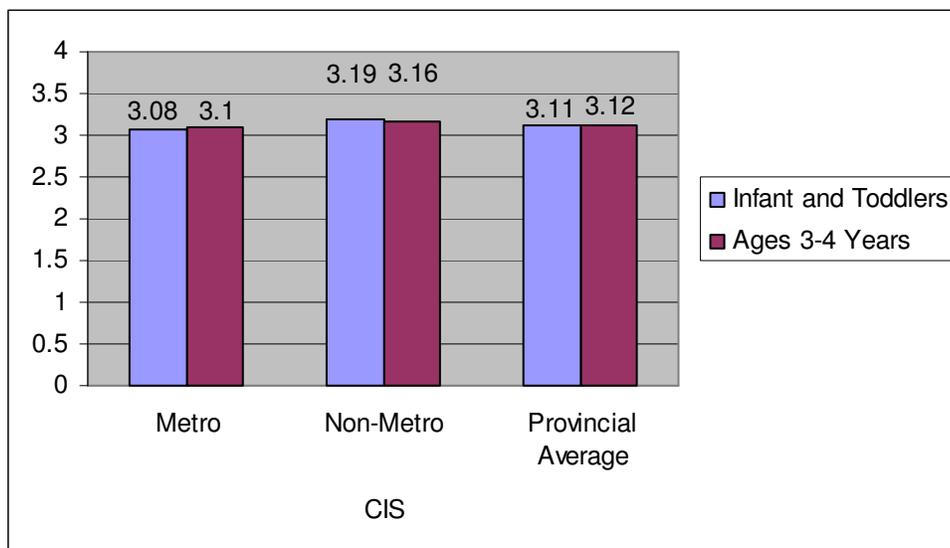
With regard to professional development a number of supervisors mentioned to assessors that they wanted more training for their staff, especially in baby care. They also wanted to know where such training could be acquired.

Summary: This analysis of classroom quality subscales, indicates that for Infant and Toddler classes, no subscale exceeds minimum quality, and two (Activities and Parents / Staff) fall in the *inadequate* range. In the case of EC classes, it is very encouraging that the Interaction subscale obtains a good score. However, all the others fall within the minimum quality range.

Caregiver Interaction (CIS)

Provincial average scores on this measure of caregiver sensitivity to children were above the midpoint of the scale indicating a generally positive emotional climate in both IT and EC classes as presented in Figure 6 below. {IT mean = 3.11 (N = 111); E.C. mean = 3.12 N= 122}}.

Figure 6: Caregiver Interaction Scale across Metro and Non-Metro Sites



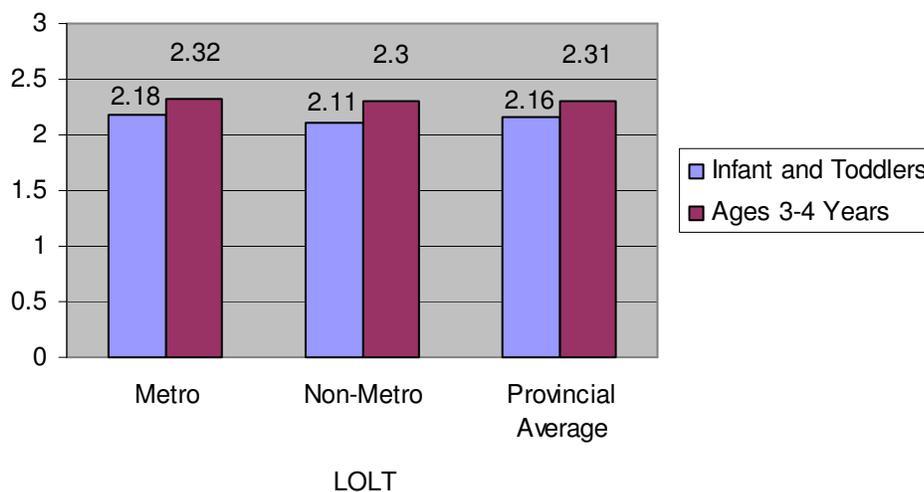
This applied for sites in Metro and Non-Metro areas and for unregistered, registered and registered and subsidised sites. It supplements the ITERS and ECERS subscale on Interaction for which

means were also in the satisfactory to good range. We turn now to the findings on the language of teaching used in sites.

Language of Learning and Teaching (LOLT)

The maximum possible score on this scale is 3. There were minimal differences across Metro/Non-Metro and registration and subsidy categories as presented in Figure 7 below. (IT mean = 2.16 N = 110, EC mean = 2.31 N = 122). Slight differences between IT and EC means are to be expected as there would be fewer additional language activities in infant and toddler classes.

Figure 7: Language of Learning and Teaching Across Metro and Non-Metro Sites



The scores indicate that the numbers of sites in which the language of instruction was not home language of the majority of children was negligible. Further, in the majority of sites activities and linguistically appropriate materials were used to introduce additional languages. This reflects that sites for younger children in the Western Cape are sensitive to the need to use mother tongue, which is different to the finding in Audit Phase 2. This distinction could be a function of differences in the way the question was asked in the two surveys.

1.3 The Quality of Site Management in the Province

In this section of the report we report on site management quality assessed in section D3 of the Protocol. It will be recalled that there are three subscales of interest: Site Management, Site Support, and Service Integration. In what follows, the quality of management in sites is presented for the Province as a whole and also for Metro and Non-Metro sites.

Site Management Subscale Results

Site Management includes items to assess:

The Site Constitution; The Management Committee / Governing Body; Policies (including Health and Safety; Admissions; HIV and AIDS; Fees; Child Abuse Procedure; and Finances); Staff Records and Human Resources; Child Records; Financial Administration; Fundraising; The Year Plan; and Parent Involvement.

The maximum score possible is 46 and the average score for the province as a whole is 26.45 (N =233): For Metro sites the average score is 25.35 (N =152), and Non-Metro sites it is 28.53 (N =81). Regardless of region, all sites are above the midpoint.

As there is significant variation in registration status, fees charged and subsidisation within the province and within the two regions, these comparisons are not particularly meaningful. However, scores are above the midpoint for the scale. There is no accepted cut-off score to indicate whether a site is of acceptable management quality or not (this measure was devised for Phase 3 of the ECD Site Audit). However, the score can be used as a baseline for tracking progress.

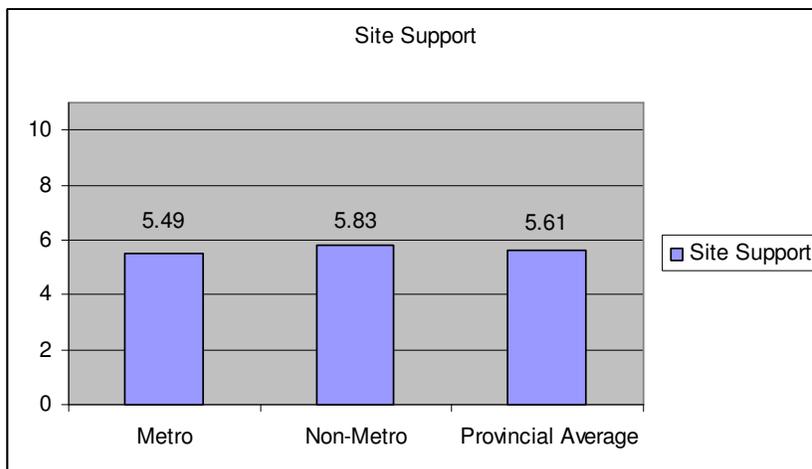
Site Support Subscale Results

The maximum Site Support scale score is 11. No standard is set for quality purposes.

The average score for the province as a whole is 5.61 (N =233), and for Metro sites is 5.49 (N = 152), and Non- Metro sites it is 5.83 (N =81),

Scores are around the midpoint of the scale as shown in the Figure 8 below.

Figure 8: Site Support Mean Scores across Metro and Non-Metro Sites

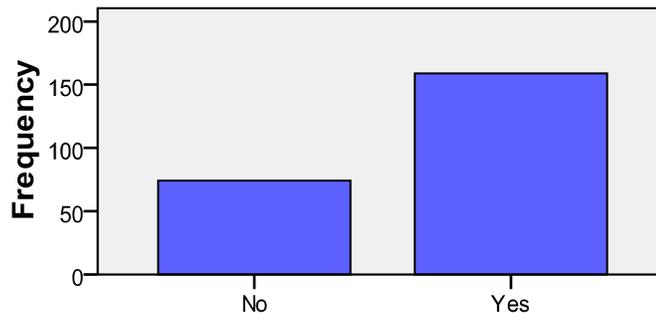


This subscale contains items that assess the following for the past year:

Past Year Support and monitoring from government departments in the form of visits by Department of Social Development and/or the local health inspector, External Programme Support in the form of Training (and qualifications gained), and ECD Forum Attendance; and External Resources Support (donations).

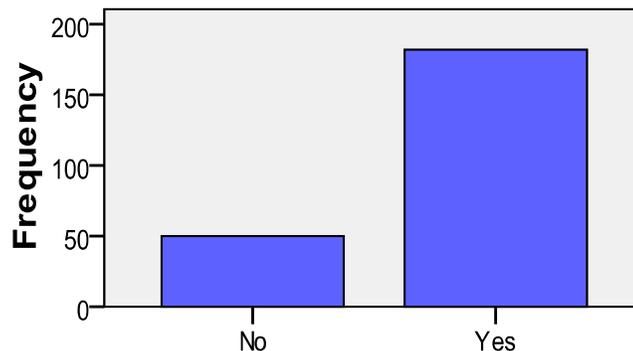
Approximately 68.2% (N = 159) sites of the 233 audited received a visit from a Department of Social Development official, or ECD coordinator, or ECD assistant within the past year, with 31.8% (N = 74) not receiving such a visit as shown in Figure 9 below:

Figure 9: Visits from DoSD



Approximately 78.5% (N = 183) sites reported to be visited by a local health inspector in the past year, with 21.5% (N = 50) not receiving such visits. Results are presented in Figure 10 below:

Figure 10: Visits from Local Health

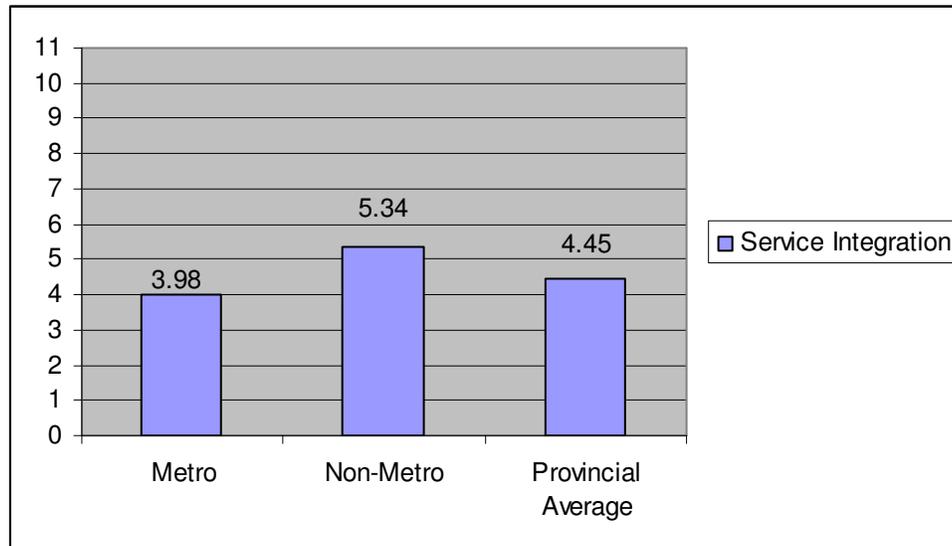


Service Integration Subscale Results

This subscale contains two items that assess the following for the past year:

1. The Facility Admission Form (inclusion of key items such as the child’s I.D. number if available; whether or not the child has a clinic card; joint income; eligibility for a subsidy; eligibility for a Child Support Grant; and child disability or chronic health status);
2. Identification and referral of children with problems.

All these items are intended to indicate the extent to which the site records key child information that can be used to refer children to services if need be. The maximum is 11 and no standard is set. The average score for the province as a whole is 4.45 (N =233), and for Metro sites it is 3.98 (N =152), and Non- Metro sites it is 5.34 (2.93, N =81) as presented in Figure 11 below:

Figure 11: Service Integration Mean Scores across Metro and Non-Metro Sites

Regardless of region, all sites are below the midpoint. It was clear from interviews with supervisors that firstly, identification of children with problems is rare. With some exceptions, supervisors simply could not identify children in their sites who might have had the problems listed in the Protocol (e.g. malnourishment, disability, or health problems). Second, there was little evidence of referrals. Better resourced centres could draw on expertise.

It is worth noting that service integration is a key aspect of policy and seeks to strengthen efforts to provide for the holistic care of children. Based in the measures used for this study, this does not appear to be occurring.

Outreach Services beyond the Site

This measure contains two components, both measuring the extent to which the site contributes to the holistic development of children through parental outreach in the past year.

First, provision of activities to parents of children who attend the site is assessed, and second, provision of these same opportunities to parents of children living in the surrounding community who do not attend the site is assessed, based on supervisor responses. Provision to each set of parents was scored separately. Supervisors were asked whether they had provided any of the following to these two groups of parents:

1. Parenting capacity development and training programmes;
2. Information on accessing documents and grants;
3. Information on provision of healthy nutrition;
4. Information on how to improve child health and access to health services;
5. Support groups for parents and for those whose children have special needs;
6. Made the site available for meetings that seek to promote child protection and development.

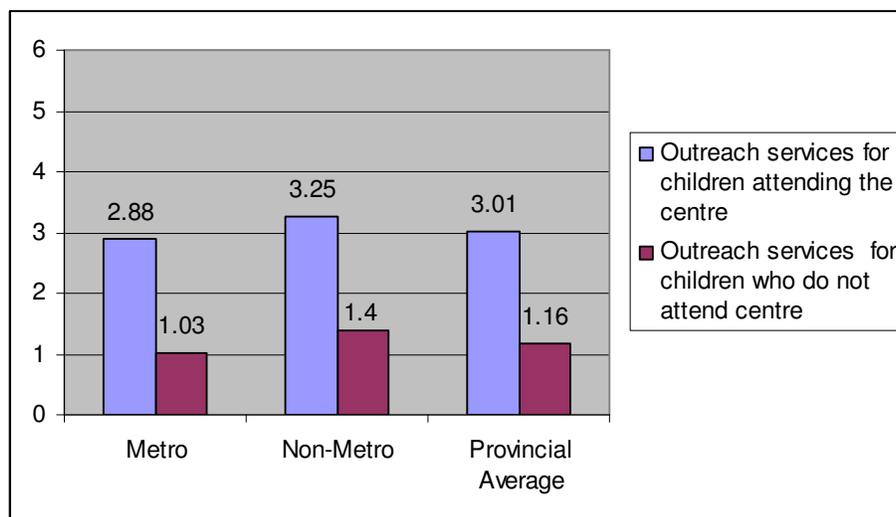
Each is regarded as appropriate for improving the health and development of young children and is in accordance with the recommendations of the NIPECD. The score range is from zero to a total of six for each form of outreach.

The average score for the province as a whole for outreach to parents with children in the sites is 3.01 (N =233), and for Metro sites is 2.88 (N =152), and Non- Metro sites it is 3.25 (N =81).

The average score for the province as a whole for outreach to parents who do not have children in the site is 1.16 (N =233), and for Metro sites is 1.03 (N =152), and Non- Metro sites it is 1.40 (N =81).

Figure 12 shows that on average sites in the province only offer half the parent support activities assessed on the measure to parents whose children attend their facilities. Provision of information and support to parents whose children who do not attend the site but who are resident in the surrounding area is negligible.

Figure 12: Outreach Services for Children Inside and Outside of the Site across Metro and Non-Metro Sites



It would appear reasonable to conclude that outreach beyond the facility in the form of information and support to parents is very unlikely when supervisors are already challenged by resource constraints.

Management Quality Qualitative Analysis

In order to provide material for a more in depth reflection on management issues, assessors recorded interviewees' comments and their observations on items captured in Section D.3 of the protocol (ECD Facility Management & Support Scales).

The assessor group interview (referred to above) also provided useful reflections which will be referred to in the material that follows.

A limited number of protocols were selected for analysis. The total study sample was divided into three categories on the basis of their Total Site Management Scores (the sum of Protocol Items D30-D38):

1. High Scorers: sites scoring within the top 25% of the range;
2. Mid Range Scorers: sites scoring within 20% of the median (above or below). Mid range is not based on a standard, but must be understood as being relative to the scores of the sites in this study.
3. Low Scorers: sites scoring within the bottom 25% of the range.

Protocols with satisfactory notes made by assessors were identified in each category. Thirty protocols (10 in each category) were then selected for analysis. This was not a random process as selection depended on whether or not the assessor had taken notes.

Protocols extracted for purposes of analysis of supervisors' perspectives on what makes for a quality site (discussed above) were also scrutinised to capture views on management issues (Section D2. Items D25 – D29).

Protocols were examined using the indicators outlined in the domains and indicators section of the report above.

In what follows, illustrative comments are provided from supervisors whose sites range from highly resourced to those that serve poor communities.

Clearly these 'stories' are not representative and do not lend much explanatory power to the quantitative analysis. However, they are valuable to pointing to commonly perceived issues that enhance or challenge the functioning of the site. Quality categories are indicated in italics in the text below.

Management Scores Illustrative Comments

In one private for profit ECD that charges R315.00 per week, the assessor noted the high quality of the facilities, and that the site was built by parents within an apartment complex. It also had a hall for community activities. Here we have a powerful example of the involvement of parents (no doubt with access to material and social resources) living in an expensive residential complex, which all goes to support management in their ability to deliver a quality service.

In the same site, and in relation to service integration, the supervisor stated that: "The local fire station and schools interact with the preschool on many occasions". The site assessor noted that a range of support for children with problems exists: "Speech therapy; O.T.; Psychologist; referrals for abuse; 1 family supported with food." Parents are clearly involved in a full range of activities, including providing "classroom assistance with computers."

In relation to finances, resources and management, a supervisor in another for profit site noted that they used internet banking and had a "range of professionals (available) to support holistic care." Not all high scoring sites were this well-endowed.

In relation to finances, resources and management a registered and subsidised ECD attached to a welfare organisation that charges R36 per week and is based in a township, has managed to make good links with some parents who paid an “extra R10 per month when the centre had problems(*Partners/parental and community participation*). Further support is evident in a donation from the District Social Development office which had made a donation of toys. The supervisor noted importance of the support of the parent NGO. However, in spite of this the major challenges were “parents who do not pay fees; teachers who do not take their work seriously” (perhaps indicative of poorly motivated and inadequately *trained caregivers/education agents*).

Another site linked to a larger parent NGO in a small rural township charged only R15 per week, but managed to achieve a high management score, largely because to the support and oversight for the parent body. The supervisor showed a strong commitment to *service integration*, stating that the "Local clinic gives nutritional porridge" and that she made referrals of children as necessary.

A high scoring site in terms of management structures and policies being in place charged R37 per week. The supervisor was awaiting registration and noted that poor finances, resources as a significant threat to her site. She stated: "Resources that I need I cannot get because I do not get a subsidy from anywhere. No sponsors."

In a poignant comment in the category of *Partners/parental and community participation*, a supervisor working in a poor community attested to the support provided by the local ECD Forum: "I am glad to be involved in the forum. It's good to hear what others are doing... (and) parents had a working day. Shame, they made things and even painted for us."

In these high scoring sites, even those serving low income populations (as indicated by fees charged), parent support, and often the support of a body such as a welfare organisation seems to be of considerable assistance.

Mid Range Management Scores Illustrative Comments:

A mid range Site Management score does not necessarily guarantee achievement of other standards. A registered and subsidised township site in the Metro that charges R28 per week has ratios of 1:26 for the 36-48 month age group, and 1:26 for 24-36 month old children. One is inclined to wonder about the quality of the District Office oversight in this instance where the site is clearly exceeding accepted norms in spite of its registration status (*ratio of children to adults indicator*).

The challenge of attracting quality staff when ECD salaries are low is evident in one supervisor's comment that she struggles with “de-motivated teachers due to low salaries” (*finances and resources*).

A registered and subsidised rural township site that charges R20 per week and has a very experienced supervisor, noted that the major challenge is finances, teachers who have not received training, lack of equipment and infrastructure, and small spaces for the children. However, this supervisor has managed to galvanise support from the Municipality who are providing land for a

food garden, and from parents. She states: "parents who cannot afford fees are now helping in the centre - we do not want to deprive children because parents cannot afford to pay." She also cited the support of the District Social Development Office as playing an important role. In this instance parental and community support is clearly making an important difference to an otherwise marginal site. But not only this, the supervisor's comments suggest a strong commitment to her children and a sensitive approach to the situation of their parents, which in turn is likely to engender their support.

The initiative of many supervisors who face the challenge of working in a low income setting is striking. A registered and subsidised site in an informal housing Metro area that and that charges R25 per week notes that the "subsidy from Social Development has been a great help" but what is also important is: "the time I get to sew and sell to raise funds."

Finally, a highly qualified (post graduate degreed) supervisor of a registered Metro site that charges R377 per week pointed to a key management and leadership function – that of standard setting for staff to ensure good practice. She said: "I personally set high standards. In order to have quality there need to be proper systems in place like appraisals, assessment of staff and children on regular basis." Supervisors identified setting high standards for staff as an important contributor to quality see Section 2 below.

Low Management Scores Illustrative Comments

In one unregistered site in a Metro low income housing area that charges parents R32.00 per week, the assessor noted with some concern that:

"Learners sit around - toys are in boxes; she does not provide stimulation to toddlers most of the day; learners play in parking lot outside the fence amongst rubble (and that) the principal runs a taxi business!"

This site has applied for registration, but the quote indicates the risks to children on a number of the quality indicators. The supervisor echoed comments made by others that "it is unsafe for parents to come to meetings."

Sites located in unsafe areas are unlikely to find it easy to succeed in generating parental and community involvement no matter how willing parents might be.

Challenges to adequate management of operating in a poor community, and failure to comply with registration requirements, were noted by a supervisor based in a Metro township site that charges R31 per week. The supervisor commented on her difficulties with the management committee which was not functioning (which contributed to her low site management score): "(management) committee members are not active - they want to be compensated financially." Similarly, her parents who had assisted at the school "were expecting to be paid so we stopped asking them." Clearly in this parent body the spirit of volunteerism is not alive, perhaps due to the many other challenges these people face in everyday life.

This same supervisor commented on the value of the subsidy to the site which appeared to offset some of her difficulties: "(it) has an impact....so as to run the programme smoothly and help those disadvantaged children who cannot pay fees on a regular basis."

A supervisor working in an outlying area north west of the Metro that is registered and subsidised and charges R35 per week, signaled her distress at the indigent situation of many of her parents: Her main challenge is: "parents who cannot pay fees, who are poor, and cannot even clothe their children properly." This clearly contributes to a parlous financial and resource situation, but in addition, her comment points to the situation of many parents whose ability to provide adequate care and stimulation for children is likely to be restricted by their circumstances.

A private for profit Metro site that charges R100 per week scored low on the Site Management Scale because it had no management structures and policies in place. Even in this instance of a suburban site, the owner said that: "the facility lacks finances and equipment; principal uses own money to maintain the centre."

An unregistered low income community site supervisor that charges R27 per week commented that her main challenge was finances. This led to a situation where she could not retain staff as she could not pay them. What keeps her going is the "support from parents who trusted me all these years" and "encouragement from church leaders" and the "support I received from the ECD forum." Clearly these various sources of parental and community support have contributed to the resilience of this operation notwithstanding its poor formal management functioning (in terms of the criteria developed for this research).

These examples of sites with low management scores suggest some commonalities. However they are not one of a kind. As in the other scoring categories, where parental involvement and community support is evident, this may offset the impact of other challenges such as limited money. It is not clear from these accounts what the sources of these variations are. They may well rest in the leadership qualities of the owner / supervisor, and the extent to which she is connected to local networks that can provide support.

While some sites mentioned the risk of crime and burglaries, and also the effect of community safety on parent involvement, this was not commonly raised by sites in any of the management score categories. Had the protocol included specific questions about this issue, one might have obtained more reports.

Overall Observations

Although it is important not to generalise from this limited sample of narratives, indicators of factors that contribute to the resilience of sites (regardless of Site Management Score level), include the ability of the supervisor to draw on the social capital available from parents and community members and structures. It also appears that individual levels of leadership and commitment to

providing as best a service as one can are evident in those sites in which management seeks to rise above the odds facing them.

The importance of strong leadership and management capacity was echoed by assessors.

However, management training alone is unlikely to make for a site with a quality ECD programme.

The supervisor also needs to have ECD training in order to be able to identify problems in the classroom and provide support to practitioners. Assessors commented that they had visited sites with excellent management in place (including policies and sound finances) but with relatively poor programmes. As one commented:

“I think that (there) may be very good admin but principals must understand child development and babies and older children. So they can support the programme. Principals may not understand the programme.”

Where it is available, support for the Department of Social development is highly valued, and the subsidy clearly contributes to financial well-being.

However, group interviews with site assessors revealed that support from the Department of Social Development was not optimal. The views of this assessor were echoed by others:

“My experience is that people are feeling that they are not being supported by the Department. (In one case) the last time anybody from government came to visit was three years ago.....”

Another assessor noted that where sites were visited, the Departmental staff were often not trained in ECD (for example they might have a social work background), and could therefore not offer appropriate support because their lack of training or experience did not enable them to detect issues that needed to be addressed, and hence they could not provide appropriate advice that would improve service quality:

(The) “Kind of people coming are ECD assistants who can’t provide support needed. (They are) Very young and overly accommodating.”

These comments indicate that visits alone are not enough. If both management and programme quality is to be improved through visits from Departmental staff, then these persons must be trained in both areas.

Myers (2001) and others place strong emphasis on parental and community involvement as correlates of site quality. Some of the examples provided do show that this can be a challenge in some communities for reasons beyond the control of supervisors. In the experience of some, volunteerism is severely undermined in a context where parents have come to expect remuneration for participation in the activities of the site. The reasons for this are not clear. Possibilities include: parents’ beliefs that having paid for their children to attend, they do not have further responsibility; and perhaps more likely, that a higher priority is to look for paid work. High levels of crime in some

communities may also limit parental involvement, particularly if this is required in the evenings when risks of walking to the site would be high (Ward, 2007).

Section 2: Site Supervisors' Perspectives on the Key Elements of Quality

Site Supervisors

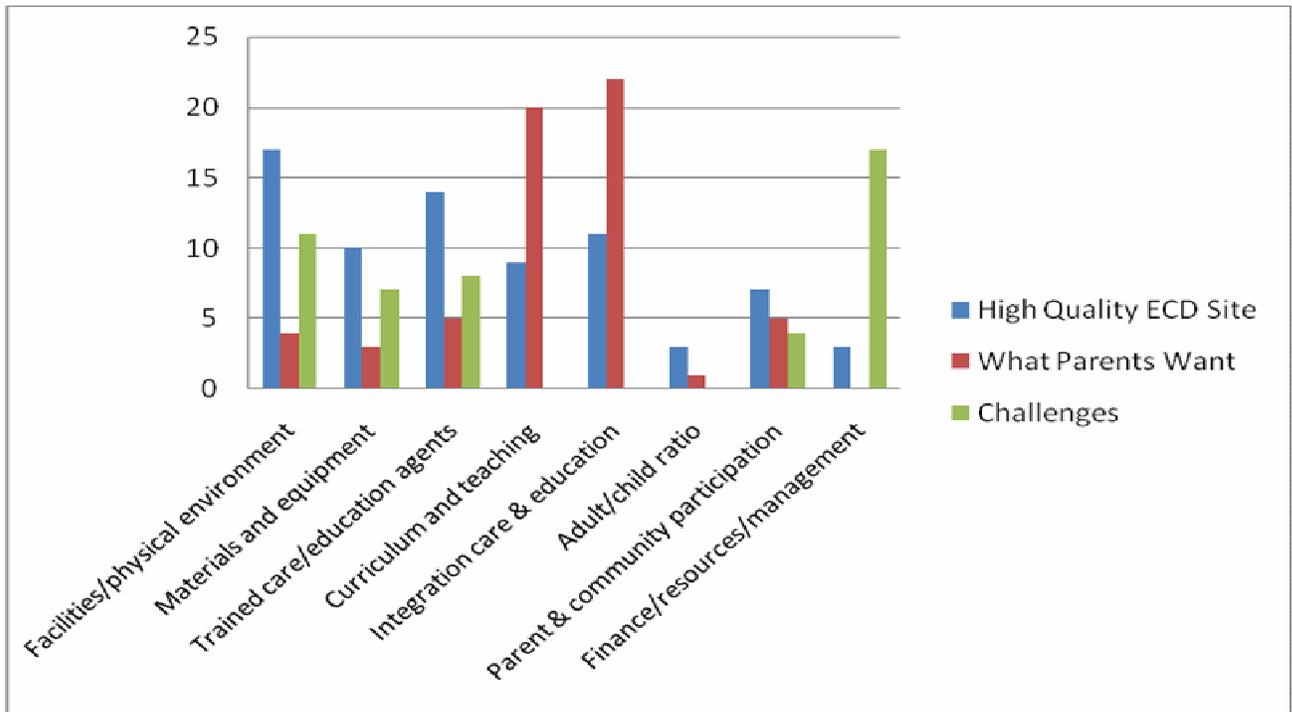
Supervisors responded to the following four open ended questions followed by the card sort activity described in the Measures section of this report.

1. What do you think are characteristics/kind of things that you would find in a high quality ECD centre?
2. What, in your view, do parents whose children attend this site look for in an ECD centre?
3. Are there challenges in providing quality you would like? If so, what are these?
4. What has been most useful in developing or maintaining the quality of your ECD centre?

As for the management quality qualitative analysis, responses to the questions were classified according to the quality categories identified in the literature review. Almost all supervisor responses to the questions on the constituents of quality, what parents looked for in an ECD centre and the challenges to reaching quality, fell into these categories. For the fourth question it was necessary to create additional categories.

There were no evident differences in frequency of response across poor, average and good sites (based on the ECERS-R and ITERS-R scores) or across centres where infant or older classes had been rated. This last point is to be expected as all centres where infant classes were rated also had older classes and supervisors were responding for the centre as a whole.

Figure 13 provides a categorised summary of the supervisors' responses to first three questions. The frequency of responses (expressed as a percentage) is seen as an indication of the relative importance given to each of the categories by those supervisors interviewed.

Figure 13: Supervisors Perspectives on Quality

Facilities, Physical Infrastructure/Materials and Equipment

While the related ITERS/ECERS subscale Space and Furnishings was by no means the lowest score, infrastructure emerged as the most frequently mentioned aspect of a high quality ECD site (17 of 30 respondents) e.g. that there should be an attractive, solid and well maintained building; have sufficient space indoors and out and a separate kitchen. Security in the form of fencing/gate was seen as a priority in 6 cases. 5 respondents mentioned cleanliness and hygiene. Achieving this was a major challenge noted second only to financial issues and often in association with them e.g.:

“A new structure is needed but it is hard to get sponsors...”; “Right now we can’t afford to fence the building...”

Appropriate equipment for all ages, a well equipped school, outdoor play equipment were also seen as crucial quality aspects and a challenge to achieving quality. Vandalism by older children in the neighbourhood was mentioned as a serious problem for one site.

According to supervisors, parents are less concerned with either physical facilities or equipment than supervisors.

Trained care and education agents/Curriculum and teaching

As previously discussed staff training level is frequently used as an indicator of quality. In the audited ECD sites, 65% of practitioners in infant and toddler classes were untrained and 58% of practitioners in 3 – 4 year old classes. The Activities Subscale on the ITERS/ECERS which depends on ECD related pedagogical knowledge and skills received the lowest scores of all subscales; Language and Reasoning which requires practitioners to extend learning through mediation was second lowest of the ECERS subscales. In Section 3 the contribution of practitioner qualification to programme quality scores is statistically analysed.

The interviews bear out that supervisors believe that training counts. About half of the respondents said that having trained⁴ teachers was a key indicator of quality. However, accessing trained teachers was seen as a major challenge – “It is hard to find experienced, trained teachers”; “Not having enough trained educators and not being able to pay good salaries to staff especially trained teachers”. Supervisors also mentioned loving staff, friendly staff, and warmth as significant to quality (and the audit indicated high interaction scores).

There were fewer references to the learning programme or curriculum (planned, stimulating, structured programme) as a key aspect of a quality programme mentioned by about a third of supervisors. These mostly related to having a daily programme running, or planning for activities. However, two thirds of the supervisors believed that parents were concerned about the curriculum and teaching offered for example “Parents bring them to learn because we prepare children for school; they want knowledge that this is not a baby care but an education centre”; “They want a full time learning environment so that the child will be ready for Grade R and the outside world”; or the more pedagogically dubious statement that “There must be learning as well as playing”.

Integration of education and care

An integrated programme which looks after a full range of children’s needs was seen as a key sign of quality by about a third of supervisors and more than two thirds of them considered that parents were looking for this. For example parents look for:

“Safety, warmth/kindness, good learning programme, cleanliness, good nutrition”; “To have a mother figure to teach, love, give attention and healthy food”; “Educators and assistants who will take good care of children, age appropriate educational activities, healthy nutritious meals and snacks”.

The supervisors interviewed did not discuss integration in broader terms than this – for example linking families to services including health, child grants etc.

Ratio of adult to children

⁴ The word trained was used more often than qualified which may be significant in that training and qualifications are not synonymous.

Average observed class ratios in the study sites were not unwieldy at the time of the audit, as class size was generally low due to the time of year. However supervisors were answering a general question about quality and not referring to the audit period in particular. It is therefore interesting that while having a manageable adult child ratio is a key registration requirement, it was barely mentioned as a element for overall quality (3 of 30 respondents). Only one supervisor thought that parents would be looking at the “number of children in the class.”

As previously noted, this indicator is also ambiguous in the literature with some studies showing it as highly associated with positive outcomes for children in ECD sites and others finding positive outcomes with less favourable ratios. Ceglowski’s (2004) study of how different stakeholder groups define quality in child care shows that while programme administrators and teacher educators in her sample most frequently mentioned group size and ratios, parents and child care workers prioritised other characteristics such as a structured and learning environment, safety and good nutrition and being ‘parent friendly’.

In Section 3 the contribution of adult/child ratios to programme quality scores is statistically analysed.

Partners/parental and community participation

The average parent involvement score was a 2.44 of a possible total of 3 and examples have been given of how valuable a role parents can play as well as the challenges that securing their involvement can entail. In the interviews supervisors explained that they believed that parents value good relationships, trust and open communication. Supervisors feel that parents need constant feedback and reassurance and opportunities to be involved such as assistance to practitioners and through the management body. Realising parent involvement was mentioned as a challenge, particularly not paying fees or helping.

Finance and management

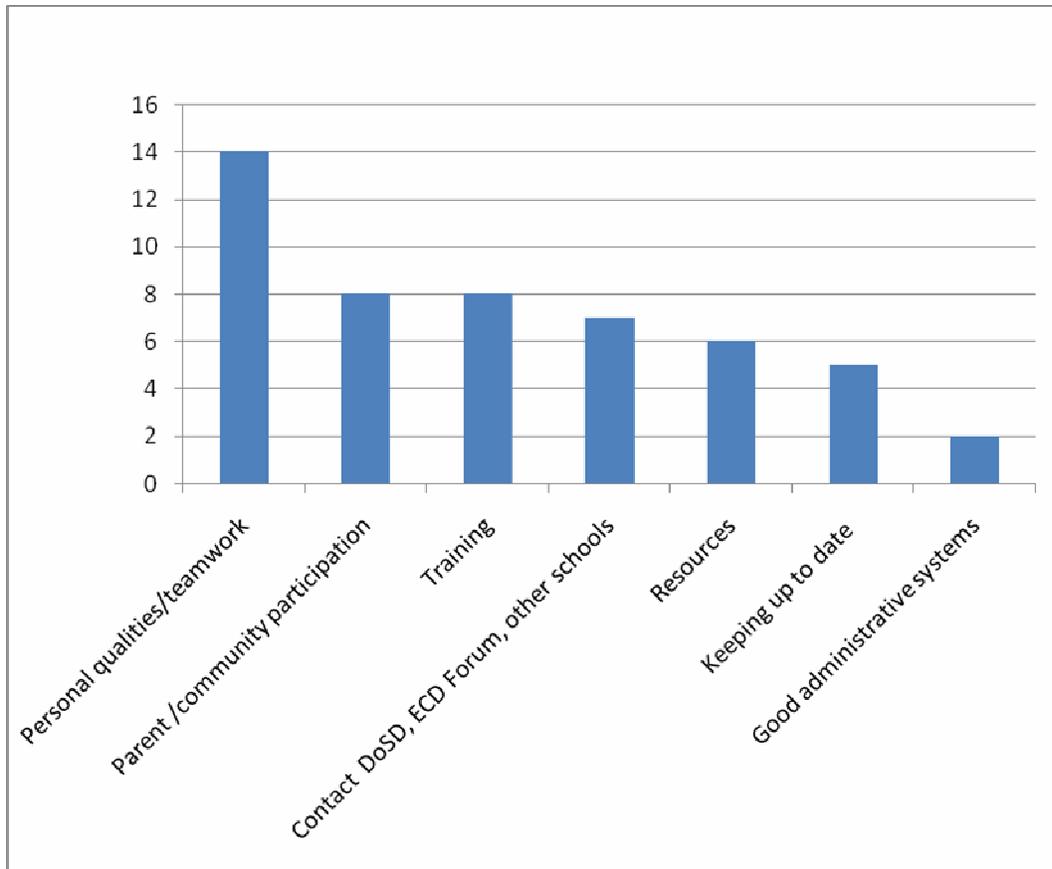
As will be shown in Section 3 of the results, fees and management quality are strongly related to the quality of provision. These areas were raised in the supervisor interviews as well. Three supervisors referred to management issues as important aspects of a centre with quality including an active governing body with sound administration, being registered and good management. Parents were not seen to think this aspect was important. Financial difficulties were the most frequently raised challenge to achieving and maintaining quality 17 of 30 respondents spread across all kinds of centre (6 good centres, 5 average centres and 6 poor centres).

Responses indicate a variety of ways that constrained finances impact on the programme e.g. “ Small classes mean less money”, “Staff not able to pay for training”; “High costs of rent and meals” and “If teachers are not properly paid we see it in their performance”. A number of respondents were dependent upon fees for meeting their needs.

Factors enabling the development and maintenance of quality

Figure 14 summarises supervisors’ responses to the final question about what had been helpful in developing and maintaining quality (figures refer to numbers of practitioners mentioning the item).

Figure 14: Factors Enabling the Development and Maintenance of Quality



Good staff, teamwork and relationships were most often mentioned as helping to develop and maintain quality (11 responses) but some supervisors identified the leadership role they played, for example:

“Knowing what I want and getting it; looking for advice,” “Having goals, not giving up under any circumstances”; “Maintaining my own standard, personal input, driving force”.

Support of different kinds came out strongly with eight supervisors mentioning that parent and community support was important, including an active management committee. However, professional support was equally important, for example the ECD forum:

“Going to teachers’ forums, contact with other schools”; “Networking with other principals”; and “Visits from DoSD who always give me plans and advice.”

Professional support through the vehicle of training was mentioned frequently. For example “Studying at present is a major help, telling me what to do”; “Our training which encouraged development of whole child”. A supervisor said “Sharing ideas learnt from workshops and training with staff members” and there were reports of staff workshops. Keeping interesting and finding

“New ways of giving an innovative programme” as well as keeping current and abreast of the work and maintenance were also viewed as key to upkeep of quality.

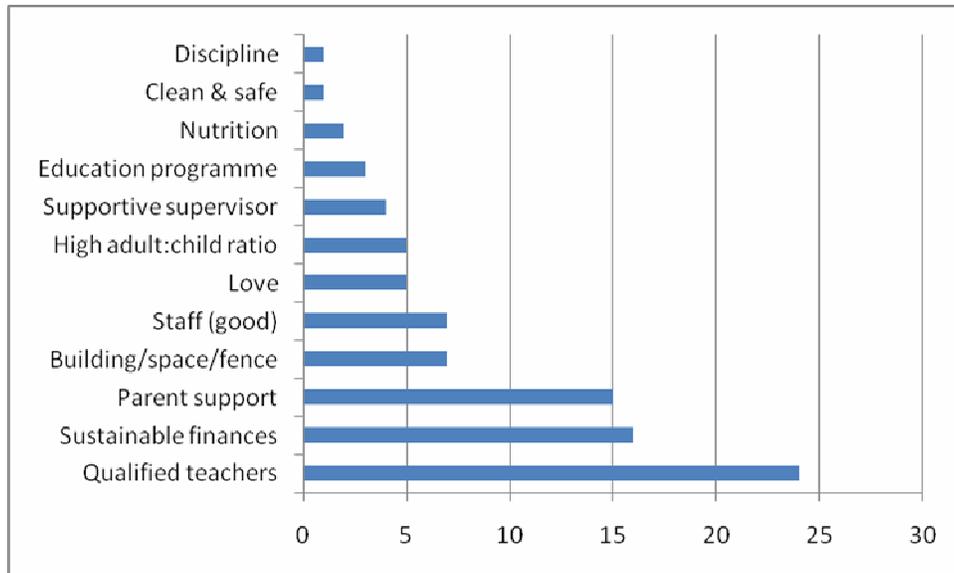
Lack of resources had been noted as a challenge for this group of supervisors but there had been some positive experiences e.g. “Our centre was identified as most disadvantaged and gets help from NGOs and CBOs, groceries, educational toys, building of structure”; subsidies from DoSD and Department of Education, donors and sponsors were also noted.

Alignment of supervisor views on quality and the evidence-base: the Card Sort Task

The card sort task aimed to determine how consonant supervisors’ views on the leading determinants of quality were with the evidence base. The authors had selected five key quality indicators drawing on the evidence base including qualified teachers, sustainable finances, parent support, high adult/child ratio and supervisory support. Figure 15 below summarises the items identified in the top 3 selections ranked by the frequency (number of times) they were cited by supervisors. This reveals there is a good correspondence with what supervisors spontaneously considered to be high quality and the evidence base. The elements that were most frequently endorsed were qualified teachers, sustainable finances and parent support. However the card sort task also brought out infrastructure which is a particular problem in the South African context. Significantly staffing attributes such as love, commitment and experience were seen as very important. At least one supervisor specifically distinguished good from qualified practitioners saying that

“A person can be qualified but not good and a person can be good but not qualified. A person must be good (love children, be caring and have a sense of humour) and the qualification can follow.”

It is deeply concerning that so few supervisors prioritised educational programme issues and raises the question for further investigation of whether the low ITERS/ECERS subscale scores on Activities is a result of the low priority given to this area. Another area of concern given poor nutritional status of children is that only four respondents put nutrition into their top three selections.

Figure 15: Quality Elements in Top Three Selections

Section 3: Determinants of Quality of Care and Learning Environments in the Province

This section of the report addresses the question:

What are the determinants of care and learning environments in Western Cape ECD sites?

The question is addressed for both infant and toddler and early childhood classes, and using the same predictor variables. Some are drawn from the literature on classroom quality predictors, while others such as registration and subsidy status are of particular interest to the Department.

Quality is measured by the ITERS-R (IT classes) and the ECERS-R (EC classes).

It is important to note that due to the different ages of children and programme standards for these two age groups, requirements to obtain an equivalent score are somewhat different. For example scores on the ECERS-R tend to require a more complex range of activities, equipment and interactions than is necessary for the same score on the ITERS-R.

In order to establish the determinants of quality in Western Cape ECD sites separate hierarchical regression analyses were conducted using the ECERS-R and ITERS-R total scores as the measure of class quality. Variables entered into the regression (possible predictors of quality) were chosen on the basis of the research evidence and informed by variables of interest to the Province and (excluding 'constant' a technical term) are listed in the table that follows. This approach allows one to tease out which of a set of likely influences have an effect on the quality of the care and learning environment. Results are displayed in Table 7.

Table 7: Multivariate Regression Models Examining Quality Indicators Influences on Classroom Quality using the ITERS-R and the ECERS-R

| Variable | ITERS | | ECERS | |
|---------------------------------------|---|---------|---|---------|
| | Coefficient | P | Coefficient | P |
| Model fit: | F (13,97) = 5.58, R ² =.351 p = .000*** | | F (13,108) = 6.17, R ² =.357, p = .000*** | |
| Constant | 1.098 | .110 | 1.387 | .060 |
| Registration Status | -.086 | .678 | -.161 | .451 |
| Subsidy Status | -.086 | .619 | .015 | .940 |
| Presence of Grade R class | -.082 | .728 | .436 | .086 |
| Class Practitioner Age | .008 | .501 | .011 | .469 |
| Class Practitioner High School | .303 | .314 | .276 | .273 |
| Class Practitioner ECD Level | .186 | .014* | .009 | .884 |
| Class Practitioner University/College | .324 | .570 | .395 | .175 |
| Class Practitioner Years in ECD | -.040 | .064 | .013 | .533 |
| Teacher-Child Ratio | .017 | .416 | .005 | .780 |
| Weekly Fee | .003 | .008** | .004 | .007** |
| Parent Involvement | -.065 | .617 | -.198 | .215 |
| Site Management Quality | .057 | .000*** | .065 | .000*** |
| Site Support from DoSD | .022 | .677 | -.051 | .377 |

***significant at the 0.001 level (2-tailed); **. significant at the 0.01 level (2-tailed); *. significant at the 0.05 level (2 tailed)

Of the variables explored, the analysis shows that *higher care and learning environment quality in IT classes in the province is determined by better site management, higher fees, and class practitioner level of training.*

The only predictors of quality for classes that have children older than 36 months (ECs) are *management quality and weekly fees charged.*

With regard to management, the OECD Starting Strong 1 Report (2001) indicates the importance of operational quality for maintaining a good service and that “the quality of operational standards depends largely on the professional competence of local administration and leaders of centres”. This includes planning, teamwork and staff support and evaluation. Where there is good

management, conditions of service and working conditions are likely to be better and these are strongly associated with quality.

Fees are clearly related to total programme costs and teacher salaries which other studies have found to link to ECERS and ITERS scores (Cryer et al., 1999). Studies have indicated the importance of staff compensation on the quality of services (e.g. Kagan & Rigby, 2003, Phillips et al., 2000).

It is unexpected that level of training had no effect on the quality of the care and learning environment for older children in this model. This is likely to have been a function of the other variables entered into the regression, that is, given the mix of variables analysed, and when compared with one another, training did not emerge as having a significant effect.

The effects of ECD training on the quality of the care and learning environment

Given the public priority to improve ECD training levels, it is of particular interest to assess the effects of different levels of ECD training on programme quality independent of the variables used to predict quality as entered in Table 7.. An analysis of the effects of different levels of ECD training was conducted to explore this matter further.

In order to examine this issue, groups of practitioners were compared on the quality of the care and learning environment they provided. Quality was assessed on the ECERS-R and ITERS-R total scores. The qualification groups were those with NQF Levels 1, 4 or 5.

Analyses were computed separately for classes with infants and toddlers and those with children aged 36 months and above. In both cases one way ANOVAs were computed across the three qualification levels⁵. Detailed results are provided in the Statistical Appendix, while summary findings are presented in Figure 16 and Figure 17 below.

For IT classes there is a very clear relationship between the practitioner's level of training and classroom quality. One must note though that there were very few Level 5 practitioners in the sample so that aspect of the findings must be treated with caution.

⁵ Only class practitioners with no Diploma or Degrees were included in these analyses.

Figure 16: The Effects of ECD Training on ITERS-R Means

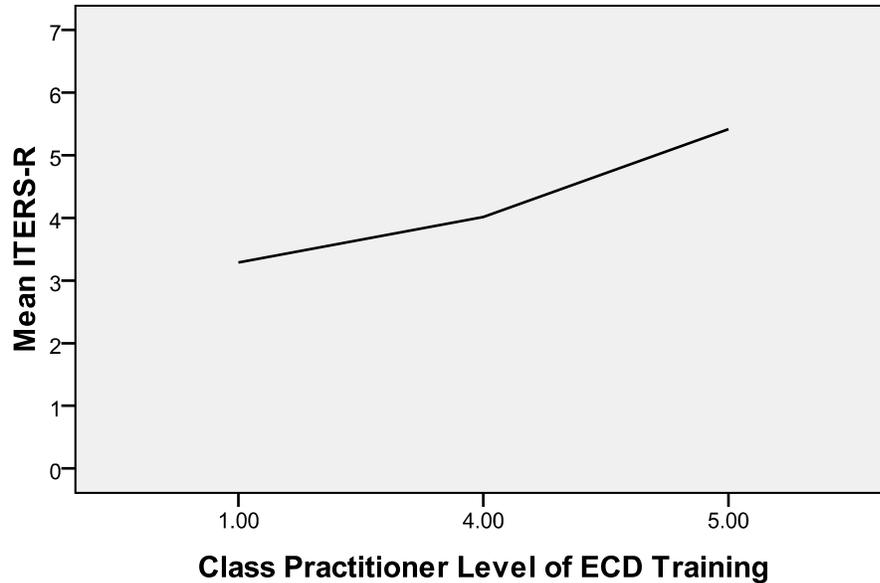
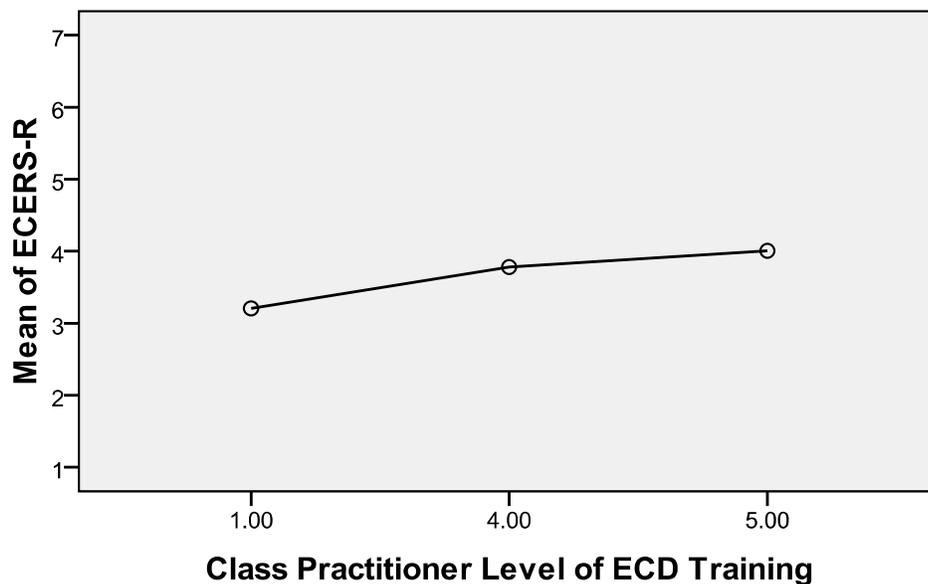


Figure 17: The Effects of ECD Training on ECERS-R Means



For EC classes total quality scores remain within the minimum band regardless of ECD training level. This needs further exploration but it should be noted that higher levels of training have not always predicted higher quality either locally (Dlamini et al, 1996; Department of Education 2001b,) or internationally (e.g. Cassidy et al, 2005). In the interview with assessors they were concerned about the missing link between training and practice and discussed what kind of training was needed. For example one assessor commented

“This teacher had worked in the packing shed previously, yet of all 18 sites she was the only one who was mediating learning. She had someone to support her in the classroom on a regular basis – (whereas) the worst site I saw had a teacher with a college certificate.”

This linked to assessor concerns about the lack of step by step instruction and insufficient on-site support during learnerships. Departmental officials also commented on the need for on-site support to assist with implementation of training (see below).

Management quality and site supervisor training

It is reasonable to expect that better trained supervisors will enhance the quality of care and learning provided in the classrooms of their sites.

To examine this hypothesis we compared Site Management means of supervisors across different variables: age; whether or not they had matriculated; whether or not they had a Diploma or a Degree; whether or not they had completed an NQF ECD training, and their years of experience in Early Childhood Development.

Separate ANOVA comparisons were conducted for IT and EC classes. Only the IT classes produced significant differences and only for supervisor high school and ECD training as presented in Table 8 below (only significant results are presented).

Table 8: ANOVA for Site Supervisor Training and Education and Site Management Quality

| Infant and Toddler Classes | Site Management | Sum of Squares | Df | Mean Square | F | Sig. |
|-----------------------------------|-----------------|----------------|-----|-------------|--------|---------|
| Principal/Supervisor High School | Between Groups | 1.032 | 1 | 1.032 | 4.827 | .030* |
| | Within Groups | 23.310 | 109 | .214 | | |
| | Total | 24.342 | 110 | | | |
| Principal/Supervisor ECD Training | Between Groups | 57.150 | 1 | 57.150 | 14.004 | .000*** |
| | Within Groups | 444.814 | 109 | 4.081 | | |
| | Total | 501.964 | 110 | | | |

*p < .05 (two tailed); ***p < .001 (two tailed)

The results indicate that supervisors who have at least a Matric or who have ECD Training have better quality infant and toddler classes. A post hoc LSD test showed that training only made a significant difference at Level 4 and Level 5 as presented in the Statistical Appendix.

The difference between the two levels of class may well be due to the fact that the same score level in both instruments (e.g. a score of 3) tends to require a more complex range of activities, equipment and interactions for ratings of classes with older children (EC classes).

Predictors of the ITERS-R and ECERS-R subscale scores

We have painted the ‘big picture’ in regard to predictors of the quality of the care and learning environment. This section of the report addresses the question:

What predicts the quality of the care and learning environment on each of the ITERS-R subscales for both Infants and Toddlers and children aged 36 months and above (the E.C. classes)?

In both instances, regression models were computed. The outcome (subscale scores) and predictor variables are presented in Table 9 below.

Table 9: Predictors and ITERS-R and ECERS-R Subscales Employed in Regression Analyses

| Potential Quality Predictors | ITERS-R and ECERS-R Subscales |
|---------------------------------|--|
| Registration Status | Space and Furnishings |
| Subsidy Status | Personal Care Routines |
| Presence of Grade R class | Listening and Talking (ITERS-R); Language and Reasoning (ECERS-R) |
| Class Practitioner Age | Activities |
| Class Practitioner High School | Interaction |
| Class Practitioner ECD Level | Program Structure |
| Class Practitioner University | Parents and Staff |
| Class Practitioner Years in ECD | |
| Teacher-Child Ratio | |
| Weekly Fee | |
| Parent Involvement | |
| Site Management Quality | |
| Site Support from DoSD | |

Infants and Toddlers.

The Regression model is presented in the Statistical Appendix. Table 10 presents the predictors established to have a significant relationship with subscale scores (0.05 level or higher).

Table 10: Regression Models Examining ECD Quality Indicators Influences on Infant and Toddler Classrooms

| ITERS-R Subscales | Predictors |
|------------------------|---|
| Space and Furnishings | <ul style="list-style-type: none"> • Management Quality • Fees |
| Personal Care Routines | <ul style="list-style-type: none"> • Management Quality • Fees |
| Listening and Talking | <ul style="list-style-type: none"> • Management Quality • Practitioner ECD Training Level • Practitioner years in the field of ECD |
| Activities | <ul style="list-style-type: none"> • Management Quality • Practitioner ECD Training Level • Fees |
| Interaction | <ul style="list-style-type: none"> • Management Quality • Practitioner Years in the field of ECD |
| Programme Structure | <ul style="list-style-type: none"> • Management Quality |
| Parents and Staff | <ul style="list-style-type: none"> • Management Quality • Practitioner level of training in ECD • Fees • Site Support from DoSD |

Not surprisingly and most likely for reasons given above, site management quality predicts the quality of all aspects of the care and learning environment assessed, while fees also play a key role. Practitioner training affects the quality of activities provided in the programme, listening and talking and parents and staff. Greater experience negatively predicts the quality of listening and talking and interaction with the children. Site support from the Department of Social Development predicts higher quality in relation to parents and staffing practice.

The effect of training in infant and toddler care on activities and listening and talking is understandable. Most IT units are simply custodial and there seems to be a general belief that very young children are not capable of doing activities. Unlike for older children where there are quite well known and established classroom activities and practices, this does not really exist in IT classes. These aspects would however be emphasised in training.

While it is counter-intuitive that greater experience would predict poorer listening and talking and interactions with infants and toddlers, it is possible that this is due on the one hand to burnout of practitioners in this demanding and low paid job, and on the other to upward mobility in the ECD system for better staff. Staff who remain in infant and toddler classes are those unlikely to be able to progress to a higher level

With regard to the effect on the Parents and Staff subscale of practitioner training and Department of Social Development site support, it is easier to understand the Department of Social Development's role. This subscale requires a number of administrative activities such as

communication with parents, involving them in the site, and staff oversight and training opportunities. All of these are emphasised in the Guidelines for ECD Services, the implementation of which Department of Social Development staff facilitate.

Children Aged 36 Months and Above

The findings for the regression analysis on predictors of the quality of the care and learning environment for children aged 36 months and older are presented in Table 11. Variables examined were the same as those for Infant and Toddler classes. Full details are presented in the Statistical Appendix.

Table 11: Regression Models Examining ECD Quality Indicators Influences on Classrooms for Children 36 months and above

| ECERS-R Subscales | Predictors |
|------------------------|--|
| Space and Furnishings | <ul style="list-style-type: none"> • Management Quality • Fees |
| Personal Care Routines | <ul style="list-style-type: none"> • Management Quality • Fees • Parent Involvement |
| Language and Reasoning | <ul style="list-style-type: none"> • Management Quality • Fees • Practitioners with a high school education |
| Activities | <ul style="list-style-type: none"> • Management Quality • Fees • Presence of Grade R on the site |
| Interaction | <ul style="list-style-type: none"> • Management Quality |
| Programme Structure | <ul style="list-style-type: none"> • Management Quality • Presence of Grade R on the site |
| Parents and Staff | <ul style="list-style-type: none"> • Management Quality • Presence of Grade R on the site |

Site Management Quality is a key predictor of all ECERS-R subscales. Fees impact on three of the subscales and the presence of a Grade R class emerges as important for the quality of Activities, Programme Structure and Parents and Staff.

The link of a Grade R class to the Parents and Staff subscale is strongly related to additional oversight and performance monitoring which is required by the Western Cape Education Department for Grade R teachers. Access to professional development and programme information and resources is also likely to be improved through this channel. Similarly it seems reasonable that the practitioners working in the 3 – 4 year classes would be influenced by the daily programme and activities offered in the Grade R class for the 5 year olds.

Language and Reasoning quality is highest when the practitioners have matric. Given that the scale items require the use of more conceptual language which is a skill that is required with higher levels of formal education, this makes sense.

An anomalous finding that cannot be readily explained is Parent Involvement is associated with lower scores on Personal Care Routines.

The effect of Weekly Fees on the quality of the care and learning environment

Weekly fees are strongly predictive of the quality of the care and learning environment. In order to explore the relationship between weekly fees and the quality of the care and learning environment for both age groups, scatterplots were constructed (see Figure 18 and Figure 19) and correlations computed. Sites were stratified by three levels as in previous analyses.

Some of the subsamples are small in size necessitating caution when interpreting. What seems clear, nevertheless, is that there is a significant relation between weekly fee and ITERS and ECERS scores for the unregistered sites, and a significant relation between weekly fee and ECERS scores for the registered and subsidised sites.

It is not possible to draw reasonable conclusions about the relations in sites that are registered, but not subsidised, as the small sample size makes for low statistical power.

Figure 18: Scatter Plots Illustrating the Relationship between Fees Charged and the Quality of the Care and Learning Environment in Three Site Categories as Measured by the ITERS-R.

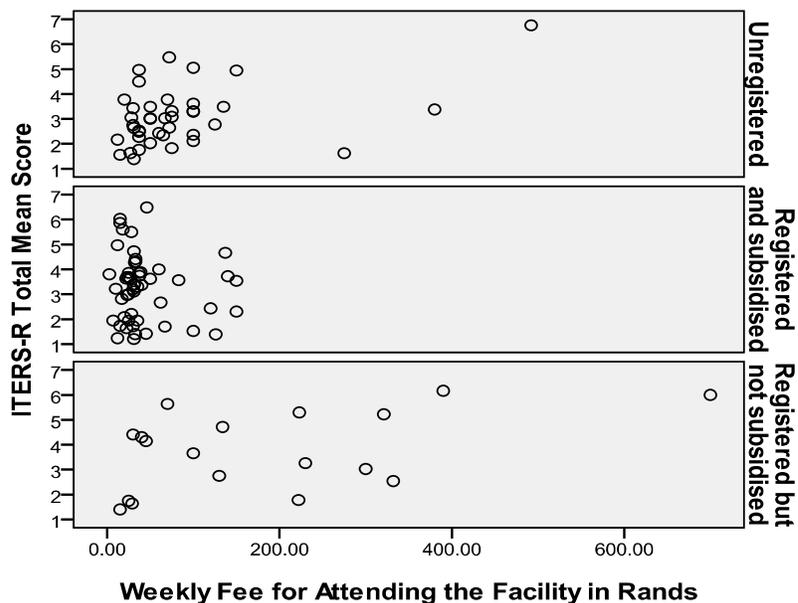
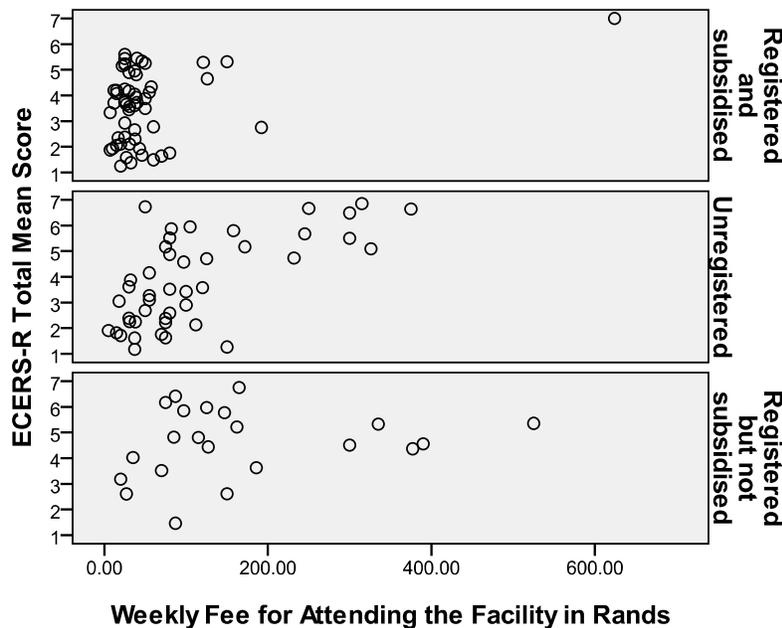


Figure 19: Scatter Plots Illustrating the Relationship between Fees Charged and the Quality of the Care and Learning Environment in Three Site Categories as Measured by the ITERS-R.



As we have already established, quality is related to fees charged.

It is evident from the plots that a significant proportion of (unregistered and registered and subsidised) sites charge less than R50.00 per week. It was decided to examine these least resourced sites separately for quality.

The effect of the subsidy on sites charging less than R50 per week

Clearly it is important to assess whether the subsidy materially improves site quality when sites are unable to, or do not charge more than R50 per week.

This conjecture was examined by considering all centres that charge less than R50 per week, and testing whether receiving subsidy produces higher scores on the ITERS-R and ECERS-R.

A one-way ANOVA showed that sites receiving a subsidy did not perform better than those that also charged less than R50.00 per week but were unsubsidised. Detailed statistics are reported in the Statistical Appendix.

The original purpose of the subsidy was to provide for the nutritional requirements of children. Recently it has been increased with a view to also providing for administration and contributing to personnel costs. This study did not investigate how subsidies were spent. For example, if subsidies were spent on food for children, they could not be expected to contribute to classroom quality. This is a matter for further investigation and it is hoped that the PETS research will be able to examine proportions of subsidy allocated to domains of expenditure. Once this is known, further studies can be undertaken to ascertain how subsidy influences programme quality.

Determinants of quality in sites charging less than R50 per week

If low fees are charged what predicts quality?

To address this question, the same hierarchical sequence and multiple regression analysis was conducted using the same variables as in Table 11 above, but excluding weekly fees. Detailed analyses are reported in the Statistical Appendix.

As shown in Table 12, the only predictor of quality for both the Infants and Toddlers and the older classes that emerges is sound management.

Table 12: Multivariate Regression Models Examining ECD Quality Indicators Influences on Classroom Quality using the ITERS-R and ECERS-R in Sites Charging less than R50.00 per Week

| | ITERS-R | | ECERS-R | |
|-------------------------|---|------|--|------|
| Model fit: | F (1,65) = 42.10, R ² =.384 p = | | F (1,59) = 13.68, R ² =.174, p = | |
| Variable | Coefficient | P | Coefficient | p |
| Constant | 1.62 | .000 | 1.90 | .000 |
| Site Management Quality | .063 | .000 | .055 | .000 |

This is a key finding as it indicates that management capacitation may overcome other limitations in a financially constrained environment. At this level of fee, as with better off sites, management quality is likely to be associated with sound leadership qualities as well as initiatives such as fund raising and effective solicitation of donations. Sound management in these low fee sites may also be associated with better internal staff relations and programme oversight. All these conjectures would have to be tested in further research.

Fee income is obviously not the only cash resource flowing to these sites as many of them would receive subsidies and donations.

This study is not able to provide comment on the necessary level of finance to provide a standard of care and learning that is above the minimum standard. It is to be hoped that the complementary PETS research will be able to assist in this regard.

Exploring child deprivation and the quality of care and stimulation.

The third term of reference for this study was to provide “*An evaluation of the influence of the surrounding community environment of the site on its functioning to explore whether or not certain community characteristics are associated with site quality.*”

Supervisor perspectives on determinants of quality have been discussed above and in part cover this issue. As indicated earlier in this report, it is not possible to determine the influence of the surrounding community on site quality for this study, as firstly, the community level variables that could influence quality are not known and in any event even if known their relative effects would be very difficult to tease out; and secondly the focus of the study was on the sites themselves. This limited the amount of community level data collected.

As described in the Methodology section, it was decided to link South African Index of Multiple Deprivation for Children 2001 (SAIMDC-2001) scores at datazone level (Wright et al, 2009) to each ECD site. The SAIMDC score was used as a proxy for community level deprivation factors that could influence site quality (e.g. deprived communities would not be able to provide much support to the site).

The SAIMDC permits one to gauge the level of risk to children’s development in the areas in which the site is located. Sites located in areas with high SAIMDC scores are likely to be serving children facing a number of risks – particularly those associated with poverty.

It was decided to test the hypothesis that the level of child deprivation in the area would be associated with site quality (using the ECERS-R or ITERS-R score). The prediction was that sites in areas with high levels of child deprivation would show poor quality and vice versa.

SAIMDC scores for the area within which the site was located were correlated with ECERS-R or ITERS-R scores (and subscale scores). Comparisons were made by Metro and non-Metro regions and by registration and subsidisation status.

Examination of this section of the Statistical Appendix shows that there are a number of significant negative correlations between indicators of site quality and the level of child deprivation in the area served by the site. In some instances where correlations are significant they are low and in some where correlations exceed 0.60, the number of sites is small. Such findings should not be considered.

Inspection of the data shows that overall:

The quality of site management and care and stimulation for both infants and toddlers and older children, is negatively related to the level of child deprivation in the area. That is, sites in deprived

areas provide lower levels of care than those that serve less deprived children and have poorer management quality.

In order to explore this matter further, and to reduce the probability that variability in quality within similarly deprived areas was contributing to these results, sites were divided into quartiles (four ranked groups) on the basis of the SAIMDC score in the area in which it was located. Quartile one contained sites located in areas where children were least deprived (lowest 25% of SAIMDC scores) while quartile four contained the most deprived sites (highest 25% of SAIMDC scores).

Sites were then compared by quartile on mean ECERS-R and ITERS-R scores using one way ANOVAs with the test of significance set at the 0.05 level or higher.

It will be noted that stratifying by quartile results in relatively small numbers of sites in each quartile for both ITERS-R and ECERS-R analyses (ITERS-R analyses: range = 24 to 34 sites; ECERS-R analyses: range = 30-31). Findings must therefore be treated with caution.

Analysis of Infant and Toddler site classroom quality in relation to child deprivation in the surrounding community.

Tables 13a and 13b present the results for this analysis.

Table 13a: ITERS-R Means for Each Site Quartile Based on SAIMDC Scores

| Site Quartile SAIMDC Score | N Sites | Mean ITERS-R Score | Std. Deviation |
|---|---------|--------------------|----------------|
| Q 1: SAIMDC Score Range 0-5.0200 | 26 | 3.72 | 1.438 |
| Q 2: SAIMDC Score Range 5.0201-10.4000 | 25 | 3.34 | 1.398 |
| Q 3:SAIMDC Score Range 10.4001-25.8100 | 24 | 3.50 | 1.242 |
| Q 4: SAIMDC Score Range 25.8101-49.7500 | 34 | 2.78 | 1.117 |

Table 13b: One way ANOVA for Site Quartiles Based on SAIMDC Scores and Infant and Toddler Classroom quality (ITERS-R)

| ANOVA ITERS-R | | | | | |
|-------------------|----------------|-----|-------------|-------|------|
| | Sum of Squares | df | Mean Square | F | Sig. |
| Between Quartiles | 14.891 | 3 | 4.964 | 2.974 | .035 |
| Within Quartiles | 175.245 | 105 | 1.669 | | |
| Total | 190.136 | 108 | | | |

The results indicate that sites with classes for infants and toddlers located in areas with high levels of child deprivation are significantly different in quality (in the statistical sense), from those in less deprived areas. None of the site means exceeds the minimum quality level.

For further statistical analysis and to reduce the probability of variance obscuring findings, Metro and Non-Metro sites were examined separately and the same statistical analyses were run.

The only findings of interest for Infants and Toddlers are in the Metro sites. Metro, sites serving areas with the highest levels of child deprivation (quartile 4) are *of significantly poorer quality* than those serving those serving the *least deprived* child population (Quartile 1). Results are presented in Tables 14a and 14b. Again, no Metro sites exceed the minimum standard.

Table 14a: ITERS-R Means for Metro Site Quartiles Based on SAIMDC Scores

| Metro Site Quartile SAIMDC Score | N Sites | Mean ITERS-R Score | Std. Deviation |
|---|---------|--------------------|----------------|
| Q 1: SAIMDC Score Range 0-5.0200 | 23 | 3.73 | 1.401 |
| Q 2: SAIMDC Score Range 5.0201-10.4000 | 17 | 3.00 | 1.001 |
| Q 3:SAIMDC Score Range 10.4001-25.8100 | 12 | 3.15 | 0.947 |
| Q 4: SAIMDC Score Range 25.8101-49.7500 | 23 | 2.64 | 1.048 |

Table 14b: One way ANOVA for Metro Site Quartiles Based on SAIMDC Scores and Classroom quality for infant and toddler classes (ITERS-R)

| ANOVA ITERS-R | | | | | |
|-------------------|----------------|----|-------------|-------|------|
| | Sum of Squares | df | Mean Square | F | Sig. |
| Between Quartiles | 14.220 | 3 | 4.740 | 3.611 | .017 |
| Within Quartiles | 93.209 | 71 | 1.313 | | |
| Total | 107.428 | 74 | | | |

Post Hoc comparisons using Tukey's HSD Test showed that in the Metro, sites in areas where children are most deprived (Quartile 4) are of *significantly poorer quality* ($p \Rightarrow 0.01$) than those in least deprived areas. (Quartile 1).

Analysis of classroom quality for children aged 36 – 48 months in relation to child deprivation in the surrounding community

Table 15a: ECERS-R Means for each Site Quartile based on SAIMDC Scores

| Site Quartile SAIMDC Score | N Sites | Mean ECERS-R Score | Std. Deviation |
|--|---------|--------------------|----------------|
| Q 1: SAIMDC Score Range: 0-4.6175 | 30 | 4.36 | 1.792 |
| Q 2: SAIMDC Score Range: 4.6176-9.5750 | 31 | 3.93 | 1.439 |
| Q 3: SAIMDC Score Range: 9.5751-20.9075 | 31 | 4.16 | 1.315 |
| Q 4: SAIMDC Score Range: 20.9076-49.4700 | 30 | 3.03 | 1.367 |

Table 15b: One way ANOVA for Site Quartiles based on SAIMDC Scores and Classroom quality for children aged 36 months and above (ECERS-R)

| ANOVA ECERS-R | | | | | |
|-------------------|----------------|-----|-------------|-------|------|
| | Sum of Squares | df | Mean Square | F | Sig. |
| Between Quartiles | 30.878 | 3 | 10.293 | 4.650 | .004 |
| Within Quartiles | 261.217 | 118 | 2.214 | | |
| Total | 292.095 | 121 | | | |

The analysis displayed above shows that there is a statistically significant difference between site quartiles on the quality of the care and learning environment.

Inspection of the ECERS-R means (3.03-4.36) shows a greater range than is the case for ITERS-R (2.78 to 3.72), with the lowest ECERS-R mean score evident in sites located in areas where children suffer the most deprivation.

For further statistical analysis and to reduce the probability of variance obscuring findings, Metro and Non-Metro sites were examined separately and the same statistical analyses were run.

The only findings of interest are in the Metro sites for older children. Metro, sites serving areas with the highest levels of child deprivation (Quartile 4) are *of significantly poorer quality* than those serving those serving the *least deprived* child population (Quartile 1). Results are presented in Tables 16a and 16b.

Table 16a: ECERS-R Means for Metro Site Quartiles based on SAIMDC Scores

| Metro Site Quartile SAIMDC Score | N Sites | Mean ECERS-R Score | Std. Deviation |
|--|---------|--------------------|----------------|
| Q 1: SAIMDC Score Range: 0-4.6175 | 22 | 4.56 | 1.943 |
| Q 2: SAIMDC Score Range: 4.6176-9.5750 | 18 | 4.12 | 1.569 |
| Q 3: SAIMDC Score Range: 9.5751-20.9075 | 18 | 3.97 | 1.232 |
| Q 4: SAIMDC Score Range: 20.9076-49.4700 | 18 | 2.90 | 1.440 |

Table 16b: One way ANOVA for Metro Site Quartiles based on SAIMDC Scores and Classroom quality for children aged 36 months and above (ECERS-R)

| ANOVA ECERS-R | | | | | |
|-------------------|----------------|----|-------------|-------|------|
| | Sum of Squares | df | Mean Square | F | Sig. |
| Between Quartiles | 28.555 | 3 | 9.518 | 3.762 | .014 |
| Within Quartiles | 182.181 | 72 | 2.530 | | |
| Total | 210.736 | 75 | | | |

Post Hoc comparisons using Tukey's HSD Test showed that in the Metro, sites in areas where children are most deprived (Quartile 4) are of *significantly poorer quality* ($p \Rightarrow 0.01$) than those in least deprived areas (Quartile 1).

Summary

At a descriptive level for the province as a whole, the findings indicate that *no site quartile exceeds the Minimal standard* for infants and toddlers, indicating that the youngest and most vulnerable are provided with the poorest care.

Provision for older children is also poorer in the deprived areas and better in areas for the least deprived children. This observation only reaches statistical significance when differences between quartiles in each of the Metro and non Metro areas are examined separately. In both cases, sites serving the most deprived are of significantly worse quality (*Inadequate standard*) than those serving children at least risk (*Good standard*).

The lack of statistical differences elsewhere in the analysis is likely to be a function of the relatively narrow range in the quality of care and learning across quartiles.

Regardless of the child deprivation in the surrounding area, no facilities for infants and toddlers are rated as being of a good standard as assessed on these indicators.

District Office Staff Comment on the Study Findings and Recommendations

The purpose of this section of the report is to provide the reflections of District Office staff on the study findings and recommendations. Questions are given in Appendix 4. A brief summary of these deliberations is provided. The views of these personnel were used to re-shape the preliminary recommendations.

Participants were asked for their views on the findings – what was expected and what came as a surprise? For the most part the study findings were expected.

District office staff confirmed the limited quality of programmes for Infants and Toddlers and mentioned that this “was highlighted by ECD practitioners themselves during imbizos”. A concern was that young and inexperienced staff with low levels of education were responsible for the young classes. When training was offered practitioners from the older classes were those selected.

The study found no differences between subsidised and unsubsidised sites in the quality of the care and learning environment. Participants noted that is quite possible that no difference was observed *because the subsidy may not be spent on inputs that would make a difference to the care and learning environment*. This is a very important point. It cannot be concluded that the subsidy

makes no difference overall. We need to establish where it makes a difference. Participants felt that it is particularly important to know how the subsidy is utilised as there is no contractual obligation to use the money in the proportions intended for equipment and staffing and meals for the children. The PETS could possibly assist in providing information on this question.

A further reason offered for the lack of difference between subsidised sites and the registered but unsubsidised sites was that in the more affluent unsubsidised sites, parents paying high fees insisted on a better quality of service and an educational programme. In poorer areas parents were more concerned to find sites that were close by and charged low fees.

In the current economic climate where many people are offering child care as an income generating opportunity. A participant observed that:

“Well established centres like churches with big halls are running empty because of these small ones which are cheaper and perhaps on route to the station or the schools which older siblings attend.”

Of concern to participants was the finding that while policy called for it, centres did not often reach out to parents whose children attended the site in order to enhance children’s health, wellbeing and service access. Outreach to other parents was virtually non-existent. A suggestion was to expose staff at sites to the training that family outreach workers in several districts were receiving on linking families to available services. In some districts sites were included in Welfare Month campaigns.

Participants commented that most sites and in particular those in poor communities would not have the resources to fulfill this policy objective. Salaries were low and hours long and parents not available for meetings. While the policy might be good in principle it was too much to expect most sites, particularly those in the poorer areas to go beyond their basic function of providing a site-based service.

District office staff confirmed the importance of individual leadership and good management for site quality. They had found that if “the principal is not vigilant and she doesn’t have that passion, it just dies.” They had seen crèches that did very well but fell flat when the principal changes irrespective of whether staff were trained.

The fact that training and capacity building “do not always have the outcomes we want” had been noted by the department. Participants commented that the implementation process required support and the need for training all levels of staff. For example it was a problem when:

“the principal gets all the training and it sits with her and staff don’t know what to do” or in other sites “staff get the training and they don’t get the support of the principal.”

To improve the care and learning environment, it was felt that parents and other members of the community needed to be better informed about the minimum norms and standards. If they were aware of these then they would be able to exert influence on the site. District staff felt strongly that their role is to capacitate the whole community about priorities for young children as had been initiated in some districts so that they were not the only ones monitoring “Communities need to be aware so that they can be eyes and ears too”.

Safety and hygiene needed tightening through additional training, including first aid, enforcement of adult child ratios especially for the babies and toddlers (through assistants if necessary) and better coordination with other departments such as traffic control, parks and forestry where local parks were used for outdoor play and with the health department.

Overall, participating officials argued that to improve the quality of daily care and learning, continued *monitoring* and support by experienced ECD personnel is required. They noted firstly that District Offices often lacked the capacity for monitoring and support (see below).

Participants noted that in this study, significant proportions of supervisors had no ECD training and that management quality was a key predictor of service quality. Participants argued that site supervisors must be capacitated in the various aspects of management (e.g. governance; management; policies etc). Participants mentioned that they had been surprised that supervisors with a Level 5 qualification knew nothing about management and financial administration. This is probably because the management component of the qualification is an elective option and may not necessarily be offered by training providers.

To further ensure improved quality, it was suggested that a condition of registration should be that supervisors receive training in management (particularly finance and governance) and other elements of ECD service provision. Training requirements could be fulfilled over a period of time and monitored by District Offices.

Participants noted that membership of ECD forums was often helpful in providing information and ideas that could contribute to better quality. All districts were using the forums as a means of disseminating information. In certain rural areas within which sites were very spread out, examples were provided of District Offices facilitating subdistrict ECD forum meetings. These served to provide considerable support to forum members. Forums are also an opportunity to facilitate integrated services (see below). Participation in ECD forums was therefore strongly encouraged as a mechanism for strengthening quality through providing managers with information and support.

The question of mechanisms to enforce compliance with standards of care was a key subject of discussion. Participants felt that consideration should be given to sites maintaining standards in order to retain the subsidy. They felt that compliance with the transfer payment agreement (TPA) needed to be strengthened in order to enhance quality. However it was noted that it might be

challenging to enforce requirements for management training in the case of for profit sites – particularly those that did not require subsidisation.

Further, site supervisors need to be much more aware of what is needed in terms of good quality service provision so that they can mentor their staff. While management training is essential for supervisors, they also need training in ECD to fulfill supervisory roles.

Participants felt that the Department needs to play a central role in supporting its District Office ECD staff to carry out their functions more effectively.

First, participants drew particular attention to the need for a specialised cadre of staff well versed in ECD services to be located in each DoSD District Office. The numbers of staff needed to support ECD in the District needed to be proportional to their responsibilities and the number of sites they have to cover. In rural areas, particular account has to be taken of the distances between sites and the time it takes for staff to carry out visits. Staff with experience in ECD are needed, as participants felt they would best be able to support sites in their districts to deliver a quality service. The ECD assistants had been helpful in this regard:

“They are doing a marvelous job, they are eyes and ears on the ground and becoming the face of the department”; “Without them the Department would not be visible in the area”.

However they “need knowledge and supervision” .Some functions could continue to be outsourced to NGOs. Where the District Office had an ECD coordinator able to focus on ECD only, this was helpful.

Second, staff require resources to undertake their duties effectively. Mention was made of the need for sufficient fully functioning vehicles (vehicles were often either insufficient or dysfunctional). Rural district participants in particular felt that insufficient cognisance was taken of the distances staff were required to travel to support and monitor sites.

The challenge of providing integrated care and more holistic services was raised as a serious concern. Participants stressed the necessity of collaboration between government departments and levels of government for this aspect of policy to be realised. For example, it was felt that it is very difficult for sites to establish arrangements for provision of primary health services such as immunisation or provision of first aid kits and training. Services of this nature were often made available through the good will of particular individuals or authorities rather than as part of a systemic approach to the holistic care of young children. Participants felt that such efforts need to be driven by provincial and local government in liaison with the relevant district officials (e.g. Health and Social Development). The establishment of the Integrated ECD Management Team at provincial level and plans for a similar structure in the Cape Town Metropolitan area are positive steps in this direction. The development of a service provider forum at district level had been

another avenue for providing holistic support. The development of a service provider forum at district level had been another way of providing holistic support to ECD sites in at least one district.

Overall, the focus groups with departmental officials provided an excellent opportunity for reflection on study findings by a group of key stakeholders. Officials also commented on the draft report recommendations. For this final report these have been edited accordingly.

Study Limitations

Findings and recommendations of this study must take into account the following primary limitations.

1. The full population of ECD sites in the province is not known. These findings apply to a ten per cent sample of known sites. The findings are nonetheless highly likely to be representative of the Province as a whole.
2. It was not possible to obtain a random sample of classes for purposes of observation. This is because site supervisors selected classes. It is possible that they selected classes that in their view would give a good impression of the site. If anything then, the data provided in this report would reflect the most favourable of scenarios.
3. Despite every effort to ensure that the assessors used in this study could carry out high level observations and assessments, there were some whose performance was not to standard. This problem was picked up during the initial stages of data quality assurance. In cases where data was not adequate, assessors were required to rectify errors and to contact sites once more for the necessary information. Indeed it is our opinion that all assessors learnt a great deal about the importance of accurate observation and data capture through this process. That said, there remained quality variation in assessor's reports.
4. Finally, as well as variation between classes at a site, classroom practice can vary from day to day, so the data gathered can only provide a snapshot view of quality in the province

Summary of Key Findings

Question1. What is the level of quality in a representative sample of ECD sites in the Western Cape Province?

1. On average, the quality of children's care and learning environments in both infant and toddler and early childhood ECD classrooms in the Western Cape *falls within the minimum standard* as set out in the Guidelines for ECD services. This indicates adequate custodial

care including some form of learning programme. However it is a concern that the activities provided in programmes are of particularly low quality for both age groups.

2. Infant and toddler classes are of lower standard than those for older children.
3. There is no difference in classroom quality between sites located in the Metro and Non-Metro areas.
4. Registered sites that are not subsidised have higher classroom quality for both infant and toddler and early childhood classes when compared with those that are unregistered or are both registered and subsidised (or have applications for subsidy pending). The finding is not surprising as unsubsidised registered sites are likely to include those that serve wealthier communities, charge higher fees, and have better resources.
5. There is no difference in classroom quality between sites that are unregistered and those that are both registered and subsidised. This finding needs to be explored further using PETS data.
6. Practitioner interactions with children are generally positive with a warm emotional climate in both infant and toddler and early childhood classes.
7. Home language was used and additional languages were introduced in age appropriate ways in the majority of sites.
8. There are no differences in site management quality between Metro and Non-Metro sites and overall quality is not high.
9. Training opportunities provided, and support from external resources including the Department of Social Development, are limited, but highly valued if offered.
10. Service integration for children is uniformly poor. Children with problems are rarely identified or referred indicating that holistic care is not being provided to young children and that their families are not referred to services that can assist. District Office officials noted that service integration is a significant challenge in some areas as inter-departmental collaboration on provision of integrated ECD services in provincial and municipal sectors of government is weak.
11. Parenting support to ensure the holistic development of young children is rarely offered to parents whose children attend sites and there is virtually no outreach to parents of children who do not attend sites. It is probable that this gap between policy intentions and service realities is a result of sites in focusing on their core business of service provision in their site, as well as a lack of resources to reach out beyond the site.
12. District Offices will be able to improve support to ECD sites if they have a dedicated and experienced ECD team in place with sufficient resources (e.g. vehicles) to undertake their

responsibilities. Particular account needs to be taken of the resources (personnel and transport) needed to function in the face of the significant distances between the Office and sites located in rural areas.

13. Individual leadership and management skills play a clear role in strengthening the sites.

Question 2. What are the determinants of the quality of the care and learning environments in Western Cape ECD sites?

1. For both infant and toddler and early childhood classes, Site Management Quality and Weekly Fees were predictive of the quality of the care and learning environment. In addition, for infant and toddler classes the practitioners with a higher ECD level of training had higher quality classes.
2. A detailed analysis of domains of classroom quality showed that in addition to the above and for infants and toddlers:
 - a. The number of years experience in the field of ECD was negatively related to the quality of the class. It is suspected that this is due to burnout and upward mobility in the ECD system for better staff. Staff who remain in infant and toddler classes are those unlikely to be able to progress to a higher level.
 - b. Practitioners with higher levels of training provided better facilitation of children's language.
 - c. The quality of support provided by the Department of Social Development is associated with improved engagement with parents on the part of sites and better staffing support and conditions.
3. For early childhood classes the detailed analysis provided similar findings with regard to the important role of Management Quality and Weekly Fees. In addition
 - a. The presence of a Grade R class at the site had an impact on both the programme structure and the quality of activities offered in the early childhood class. It is also associated with improved engagement with parents on the part of sites and better staffing support and conditions.
 - b. Practitioners who completed high school were better able to stimulate the language and reasoning of children in these classes than those who had not reached this level.
4. In order to examine the role of fees further, the relationship between weekly fee levels and quality of the care and learning environment was examined.
 - a. A significant proportion of sites in the province charge <R 50 per week in fees

- b. The quality of programmes in subsidised sites charging <R 50 per week was no better than unsubsidised sites charging in the same band of fee rates.
- c. The only predictor of programme quality in sites charging <R 50 per week was management quality.

Findings in relation to subsidy and fees must be treated with caution as the distribution of site income was not investigated (this is the subject of the PETS). Also the subsidy, a large proportion of which is intended for nutrition, is unlikely to be spent on items that will influence the classroom environment – the key quality outcome in this study.

5. Finally, the study indicates that sites located in areas in which children experience the most deprivation are of poorer quality than those attended by children experiencing the least deprivation. While this is not surprising, it indicates that children most in need are not receiving the level of care and stimulation needed to offset the deprivation they experience at home and in the community.

In relation to the three major public interventions to improve ECD services, the findings support the need to increase the cadre of trained ECD personnel, and the numbers trained at higher levels. Secondly, financial resources (as assessed by fee income) are low for the vast majority of sites and subsidies are not associated with improved service quality. This needs further investigation in order to determine how subsidies are used and how different allocations, for example to salaries or equipment, influence programme quality (drawing for example on the PETS). Service integration, a key intervention to promote holistic early childhood development, is uniformly poor and needs the attention of the Department. It is also clear that District Office ECD staff need to be a dedicated and specialised group who are provided with the necessary resources to undertake support and monitoring of quality of sites in their areas. Offices in rural areas require attention to transport facilities to enable them to cover significant distances to support the widespread sites that fall within their areas.

Recommendations

The study shows two main areas requiring intervention:

Firstly, the need to improve the learning environments in sites, and secondly, the need to facilitate more holistic and integrated services to young children.

1. To improve learning environments the study indicates the need to:
 - a. strengthen site management particularly in the areas of governance and finance (including the possible introduction of requirements for annual financial statements as a condition of registration); training in fundraising and writing of funding proposals; management training, mentoring, support to implement after training, The inclusion of a

management elective in the Level 5 qualification when supervisors are trained should be discussed with training providers. The DoSD could continue to facilitate sharing of expertise among site managers through assisting with the establishment of support groups possibly linked to ECD Forums).

- b. ensure that site supervisors are knowledgeable about ECD programming as well as site management; . This will enable supervisors to mentor their own staff and ensure that standards for care and learning are upheld.
- c. investigate whether financial support to sites should be increased, particularly for those whose client base cannot afford the fee levels necessary to lift quality. In order to determine the effect of the subsidy on site quality, it is necessary to know how the subsidy is utilised and whether subsidy allocation processes and amounts should be re-visited; PETS could possibly assist in providing information on this question.
- d. provide assistance to sites in the poorest areas to enable them to take up training opportunities.
- e. provide regular assessments of site quality accompanied by feedback and support by appropriately trained DoSD officials so as to assist sites to reach acceptable levels of quality. In order to realise this recommendation, each District Office requires a specialised ECD team with the necessary resources (particularly functional transport) in order to carry out its responsibilities and particularly to fulfill its role in ensuring compliance with standards and improving the quality of care and learning. ECD assistants have been a helpful addition to the staff establishment but more permanent staff are needed.. Where capacity is not available in District Offices, the Department may wish to consider contracting suitably qualified organisations and individuals to assist in this process.
- f. provide parents with user-friendly guides on the minimum standards they can expect from a registered facility so that they can request the appropriate level of service; General community awareness of priorities for young children should also be developed.
- g. retain experienced practitioners in the sector and need to be paid a fair wage for their challenging and important work as an incentive to do so and to undertake further professional development.
- h. improve levels of ECD qualifications to a standard of at least FETC Level 4 for all ages of children served.
- i. particularly in rural areas, District Offices should continue to facilitate the formation of clusters of ECD centres so that they can support each other; this practice could serve to

exchange knowledge and materials, and also link emerging sites to those that are more established.

For all of these points more attention is needed to improve the care and stimulation environment for infants and toddlers as their classes were of consistently lower quality than those for older children.

The need to attend to the quality of care and learning environment for all children in sites must be regarded as of equal importance to initiatives to improve the quality of infrastructure and equipment.

2. To improve holistic services to children:

- a. Site personnel need to be trained to identify and refer children at risk for a range of problems.
- b. Monitoring and support by DoSD should include a focus on facilitating the development of appropriate systems in sites for capturing information on vulnerable children and referral to appropriate services.
- c. Given the distances involved, accessibility to ECD sites in rural areas would be enhanced by the provision of subsidised transport.
- d. While it is critical to strengthen sites' capacity to integrate services for enrolled children and their families, the evidence from this research strongly indicates that sites do not have the capacity to provide outreach services beyond their client base. This was confirmed by consultations with District Office personnel. While the policy might be good in principle it is too much to expect of most sites, particularly those in the poorer areas, to go beyond their basic function of providing a site-based service.

Furthermore, the study indicates that major efforts are needed to improve collaboration between different government sectors and tiers providing services to young children. This cannot be left to sites, and while the key node in this regard is the District, some District Offices may require higher levels of the administrative system to put such systemic arrangements in place. Such processes should be enhanced by the existing Integrated ECD Management Team in Provincial government and similar structures in the Cape Town Metro.

If this research is to be used as a baseline to track changes consequent on policy implementation (improved subsidies; more and better trained personnel) in the quality of ECD provision in the province, it is strongly recommended that the same measures of classroom and management quality are utilised.

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Appendices

Note that the Statistical Appendix is a separate document and is not included here.

Appendix 1 : Field Manual

Western Cape Early Childhood Development Facility Quality Audit 2009

Field Manual

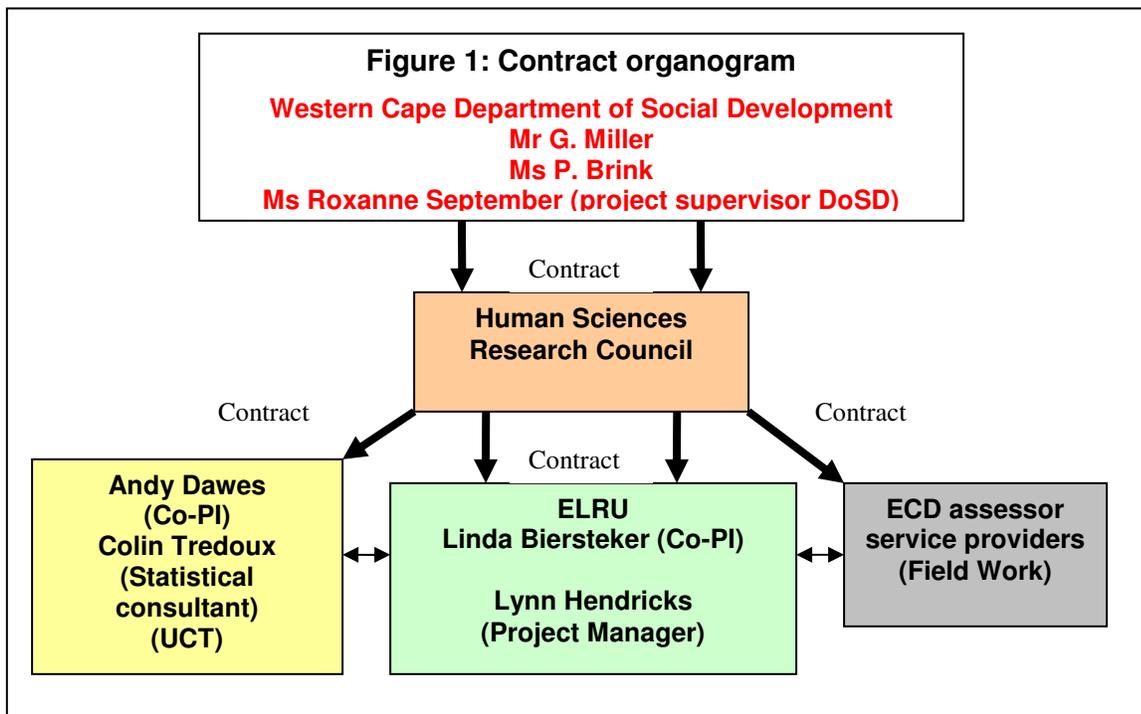
Introduction

We are very pleased that you will be assisting in this important study which is being carried out by the Western Cape Department of Social Development. This is the third phase of research that began by identifying ECD facilities in the province, that was followed by a physical audit conducted in 2008. All the facilities in this third phase participated in the physical audit.

This is a significant opportunity for the Department to understand the levels of ECD facility quality in the province. The research will also aid the development of tools for monitoring quality as well as providing baseline data on existing service quality. The research will help us understand the factors that contribute to a successful facility, as well as identifying the things that make it difficult for facilities to deliver their services. It is the first time such an intensive study of ECD facility and programme quality has been conducted in South Africa by a group of experienced ECD practitioners.

The assessment tools you will use were developed in the United States and South Africa. They have been approved by the Department of Social Development and their ECD expert reference group.

The contractual arrangements are displayed in Figure 1.



As you will see, the Department of Social Development has contracted the HSRC to undertake this research. The project coordinator in the Department of Social Development is Roxanne September. She is primarily responsible for setting up site enrolment and liaison with the District Offices.

The HSRC has outsourced components of the research to Andy Dawes from UCT and to ELRU, where the project is led by Linda Biersteker.

The ELRU project co-ordinator is Lynn Hendricks. She will be the key contact person for you during the field work. If you have any questions and need clarification, please do not hesitate to call her.

Contact details appear at the end of this manual.

The manual is your guide to conducting ECD Facility visits. It is essential that you read through it carefully and know its contents prior to setting out. All the instructions are to be followed.

Facility Selection

Contacting Facilities - DOSD:

The Department of Social Development Head Office has briefed District Office (D.O) supervisors on the study.

The Department will issue a letter to each D.O. outlining the purpose of the research.

Each D.O. has been provided with a list of facilities selected for study. D.O.s are responsible for contacting each facility to inform them of the study and request their participation.

Once a facility has agreed to participate, the D.O. informs Head Office. The D.O. also advises Head Office if the facility refuses to participate. If this happens, head office provides a replacement facility (which may not be in that district). The process of contact resumes.

Contacting Facilities- Assessors:

Once facilities have agreed to participate, Ms Hendricks will assign them to service provider organisations. Service providers will then assign assessors to make contact and set up the visit.

Each assessor must arrange her visit with the facility supervisor. She must call 36 hours prior to the visit to confirm:

- a) directions and road accessibility to the facility
- b) the date and time of the visit;
- c) that she will be available for an interview in the day of the visit;
- d) that she has a class of the appropriate age level available for observation, and
- e) that she will have her facility documents ready for your interview – e.g. the constitution; registration certificates; policies etc (the interview with the supervisor requires you to check these documents – see the checklist in this manual).

Note: In some instances assessors will conduct *two* observations in one facility (one each for the older and younger children on separate days). However, you would of course only do one supervisor interview.

If problems arise in the field, the assessor must contact Ms Hendricks.

What happens if the selected facility is unavailable or no longer in existence?

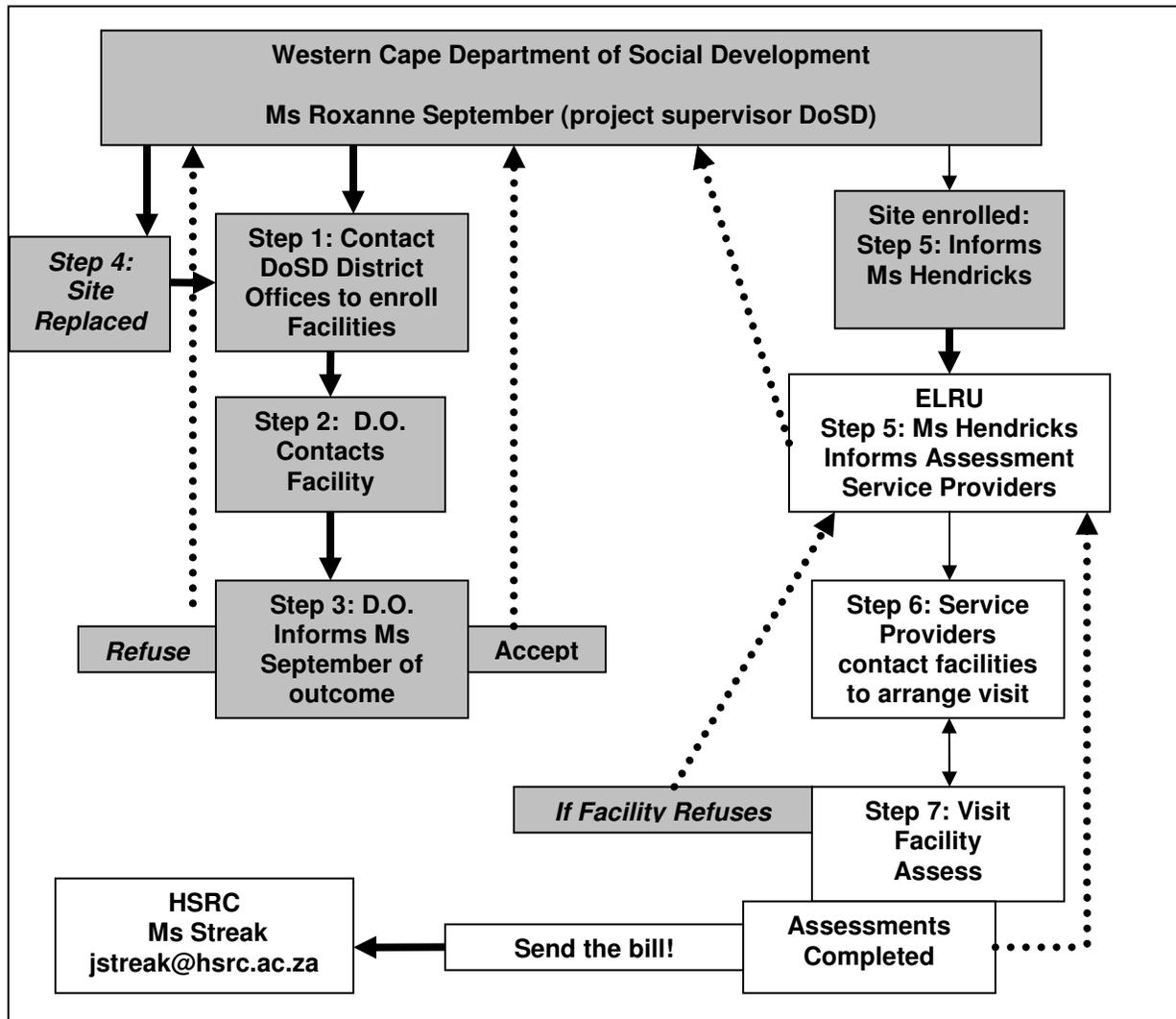
Contact Ms Hendricks.

She will arrange for one of the D.O.s to contact a replacement. Once this has been done, Ms Hendricks will assign the site to the appropriate service provider who will in turn assign it to an assessor to arrange the visit.

Note that this facility *may not be in the same district* as the assessor is working.

Facility contact processes are presented in Figure 2.

Figure 2: Facility contact processes and responsibilities



The dotted lines show information moving up to the higher level. Ms Hendricks *must be notified weekly* by 12h00 Monday which assessments have been completed.

Figure 2 should make all the steps in the enrolment and visiting process clear. If not clear, call Ms Hendricks.

Remember that all facilities have been chosen randomly. Only visit a facility to which you have been assigned and only assess a class of the age group assigned (a class for infants and toddlers and for children three years and older).

On some occasions an assessor may be assigned to an older and a younger class in the same facility.

Some facilities may have Grade R classes, but you will not be assessing any Grade R classes.

However, if there are older children in a mixed age class you will assess that class.

Matching Assessor and Facilities: Language and other considerations

The research team has identified the predominant language of the children in each facility. It is essential that the assessor is fluent in the language used in the facility otherwise she will not know what is going on!

Assessors must therefore be assigned to facilities on the basis of their known language proficiency. If by chance you are assigned to a facility where you are not proficient in the language, inform your organisation and request to be assigned to an alternative.

In addition it is important that assessors are not assigned to or assess facilities where staff are closely known to them.

Ensure that another assessor from your organisation can cover the original facility. If this is not possible, contact Lynn Hendricks so that alternative arrangements can be made.

The visit

It is important to remember that you are a visitor. The supervisor has very kindly agreed to let you visit and observe a class. This is a considerable intrusion, and as you know the observation and scrutiny of an ECD programme is a very sensitive matter. Therefore please treat the personnel with the necessary respect.

Pass no judgements on the facility or class even if tempted to do so – even if asked!

Visit schedule and procedure (Section A)

The visit will take up the morning and part of the afternoon. Take your own lunch!

Each assessor will be provided with an identity tag. Wear this at all times when in a facility. Also take your ID book with you if the facility wants to check your identity. This is most important.

Each assessor will also be provided with a letter of introduction. Remember to take this with you too.

1. Before you enter the facility:
 - Make sure you have your facility assessment protocol with all the interview and assessment tools ready for the visit.
 - Make sure the Site Code Number and Site Name are filled in on the top of the data collection protocol.
2. First contact with the supervisor: You will arrive prior to the first activity of the day to meet the supervisor.
 - Introduction: Refer to **Section A** of the facility assessment protocol. Introduce yourself, **show your identity tag and the letter of introduction**, and explain the purpose of the visit. Tell the supervisor that you will need her to sign a *consent form* (see below). If you are to undertake two class observations in the facility, confirm that it is acceptable to return for this purpose the following day.
 - Consent: Ask the supervisor to read the Supervisor Consent Form (Section B of the protocol) and sign. If supervisor refuses, discuss the matter with her, but if she is adamant, the visit cannot proceed.
 - Refusal to participate: You will have to leave and inform Lynn Hendricks immediately. Lynn will then contact the Department to arrange a replacement. Note that this may not be in your area. Proceed to the next site you have arranged to visit at the time you have arranged. Count a refusal site as a visit for payment purposes. Just note this in the invoice.
 - Feedback: Explain that you will not be able to provide specific feedback on the learning environment, but that the Department will release a report on the study once it is done.

- Later interview with supervisor: Arrange a suitable time later in the day to meet supervisor for an interview after the observation.
 - Documents: Remind her that she needs to have the facility documents ready for your interview later in the day – e.g. the constitution; registration certificates; policies etc (see the checklist).
 - Two observations in one facility: In some facilities you will be assigned two classes to observe (younger and older groups). Check that the arrangements are in place for you to return the next day to observe the second class.
3. Proceed to the classroom assigned by the supervisor. Make sure it has the correct age group for your observation as specified in the facilities provided to you. If not contact the supervisor and make arrangements to observe the correct group on the same morning.

Conducting the Classroom Observation (Section B)

1. Introduction: Introduce yourself to the ECD practitioner and explain the purpose of the visit (see Class-Practitioner Consent Form for words). Explain that you will be observing, and that you are very grateful for this opportunity. Explain that you will not be able to provide specific feedback on the learning environment, but that the Department will release a report on the study once it is done.
 - Consent: Ask the practitioner to read the Class-Practitioner Consent Form (Section B of the protocol) and sign.
 - Refusal to participate: If she refuses, discuss the matter with her, but if she is adamant, speak to the supervisor and see if you can arrange another class of the same age group at the facility. If no other class is available, the visit cannot proceed. You will have to leave and arrange a replacement facility. Contact Lynn Hendricks immediately as above.
 - Introduction to the class: Ask the practitioner to introduce you to the children. Proceed to observe the class using the tools provided.
2. The observation requires that you score the following tools (**Section C** of the protocol):
 - **For Classes mainly 0 - 30 months:**
 - C.1. Infant and Toddler Environment Rating Scale (ITERS-R)
 - C.3. Language of Learning and Teaching (LOLT)
 - C.4. Caregiver Interaction Scale (CIS)
 - **For Classes 30 - 59 months mainly:**
 - C.2. Early Childhood Environment Rating Scale-Revised (ECERS-R)
 - C.3. Language of Learning and Teaching (LOLT)
 - C.4. Caregiver Interaction Scale (CIS)
3. Only observe a class in which the regular practitioner is teaching. Request change if a volunteer, substitute or student is running the class. Make sure it is the regular when setting up visit.
4. Class practitioner information: Complete this before the observation. If not possible then at a convenient moment when finished.
5. Carry out the observations exactly as trained.
6. Observation: For a class with children under 3, use Section C.1. ITERS-R. For those over 36 months, use Section C.2. ECERS-R.

- Scoring: During the observation you must observe carefully and score each subscale as trained. Ask the practitioner the required questions when necessary and at an appropriate time that does not interfere with the class.
 - After you have left the facility, the same day, you will transfer the scores for each subscale item to the Profile (which is at the back of the subscale scoring sheets). Do not calculate any averages.
 - Section C. 3. Language of Teaching and Learning (LOLT). This section is based on your observation so be familiar with it before you go to the class. It can be completed at the end of your observation. Ask the practitioner what the home language of most of the children is. If languages are very mixed, note this and carry on scoring. Score according to the instructions for the LOLT.
 - Section C. 4. Caregiver Interaction Scale : This must be completed as part of your observation. Make sure you are familiar with the specific instructions for items 4,7,8,9,15,17,19,23.
7. At the conclusion of the observation, thank the practitioner and the children.
 8. Make absolutely sure that you have scored all the areas possible on the ECERS-R or ITERS-R; that the Caregiver Interaction Scale is filled in; and that you have scored the Language of Teaching and Learning item.

Conducting the Interview with the Supervisor (Section D)

1. Introduction: You have already introduced yourself. Start by running through the procedure for the interview. Tell the supervisor that: a) first you will be asking some specific questions about registration and related matters just so you can check if anything has changed since the 2008 audit; b) then you will ask her views about facility quality, and c) you will go through a checklist with her.
- Judgements and feedback: When you meet the supervisor, do not make any judgements about the class practitioner even if pressed to do so.
 - Proceed with the interview as instructed in the training. The following must be completed in your interview:
2. Section D.1: Facility Particulars. It is essential that you obtain accurate figures for the enrolment questions. This is not about attendance on the day of your visit but on enrolment. The practitioner numbers only refers to the class practitioners employed by the facility.
 3. Section D.2: items require you to make short clear written notes that capture the *essential points* made by the supervisor. The notes must be in English; make sure the notes are neat enough to be read by somebody else who has not visited the facility!
 - Item D.29: This is a card sorting task. You have been provided with a set of slips of paper for each visit. The instructions are on the protocol. Once completed, the information must be written into the protocol as explained in item D.29. Keep the completed cards with the rest of your protocol to send back to the research team.
 4. Section D.3: After the sorting task come the four ECD Facility Management & Support Scales (D.3.1: Site Management Scale; D.3.2: Site Support Scale; D.3.3: Service Integration Scale; D.3.4: Outreach Services Beyond the Facility).
- These are to be completed and scored as indicated.
 - Several of the items require you to check if certain documents exist. Also, supervisors will have been asked to have their documents on hand when you visit. However, they may have

documents but they may be unavailable when you visit. If so, make a note in the spaces provided.

- Spaces under each item are for you to make any important notes about the preceding item. Please make clear legible notes!
- 5. At the end of the interview, make absolutely sure that you have covered all the areas in the interview and checklist schedules. Go back and fill in where there are gaps or where you need clarity.
- 6. Thank the supervisor for her generous time. Tell her that while you cannot provide any feedback individually, the department plans to release a report at the end of the study.
- 7. Section E: When you leave the facility, remember to check the final items relating to the surrounding environment (E.1. Surrounding Environment).

After the visit

1. Always check that you have all the information filled in on your facility protocol before you leave the area where the facility is located. You may not be able to go back to check! Sit somewhere and do this before you leave.
2. Make sure you have filled in the site code number and name on page 1 of the protocol. Complete the visit register and the facility assessor declaration on page 1.
3. Classroom observations: You will complete the ECERS-R or ITERS-R profiles (on the back of each set of scoring sheets) once you have left the facility. This must be done on the day of your visit. Remember to transfer your subscale item scores to the ECERS-R or ITERS-R profile at the back of the scoring sheet. Do not compute average scores.

Security and Storing of facility protocols

1. Assessors and service providers must not allow any other person to have access to a completed protocol. This will break the confidentiality agreement made with the facility.
2. Assessors may however discuss their field work with other assessors in order to help them with challenges in the field.
3. Service providers and assessors are responsible for secure locked storage of protocols in a suitable container prior to collection or dispatch. If they are mislaid, the facility will have to be reassessed at the service provider's expense.
4. Please do not leave the protocols in a car, particularly overnight.
5. When you are on the road visiting several facilities away from your base, make absolutely sure you have all the completed protocols before you leave your accommodation!

Returning the facility records to ELRU

1. For service providers and assessors based in Cape Town: Call Lynn Hendricks on Friday afternoon of each week to arrange collection of completed protocols. She will make arrangements for collection.
2. For service providers and assessors based outside Cape Town: Protocols should be couriered to ELRU twice. When 50% of allocated sites have been completed; and at the end of the field work. This cost can be reclaimed when you send in your invoice to the HSRC. Alternative arrangements may be made in consultation with Ms Hendricks. On no account may protocols be sent by mail.

3. ELRU address for couriered protocols: Lynn Hendricks, Early Learning Resource Unit, 19 Flamingo Crescent, Lansdowne 7780; Contact numbers: Office: 021 762 7500 (ext 226); Cell: 076 305 6843.

Contact Details

HSRC Team contact list:

1. Ms Lynn Hendricks, Fieldwork project supervisor, Early Learning Resource Unit (ELRU): ph: 021-762 7500 (ext 226); Fax: 021 762 7528; mobile: 076 305 6843. email: library@elru.co.za
Lynn is your first person to contact with any questions on the fieldwork.
2. Linda Biersteker: Principal Investigator ELRU:ph: 021 6714767; 083 724 0977; email: research@elru.co.za
3. Andy Dawes: Principal Investigator University of Cape Town: ph: 082 422 9940; email: adkinloch1@gmail.com
4. Ms Judith Streak: Project Manager HSRC: ph: 466-7870; email: jstreak@hsrc.ac.za

Department of Social Development contact list:

1. Ms Roxanne September, Project Supervisor, Department of Social Development: ph: 021-483 4668; email: Rseptemb@pgwc.gov.za
2. Ms Petro Brink, Research Manager, Department of Social Development: ph: 021-483 4512; 083 633 6128; email: pebrink@pgwc.gov.za
3. Mr Gavin Miller, Acting Chief Director, Department of Social Development: ph: 021-483 4168; 083 634 7634 email: gmillier@pgwc.gov.za

Final Note

Visit no more than four facilities per week!

Good Luck and thanks for your support.

Appendix 2: Site Protocol

☞ **Instruction to assessor:** Assessor to complete site code and name from list prior to visit.

| | |
|--------------------------|-------------------|
| Site code Number: | Site Name: |
|--------------------------|-------------------|

Western Cape Early Childhood Development Facility Quality Audit 2009

**Conducted by the Human Sciences Research Council (HSRC)
for the Department of Social Development, Western Cape**

| VISIT REGISTER | | | |
|--|--|---------------------------------|--|
| Site Visit 1 | | Follow-up Visit (if applicable) | |
| Assessor Name | | Assessor Name | |
| Day of the Week | | Day of the Week | |
| Date (dd/mm/yy) | | Date (dd/mm/yy) | |
| Time (00H00) | | Time (00H00) | |
| Outcome | | Outcome | |
| Outcome Codes: 1 = Observation and interviews complete; 2 = Facility closed down; 3 = Facility relocated; 4 = Appointment set to revisit facility; 5 = Facility management refused to participate; 6 = Other (specify below): | | | |
| Time Visit Commenced | | Time Visit Concluded | |

SITE ASSESSOR DECLARATION

I declare that I have asked all relevant questions and made all observations as required in this entire protocol, in the format and sequence that it is laid out and as I have been instructed in the **Field Manual**.

I declare that all responses, answers and observations recorded by me in this protocol were given to me by the correct respondent, and observed at the indicated facility. I have checked all my entries to ensure that they are correct.

| | |
|-------------------------------|--|
| First Name | |
| Surname | |
| Service Provider Organisation | |
| Signature | |
| Date | |

| VALIDATION CHECK FOR OFFICE USE ONLY | | | |
|---|--|---|--|
| Site Selected for Validation Call back? 1 = Yes; 2 = No | | If 1, Date Called (dd/mm/yy) | |
| Validation Outcome: Classroom observed: 1 = Yes; 2 = No | | Validation Outcome: Supervisor Interviewed: 1 = Yes; 2 = No | |

SECTION A: INTRODUCTION

 **Instruction to assessor:** Assessor to introduce herself / himself to both the site manager and class practitioner whose class will be observed, with the introduction below.

 **Assessor says:** “Good day my name is _____”

You will remember that your site participated in an earlier ECD survey during 2008 that was conducted by the Western Cape Provincial Dept of Social Development. As you will know, on this occasion we are re-visiting some of the sites that participated in 2008 in order to deepen our understanding of ECD sites functioning in order to identify the needs of ECD sites and develop plans to improve services to the children in the province. Your site was chosen at random (by chance, like in a lottery). It was not chosen because of any response given on the previous visit.

This survey is being conducted by the Human Sciences Research Council (HSRC). Today, I am visiting you to undertake a classroom observation and ask the site supervisor some questions about her site.”

SECTION B: CONSENT PROCEDURE

 **Assessor says:** “I will now ask you to read and sign a form giving us consent to observe one of your classes and ask the supervisor questions about the running of the site. Note that your responses will be confidential and will not be disclosed to the District or Provincial Department of Social Development Offices.”

 **Instruction to assessor:** Present the consent form to the supervisor and request that she reads and signs it (the consent form is on the next page). Clarify if necessary.

CONSENT FORM



Hello, I am

I am from (state the name of your organisation). The Department of Social Development Western Cape has appointed the Human Sciences Research Council (a national research organisation) to conduct interviews and observe classrooms as part of a study of Early Childhood Development (ECD) facilities in the Western Cape Province.

Your facility has been randomly selected from the Early Childhood Development (ECD) facilities that were surveyed by the Department early in 2008 and the Department has made the arrangements for me to visit your facility. We will be visiting many ECD facilities in the province. On this occasion, your facility is being revisited to deepen the understanding of ECD sites and their functioning so that plans can be developed to improve services to children. We are most grateful for your participation. Your participation will also help us develop tools for monitoring ECD quality.

The research will help us understand the factors that contribute to a successful facility, as well as identifying the things that make it difficult for facilities to deliver their services.

In this visit I will be doing two things. First, as you will know from previous contacts, I will be observing one of your classrooms for about 3 hours. Then I will spend about 2 hours with you to ask questions about how the facility is run and to find out if there are any challenges that are faced by this facility.

Please understand that **your participation and that of your class practitioners is voluntary** and you are not being forced to take part. The choice of whether to participate or not, is yours alone.

However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way.

The interview will last a maximum of 2 hours. I will be asking you a number of questions about how your facility runs. The only questions of a personal nature that I will ask concern your name, your age, your qualifications, and the number of years you have spent in the ECD sector. Please note that if I am legally obliged to make a report if I have good reason to believe that a child in the care of this facility is at risk for maltreatment or neglect. I will inform you should this be the case.

Should you have any queries about the study please contact one of the following persons:
Ms Judith Streak Human Sciences Research Council project manager: ph: 021-466 7870

Ms Roxanne September, Project Manager, Department of Social Development:
ph: 021-483 4668

Ms Lynn Hendricks, Fieldwork project manager, Early Learning Resource Unit (ELRU):
ph: 021-762 7500; mobile: 076 305 6843

If you have any complaints about the visit to your site, and need to speak with somebody in confidence after I have left, the toll free HSRC Ethics Confidential Hotline number is:
0800 212 123

CONSENT I hereby agree to participate in research regarding **ECD Services in the Western Cape**. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that all the information from the visits to ECD sites will be combined in one report to the Western Cape Department of Social Development. The name of my facility or class will not appear in that report. All the information gathered will be kept securely so that only the research team and the research staff of the department have access to it.

I understand that the only time information about this facility will be disclosed is if the researcher has good reason to believe that a child in the care of this facility is at risk for maltreatment or neglect. In such a case the law obliges the researcher to report the matter to the Department.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number and name of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that I will not receive feedback about my class as the findings are confidential

I understand that responsibility for feedback on the research findings rests with the Western Cape Department of Social Development.

.....
Signature of participant

.....
Date:.....

.....
Name of Participant

 **Assessor says:** *“I would now like to go and observe the classroom. This will take approximately 3 hours. Afterwards I would like to spend about 2 hours with you to discuss the functioning of your centre. I hope that will be convenient? What time would you like to do that?”*

 **Instruction to assessor:** Proceed to the classroom observation and ask the teacher to sign the class observation consent form.

CONSENT FORM



HSRC

Hello, I am

I am from (state the name of your organisation). The Department of Social Development Western Cape has appointed the Human Sciences Research Council (a national research organisation) to conduct interviews and observe classrooms as part of a study of Early Childhood Development (ECD) facilities in the Western Cape Province.

Your facility has been randomly selected from the Early Childhood Development (ECD) facilities that were surveyed by the Department early in 2008 and the Department has made the arrangements for me to visit your facility. We will be visiting many ECD facilities in the province. On this occasion, your facility is being revisited to deepen the understanding of ECD sites and their functioning so that plans can be developed to improve services to children. We are most grateful for your participation. Your participation will also help us develop tools for monitoring ECD quality.

The research will help us understand the factors that contribute to a successful facility, as well as identifying the things that make it difficult for facilities to deliver their services.

In this visit I will be doing two things. First, I will be observing your classroom for about 3 hours. Then I will spend about 2 hours with the facility supervisor to ask questions about how the facility is run and to find out if there are any challenges that are faced by this facility.

I understand that the facility supervisor / manager has already arranged for me to observe in this class and that you have already agreed.

Please understand that **your participation is voluntary** and you are not being forced to take part. The choice of whether to participate or not, is yours alone.

However, we would really appreciate it if you do permit me to observe. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the observation. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way.

The observation will last about 3 hours. The only questions of a personal nature that I will ask concern your age, your qualifications, and the number of years you have spent in the ECD sector. I do not need to record your name. I will be observing your class in a manner that is rather like what happens during practical training. I will mostly sit quietly and observe the programme. I realise that it is not easy to have somebody observe one's classroom practice and I will take all steps not to interfere with your programme or the children. I am most grateful for your cooperation.

While I observe you and the children, I will make notes on a sheet. I may ask you some questions to clarify what I have observed.

Please note that if I am legally obliged to make a report if I have good reason to believe that a child in the care of this facility is at risk for maltreatment or neglect. I will inform you should this be the case.

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CONSENT

I hereby agree to participate in research regarding **ECD Services in the Western Cape**. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this observation at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that the observations of the class will not be discussed with the supervisor or any other member of staff in this ECD facility. I also understand that the observations in my class will not be discussed with any other person.

I understand that all the information from the visits to ECD sites will be combined in one report to the Western Cape Department of Social Development. The name of my facility or class will not appear in that report. All the information gathered will be kept securely so that only the research team and the research staff of the department have access to it.

I understand that the only time information about this facility will be disclosed is if the researcher has good reason to believe that a child in the care of this facility is at risk for maltreatment or neglect. In such a case the law obliges the researcher to report the matter to the Department.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number and name of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that I will not receive feedback about my class as the findings are confidential

I understand that responsibility for feedback on the research findings rests with the Western Cape Department of Social Development.

.....
Signature of participant

.....
Date:.....

.....
Name of Participant

SECTION C: CLASSROOM OBSERVATION

☞ Instruction to assessor: Observe the classroom using the following instruments for the specific classes. Remember to only observe the class as specified in the sample selected before site visit.

For Class 0 - 35 months:

- C.1. Infant and Toddler Environment Rating Scale (ITERS-R)
- C.3. Language of Learning and Teaching (LOLT)
- C.4. Caregiver Interaction Scale (CIS)

For Class 36 - 59 months:

- C.2. Early Childhood Environment Rating Scale-Revised (ECERS-R)
- C.3. Language of Learning and Teaching (LOLT)
- C.4. Caregiver Interaction Scale (CIS)

☞ Instruction to assessor: NB! For the ITERS-R and the ECERS-R remember that a score of 'Yes' is given for 1 if the statement is true (ie. You agree with the statement).

| | | | | | | |
|---|--|--------------------------|----------|---------------|----------|----------|
| Class Practitioner (Teacher in Charge) | Age: (In years): | | | | | |
| | Highest Qualification (Check the highest only): | | | | | |
| | High School | Lower than Matric | | Matric | | |
| | ECD Level | 1 | 2 | 3 | 4 | 5 |
| | College/ University | Diploma | | Degree | | |
| | Number of Years working in ECD: | | | | | |
| | Name of Class Observed: | | | | | |
| 1 – 35 months _____ Proceed to ITERS | | | | | | |
| 36 – 59 months _____ Proceed to ECERS | | | | | | |

☞ **Instruction to assessor:** Observe the classroom and complete the **LANGUAGE OF LEARNING AND TEACHING** questionnaire.

C.3. LANGUAGE OF LEARNING AND TEACHING

| LOLT | |
|---|---|
| <p>Please indicate if <u>most</u> of the children speak a <u>variety of languages</u> by making a note here and proceed with scoring:</p> <p>The LOLT/s are the home language of the majority of children: (<i>Score 1</i>) 1= yes; 0=no</p> <p>Additional languages are introduced informally through songs, rhymes and common expressions: ___ (<i>Score 2</i>) 1= yes; 0=no</p> <p><i>Score 3</i> if <u>either</u> of the points below apply:</p> <p>Practitioners use words and expressions in other languages to communicate informally with children who have other home languages ___ 1= yes; 0=no</p> <p>Materials (e.g. books, posters, notices and labels) reflect local languages 1= yes; 0=no</p> | <p>C.3.1.</p> <p>LOLT Score :</p> <hr style="width: 50%; margin: 0 auto;"/> <p>(Maximum score possible = 3)</p> |

C.4. CAREGIVER INTERACTION SCALE

Instruction to assessor: Read below for scoring instructions

CAREGIVER INTERACTION SCALE INSTRUCTIONS

Circle one score for each item after observing in the setting for at least 2 hours.

Be sure to note examples of behaviours on your score sheet as you see them during the observation to make rating more accurate.

When scoring, it may help to think of the word "true" at the end of each rating descriptor (e.g., not at all *true*, somewhat *true*).

Because the words "somewhat" and "quite a bit" may sound very similar to some people, here's some help.

Think of "not at all" and "very much" as representing the 2 endpoints of a continuum, with "somewhat" and "quite a bit" as points equidistant between the 2 ends.

Item 4. Interpret this item to mean that the teacher places an overly strong focus on obedience. If the teacher values obedience a normal amount or less, the score is "1." If you believe that she values obedience more than normal, then you must decide whether it's somewhat high, quite a bit high, or very much high

Item 7. Interpret "misbehaviour" very broadly; for example, a rule can be explained if children want to take off their shoes and the caregiver says no. If there are absolutely no such incidences during the observation, you may score this item as "Not Applicable."

Item 8. To credit the teacher for this, you must hear the teacher say something to encourage children to try something new. Just placing new, interesting materials in the classroom is not enough. "New experiences" should be interpreted broadly to include things like reading a new book, playing a new game, etc.

Item 9. It may help to remember that this item is measuring whether the teacher is *too* permissive. If you believe the teacher uses a normal amount of control (or even uses too much control), then the score is "1." If you believe that the teacher is too permissive, then you must decide whether it's "somewhat," "quite a bit," or "very much" too permissive.

Item 15. It may help to remember that this item measures the teacher's permissiveness. Although the word "reprimand" may have negative connotations, do not interpret it negatively. If the teacher intervenes when children misbehave, then the score is "1." If you do not observe any misbehaviour (broadly interpreted, see clarifications to item 7), score this item "1." If you see children misbehaving without any intervention from the teacher, then you need to decide whether she "sometimes," "quite a bit," or "very much" doesn't reprimand children when they misbehave.

Item 17. If you do not observe any punishment during the observation, you should score this item as a "1."

Item 19. Pro-social behaviour includes behaviour toward adults and other children.

Item 23. If the teacher provides the "right amount" of supervision (or even supervises them too closely), the score is "1." If the teacher does not supervise the children closely enough, then you must decide to what degree she does *not* supervise closely.

Instruction to assessor: Now observe the classroom and circle the score that best reflects the statements.

| | Not at all true | Somewhat true | Quite a bit true | Very much true |
|--|-----------------|---------------|------------------|----------------|
| 1. Speaks warmly to the children. | 1 | 2 | 3 | 4 |
| 2. Seems critical of the children. | 1 | 2 | 3 | 4 |
| 3. Listens attentively when children speak to him/her. | 1 | 2 | 3 | 4 |
| 4. Places high value on obedience. | 1 | 2 | 3 | 4 |
| 5. Seems distant or detached from children. | 1 | 2 | 3 | 4 |
| 6. Seems to enjoy the children. | 1 | 2 | 3 | 4 |
| 7. When the children misbehave, explains the reason or the rule they are breaking. | 1 | 2 | 3 | 4 |
| 8. Encourages the children to try new experiences. | 1 | 2 | 3 | 4 |
| 9. Doesn't try to exercise too much control over the children. | 1 | 2 | 3 | 4 |
| 10. Speaks with irritation or hostility to the children. | 1 | 2 | 3 | 4 |
| 11. Seems enthusiastic about the children's activities and efforts. | 1 | 2 | 3 | 4 |
| 12. Threatens children in trying to control them. | 1 | 2 | 3 | 4 |
| 13. Spends considerable time in activity not involving interaction with the children. | 1 | 2 | 3 | 4 |
| 14. Pays positive attention to the children as individuals. | 1 | 2 | 3 | 4 |
| 15. Doesn't reprimand children when they misbehave. | 1 | 2 | 3 | 4 |
| 16. Talks to the children without explanation. | 1 | 2 | 3 | 4 |
| 17. Punishes the children without explanation. | 1 | 2 | 3 | 4 |
| 18. Exercises firmness when necessary. | 1 | 2 | 3 | 4 |
| 19. Encourages children to exhibit prosocial behaviour, e.g., sharing, helping. | 1 | 2 | 3 | 4 |
| 20. Finds fault easily with children. | 1 | 2 | 3 | 4 |
| 21. Doesn't seem interested in the children's activities. | 1 | 2 | 3 | 4 |
| 22. Seems to prohibit many of the things the children want to do. | 1 | 2 | 3 | 4 |
| 23. Doesn't supervise the children very closely. | 1 | 2 | 3 | 4 |
| 24. Expects the children to exercise self-control: e.g., to be undisruptive for group provider-led activities, to be able to stand in line calmly. | 1 | 2 | 3 | 4 |
| 25. When talking to children, kneels, bends or sits at their level to establish better eye contact. | 1 | 2 | 3 | 4 |
| 26. Seems unnecessarily harsh when scolding or prohibiting children. | 1 | 2 | 3 | 4 |

SECTION D: INTERVIEW WITH FACILITY PRINCIPAL/ SUPERVISOR

D.1. PARTICULARS OF ECD SITE

 **Instruction to assessor:** These sections are to be completed after the classroom observation during the interview with the manager.

 **Assessor says:** “I would now like to check some details about your centre.”

| | | | | | | | | | | |
|--|---|--|----------------|--------------------------|----------|---|---------------|--|----------|--|
| Supervisor / Principal's | First Name: | | | | | | | | | |
| | Surname: | | | | | | | | | |
| | Age: (In years): | | | | | | | | | |
| | Highest Qualification (Check the highest only): | | | | | | | | | |
| | High School | | | Lower than Matric | | | Matric | | | |
| ECD Level | 1 | | 2 | | 3 | | 4 | | 5 | |
| College/ University | | | Diploma | | | | Degree | | | |
| Number of Years working in ECD: | | | | | | | | | | |
| ECD SITE PARTICULARS | | | | | | | | | | |
| D.1. Str. No (A3/08) | Street/building number | | | | | DIALING CODE NUMBER NUMBER DIALING CODE NUMBER | | | | |
| D.2. Str. Name (A4/08) | Street Name | | | | | | | | | |
| D.3. Suburb (A5/08) | Suburb/Area Name | | | | | | | | | |
| D.4. Post Line 1 (A8.1/08) | Postal Address: Line 1 Street number and Street name, or PO BOX | | | | | | | | | |
| D.5. Post Line 2 (A8.2/08) | Postal Address: Line 2 Post Office or Suburb and City | | | | | | | | | |
| D.6. Post Code (A8.3/08) | Postal Code | | | | | | | | | |
| D.7. Erf No. (A9/08) | Erf number (if known) | | | | | | | | | |
| D.8. Landline (A11/08) | Phone number of ECD | | | | | | | | | |
| D.9. Cell Supervisor (A12/08) | Cell phone number of ECD/ Supervisor / Principal (Contact Person) | | | | | | | | | |
| D.10. Fax (A13/08) | Fax number of ECD | | | | | | | | | |
| D.11. E-Mail (A14/08) | E-mail Address of ECD | | | | | | | | | |
| D.12. Weekly Fee (E1.3.2/08) | What is the weekly fee for attending this facility? | | | | | | | | | |

| ECD REGISTRATION STATUS | | | | | | |
|--|--|---|---|---|---|---|
| D.13. NPO Reg | Is the facility registered as a Non Profit Organisation with the National department of Social Development (only applicable to not for profit sites)? Never applied = 0; No, but application in progress = 1; Yes = 2. | 0 | 1 | 2 | | |
| D.14. ECD Reg (A19.1.1/08) | Is the facility registered as an ECD Service provider with the Provincial Department of Social Development? Never applied = 0; No, but application in progress = 1; Yes = 2.; How many children is the centre registered for? | 0 | 1 | 2 | | |
| D.15. Subsidy DSD (E2.1/08) | Does the facility receive a subsidy from the Provincial Department of Social Development (if the children are eligible)? Never applied = 0; No, but application in progress = 1; Yes = 2. | 0 | 1 | 2 | | |
| D.16. Health Cert. | Does the facility have a local authority environmental health certificate (letter indicating approval)? Never applied = 0; No, but application in progress = 1; Yes or has DSD registration= 2. | 0 | 1 | 2 | | |
| GRADE R REGISTRATION STATUS | | | | | | |
| D.17. Grade R (A22/08) | Does the Facility have a Grade R Class? No = 0. If No skip to item D.20. below Yes = 1; D.17a If Yes, how many Grade R classes _____ D.17b How many Grade R children? | 0 | 1 | | | |
| D.18. Grade R Prov Reg DoE (A19.2.1/08) | If yes, is the facility registered for Grade R provision with the Provincial Department of Education?)? Never applied = 0; No, but application in progress = 1; has conditional registration = 3; Yes = 4. | 0 | 1 | 2 | 3 | 4 |
| D.19. Grade R Sub DoE (E2.2/08) | Does the facility receive a Grade R subsidy from the Department of Education (if the children are eligible)? Never applied = 0; No, but application in progress = 1; Yes = 2. | 0 | 1 | 2 | | |

| | | | | | |
|----------------------------|--|---------------------------------|---------------------------------------|--|--|
| D.20. No. Children | How many children are enrolled in this facility (including Grade R if present)? _____ | | | | |
| D.21. No. Classes | How many classes are there? | D.21.1. Infants and toddlers | D.21.2. Children aged 36-48 months | | |
| D.22. No. Practitioners | How many practitioners are there? | D.22.1. Infants and toddlers | D.22.2. Children aged 36-48 months | | |

☞ **Instruction to assessor:** Once you have completed the above questions, you proceed to ask the supervisor the questions below.

D.2. INTERVIEW QUESTIONS FOR SUPERVISOR

D.25. What do you think are the characteristics/kinds of things that you would find in a high quality ECD centre?

Response:

D.26. What do parents whose children attend this site look for in an ECD centre?

Response:

D.27. What has been most useful to you in developing/maintaining the quality of your ECD centre?

Response:

D.28. Are there challenges to providing the quality that you would like? If so, what are these?

Response:

- D.29. Card sort task to assess alignment of the quality evidence-base with supervisor perspectives.
- i. **Provide supervisor with five blank cards.** Ask her to think about the 5 things *she thinks are most important in providing a quality ECD programme*. Ask her for 5 words or short phrases that describe these qualities. Write each word or short phrase on a separate card.
 - ii. **Provide supervisor with your five cards with standard quality indicators.** If there are any duplicates in your and the supervisor's cards (the word may not be identical but the sense is the same), place them together (on top of one another).
 - iii. **Ask supervisor to order them from the highest (1) to the least important (10)** (duplicates stay together so there may be less than 10 ranks).
 - iv. **Record the key words describing the quality indicators in the spaces below.** Indicate with an S those provided by the supervisor. Indicate duplicates with SR.

| | | | | |
|----------------------|----------------------|----------------------|----------------------|-----------------------|
| Card Ranked 1 | Card Ranked 2 | Card Ranked 3 | Card Ranked 4 | Card Ranked 5 |
| Card Ranked 6 | Card Ranked 7 | Card Ranked 8 | Card Ranked 9 | Card Ranked 10 |

D.3. ECD FACILITY MANAGEMENT & SUPPORT SCALES

☞ Instruction to assessor: These sections are to be completed after the classroom observation during the interview with the manager.

📎 Assessor says: “I would now like to ask you some questions about the management of your centre”

☞ Instruction to assessor: Wherever appropriate and possible, request documentation and check. Please record documents seen / not seen as indicated. Sites have been requested to have documents ready for the visit. If they exist, but are not available, ask supervisor to explain.

| D.3.1: SITE MANAGEMENT SCALE | |
|---|--|
| <p>D.30a. Does the site have a Constitution for governance purposes? Note: Document seen _____ ; The site has a constitution but it is not available (e.g. with the management committee) _____ Scoring: (if the manager says there is a constitution but it is not available, ask about points 1-4 and 1b) Score 0 if site has no constitution Score 1 if site has a constitution and documents seen Score 2 if constitution specifies <u>points 1-4 below</u>. Score 3 if constitution specifies <u>points 1-4 below and D.30b criteria are met</u>. Tick one for each point:</p> <ol style="list-style-type: none"> 1. Membership of the Governing Body (e.g. parents/guardians; nominee of parent; a person co-opted for their skills) _____ 2. Structures and decision-making of the Governing Body (Meetings, sub-committees, quorum, powers and duties of each structure) _____ 3. Financial policy and systems for accountability and transparency _____ 4. Meeting procedures (chairsing, voting, recording and approval of minutes) _____ <p>D.30b: An Annual General Meeting has been held within the last 12 months (if site has been constituted for more than one year) _____ Notes (e.g. on whereabouts of documents):</p> | <p>Score:</p> <hr/> <p>Maximum score possible = 3)</p> |
| <p>D.31. Management Committee/Governing Body Does the site have a management committee/governing body? Tick if Yes: ____ (Note: check documents for proof).</p> <p>Score 0 if No management committee or governing body. Score 1 if Yes, meets but does not keep minutes of decisions. Score 2 if Yes, meets but does not keep minutes of decisions. Score 3 if Yes, meets according to constitutional requirements, keeps minutes of decisions. Score 4 if Yes and meets according to constitutional requirements, keeps minutes and reports back to parents at least once a year (the report back can be at a meeting or via letter or other form of contact).</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 4)</p> |

| | |
|---|--|
| <p>Notes:</p> | |
| <p>D.32. Policies Does the site have the following policies? <i>Tick and Score 1 each</i> (Note: check documents. No document no score)</p> <ol style="list-style-type: none"> 1. Health policy _____ 2. Admission policy _____ 3. HIV/AIDS policy _____ 4. Fees policy _____ 5. Child abuse procedure _____ 6. Financial policy/procedures _____ <p>Notes (e.g. on whereabouts of documents):</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 6)</p> |
| <p>D.33. Staff records and HR policy <i>Tick and Score 1 each</i> (Note: check documents. No document no score)</p> <ol style="list-style-type: none"> 1. Job Descriptions _____ 2. Employment Contracts specifying conditions of service for staff _____ 3. Salary Advice Slips _____ 4. Staff Attendance Register _____ 5. Disciplinary and grievance procedures _____ 6. Leave Application Forms _____ 7. Performance appraisals _____ <p>Notes (e.g. on whereabouts of documents):</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 7)</p> |
| <p>D.34. Child records Are the following kept? <i>Score 1 each</i> (Note: check documents. No document no score)</p> <ol style="list-style-type: none"> 1. Application forms _____ 2. Admission form (including parent contact details) _____ 3. Medical Record (could be on the admission form) _____ 4. Accident/incident book _____ 5. Medicine administration book _____ 6. Attendance register _____ 7. Child Progress reports _____ 8. Records are securely stored (confidential) _____ <p>Note: Medicine Administration Book: This <u>may not apply</u> if facility has a policy not to administer medicine. In this case, make a note in the space below.</p> <p>Notes:</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 8)</p> |

| | |
|---|---|
| <p>D.35. Financial Administration</p> <p>Does the site have the following? (Note: check documents. No document no score.)</p> <p><i>Score 1 each</i></p> <ol style="list-style-type: none"> 1. Bank Account _____ 2. Receipt Book _____ 3. Fees Register _____ 4. Petty Cash Book _____ 5. Monthly Budget _____ 6. Annual Budget _____ 7. Financial Reports – Monthly Income and Expenditure Statement _____ 8. Requisition for Payment _____ 9. Annual financial statement (certified/audited) _____ 10. Inventory _____ 11. Stock records _____ <p>Notes:</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 11)</p> |
| <p>D.36.Fundraising</p> <p>Has the site made attempts to raise funds/acquire resources in addition to those generated by fees/subsidies? Yes _____ No _____</p> <p>If yes, this will vary considerably depending on context. Ask for documentary proof such as references in minutes, photographic records etc.</p> <p><i>Score 1:</i> for events mostly involving parents</p> <p><i>Score 2:</i> if parents and other community resources are targeted</p> <p><i>Score 3:</i> if parents, community and more formal sources are targeted</p> <p>Examples could include: Fundraising event mostly involving parents such as cake sales, big walks, film evenings etc; Appeals to local businesses, faith based organisations; Applications for funding (e.g. to Lotto).</p> <p>Notes:</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 3)</p> |
| <p>D.37. Year Plan</p> <p>Has the site got an annual plan for major activities (e.g. Annual implementation plan, as part of DSD Business Plan, plan for key events in the year)?</p> <p>Yes _____ No _____</p> <p><i>Score 1</i> if the site has a schedule.</p> <p><i>Score 2</i> if there is more detail about the planned activities (e.g. what needs to be done, venue, people to be contacted, planning meetings).</p> <p>Notes:</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 2)</p> |
| <p>For administrative use only. Enter Total Site Management Score (items D.30– D.37)</p> | |

| | |
|--|--|
| <p>D.38. Parent involvement and other activities <i>Has the site done any of the following in the last year?</i> Ask the person to describe the activity and where possible ask if they have a record of the activity - e.g. posters advertising activities; records of attendance. Only <i>tick and score</i> if you are <u>sure</u> this took place: Score 1 for points 1 and 2 Score 2 for points 1, 2 and one other point Score 3 for points 1- 5</p> <ol style="list-style-type: none"> 1. Held at least 3 meetings of parents whose children attend the site in order to discuss your programme and how the children are doing _____ 2. Contacted parents to discuss children about whom you were concerned _____ 3. Worked with parents to raise funds for the site _____ 4. Asked parents to help with tasks around the site (e.g. Repairs; cooking; working in the food garden) _____ 5. Used parents to assist in the classroom _____ <p>Notes:</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 3)</p> |
| <p>For Administrative use only. Enter Parent Involvement Score (item D.38) here</p> | <p>D.3.1 Total</p> |

D.3.2. SITE SUPPORT SCALE

| | |
|---|---|
| <p>D.39. Past Year Support and Monitoring from government departments <i>Tick and Score 1</i> for each of the following if they occurred.</p> <p>D.39.1. One or more visits from the DoSD District welfare planner/ ECD Coordinator or ECD Assistants <u>in the past year</u> _____</p> <p>D.39.2. One or more visits from the local health inspector (or company appointed to carry out inspections) <u>in the past year</u> _____</p> <p>Notes:</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 1)</p> <p>Score:</p> <hr/> <p>(Maximum score possible = 1)</p> |
| <p>D.40. Past Year External Programme support <i>Tick and Score 1</i> for each of the following if they occurred _____</p> <ol style="list-style-type: none"> 1. Staff attended at least one workshop relating to the programme (not part of a formal training programme) <u>in the past year</u> _____ 2. An NGO or expert volunteer provided on-site support unrelated to a training programme <u>in the past year</u> _____ 3. Supervisor or staff attended an ECD Forum meeting <u>in the past year</u> _____ <p>Notes:</p> | <p>Score:</p> <hr/> <p>(Maximum score possible = 3) If not applicable write N/A</p> |
| <p>D.41. Past Year External Resources Support</p> | <p>Score:</p> |

| | |
|--|---|
| <p><i>Tick and Score 1</i> for each of the following</p> <ol style="list-style-type: none"> 1. A local business, NGO, CBO or faith based organisation provided assistance with support in kind or cash to assist with feeding the children <u>in the past year</u> (e.g. donations of groceries, regular porridge or sandwiches, or soup kitchen) _____ 2. Site received a donation of equipment e.g. toys, furniture, large equipment, books <u>in the past year</u> _____ 3. Site received an infrastructure donation e.g. improvements to building, edutainer etc <u>in the past year</u> _____ 4. Site used an external toy and book library <u>in the past year</u> _____ <p>Note: this <u>may not apply</u> if the facility has sufficient finances and equipment. In this case, make a note in the space below</p> <p>Notes:</p> | <p>_____</p> <p>(Maximum score possible = 4)</p> |
| <p>D.42. Past Year External Staff Development Support</p> <p><i>Tick and Score 1</i> for each of the following</p> <ol style="list-style-type: none"> 1. Site committee received management training (eg. Province, Local Authority or an NGO) <u>in the past year</u> _____ 2. One or more teaching or supervisory staff received training in a qualification or skills programme offered by Province, local authority or NGO <u>in the past year</u> _____ <p>Note: this <u>may not apply</u> if all staff and management are suitably qualified but assume that this is small proportion of sites. In this case, make a note in the space below.</p> <p>Notes:</p> | <p>Score:</p> <p>_____</p> <p>(Maximum score possible = 2) If not applicable write N/A</p> |
| <p>For Administrative use only. Enter Total Site Support Score here (D.39.-D.42.)</p> | |

| <p>D.3.3. SERVICE INTEGRATION SCALE</p> | |
|--|---|
| <p>D.43. Facility Admission Form</p> <p>This item is based on the facility admission or record form. Ask the supervisor / manager to let you see a <u>blank copy</u> of the admission form and ask if you can take it with you. If so, keep it with this questionnaire and <u>write the site number on the top.</u></p> <p><i>Tick and Score 1</i> for each of the following if they are included in the admission form:</p> <ol style="list-style-type: none"> 1. Child's Identity Number (Copy of birth certificate): _____ 2. Whether the child has a Clinic card: _____ 3. Joint family income: _____ 4. Eligibility for a Department of Social Development Subsidy (joint income less than R3000.00 per month in 2009): _____ 5. Whether the family receives a Child Support Grant if eligible (based on family income of less than R3000 per month in 2009): _____ 6. Child's disability or chronic health status: _____ <p>Notes:</p> | <p>Score:</p> <p>_____</p> <p>(Maximum score possible = 6)</p> |

| | |
|---|---|
| <p>D.44. Identifying children in ECD services for follow-up action and referrals:</p> <p>Ask the supervisor if she has come across any of the following in the past year (tick each that applies) (<u>do not use for scoring</u>):</p> <p>a. Child appears malnourished? How Many? _____ Do not Know _____</p> <p>b. Child not up to date with immunisation? How Many? _____ Do not Know _____</p> <p>c. Child with health problems or developmental delay? How Many? _____ Do not Know _____</p> <p>d. Child with severe behaviour problem? How Many? _____ Do not Know _____</p> <p>e. Child showing signs of distress (e.g. marked behaviour change)? How Many? _____ Do not Know _____</p> <p>f. Child with signs of neglect, abuse, maltreatment? How Many? _____ Do not Know _____</p> <p>_____</p> <p>g. Parent/caregiver who does not appear to be coping? How Many? _____ Do not Know _____</p> <p>_____</p> <p>h. Children who attend irregularly? How Many? _____ Do not Know _____</p> <p>_____</p> <p>i. In the past year have you referred any children to services? How Many? _____ Do not Know _____</p> <p>_____</p> <p>Ask the following <u>and use for scoring</u>:</p> <p>Do you keep a record of these problems on the child's file? No: _____ (Score = 0); Yes _____ (Score = 1)</p> <p>Do you keep a record of these referrals so that you can see how many you referred in the year? No _____ (Score = 0); Yes _____ (Score = 1)</p> <p>Can you give me examples of referrals in the past 6 months?</p> <p>Score 2 if supervisor can <u>give at least one convincing example of a referral</u> to health or social services In the last six months. Record examples here on the following page</p> <p>Notes: Example of referral:</p> <p>_____</p> | <p>Total Children identified for follow up and referral Sum a-f</p> <p>_____</p> <p>Number of parents _____</p> <p>Children attend irregularly _____</p> <p>Number of children referred: _____</p> <p>_____</p> <p>Identified Children Score:</p> <p>_____</p> <p>(Maximum score possible = 4)</p> |
| <p>For Administrative use only. Enter Total Service Integration Score here: D.43.-D.44.).</p> | <p>D.3.3 Total</p> |

D.3.4. OUTREACH SERVICES BEYOND THE FACILITY

Information and outreach to support children and families promote child development and prevent risks to child health.

Has the site organised workshops or other education events either for parents whose children attend this site and / or for other parents in this community whose children do not attend the site?

A list of activities is provided in items D.45- D.50. below. Ask if the site has done any of the following in the last year? Ask the person to describe the activity and where possible ask if they have a record of the activity - e.g. posters advertising activities; records of attendance.

Scoring: In the scoring boxes for each of the items **D.45. to D.50.** below.

Enter 0 if there is no activity has taken place.

Only enter a score of 1 if the activity has taken place.

D.45. Parenting capacity development and training programmes

| | |
|--|--------|
| a) Information and/ or other parenting services such as book or toy lending provided to parents whose children <u>attend</u> the site | Score: |
| b) Information and/ or other parenting services such as book or toy lending provided to parents whose children <u>do not</u> attend the site | Score: |

D.46. Accessing documents and grants

| | |
|---|--------|
| a) Information provided to parents whose children <u>attend</u> the site | Score: |
| b) Information provided to parents whose children <u>do not</u> attend the site | Score: |

D.47. How to provide children with healthy nutrition

| | |
|---|--------|
| a) Information provided to parents whose children <u>attend</u> the site | Score: |
| b) Information provided to parents whose children <u>do not</u> attend the site | Score: |

D.48. How to improve the health of young children including the importance of road to health cards, inoculation, de-worming and vitamin supplements

| | |
|---|--------|
| a) Information provided to parents whose children <u>attend</u> the site | Score: |
| b) Information provided to parents whose children <u>do not</u> attend the site | Score: |

D.49. Support groups for parents/grandparents/ teen parents/ parents whose children have special needs etc

| | |
|--|--------|
| a) Service provided to families whose children <u>attend</u> the site | Score: |
| b) Service provided to families whose children <u>do not</u> attend the site | Score: |

D.50. The facility is used for community services and meetings that promote child protection and development (e.g. community safety, community food garden, health campaigns by government and NGOs, etc)

| | |
|---|--------|
| a) Service provided to community members whose children <u>attend</u> the site | Score: |
| b) Service provided to community members whose children <u>do not</u> attend the site | Score: |

**Outreach
In
(Children
attending
the
centre)
Score:**

(Maximum
score
possible = 6)

**Outreach
Out
(Children
not
attending
the
centre)
Score:**

(Maximum
score
possible = 6)

For Administrative use only. Enter Total Outreach Score here (ITEMS D.45. –D.50).

D.3.4 Total

| For Administrative use only: Enter Total Site Management Scores here | | | | |
|--|-------|-------|-------|---------------------------------|
| D.3.1 | D.3.2 | D.3.3 | D.3.4 | Total D.3.1+D.3.2+D.3.3+D.3.4 = |

SECTION E: ASSESSOR OBSERVATIONS OF THE SURROUNDING ENVIRONMENT PRIOR TO LEAVING THE FACILITY

| <i>E.1. SURROUNDING ENVIRONMENT (tick in the box)</i> | | | |
|--|--|---|--|
| E.1 | Most housing in the area within three blocks of this ECD facility is (check one): | E.1.1 Informal dwellings (shacks) made of corrugated iron (some brick), plastic, cardboard, plywood | |
| | | E.1.2 Suburban Houses, townhouses, or blocks of flats on separate stands | |
| | | E.1.3 Low income public housing: RDP Houses and Blocks of flats in a public housing estates (may be commonly known as 'courts') (include farm worker housing) | |
| E.2 | Roads are mainly (check one): | E.2.1 Tar | |
| | | E.2.2 Dirt / gravel | |
| | | E.2.3 Foot paths | |

Appendix 3: Emphasis on different domains in the Phase 2 audit and key policy documents

| Domain | Phase 2 audit | Guidelines to ECD services | Regulations under Children's Act | NELDS | FETC in ECD | Measure |
|---------------------|------------------------|--|----------------------------------|-------|-------------|--|
| Infrastructure | High | High | High | | | ITERS/ECERS Subscale Space and Furnishings |
| Equipment | Present or absent only | | Some | | | ITERS/ECERS Subscale Activities |
| Structural inputs | | Ratio | Ratio | | | Site Particulars (D 1) |
| Health | | Medical history Environmental health standards First aid | | | Information | ITERS/ECERS Subscale Personal Care Routines |
| Nutrition | High | High | High | | Nutrition | ITERS/ECERS Subscale Personal Care Routines |
| Learning Activities | Low | General Daily programme | General | High | High | ITERS/ECERS Subscale Activities; Language and Reasoning; Program structure C 3 Language of Learning and Teaching |

| | | | | | | |
|--|--|------|------|------|------|---|
| Interaction | | Some | Some | High | High | ITERS/ECERS Subscale Interaction; Caregiver Interaction Scale |
| Administration | Finance | High | High | | | Site management scale (D3.1) |
| Management | Some (includes support from DoSD district office) | Some | Some | | | Site management scale (D3/1_; Site support scale(D 3.2) |
| Staffing | High | High | High | | | ITERS/ECERS Subscale Parents and Staff; Site management scale (D 3.1 D 33) Site support scale D3.2 40, 42) |
| Parent/commu nity participation | | Some | High | | | ITERS/ECERS Subscale Parents and Staff; Site Management Scale (D 38) |
| Service integration | Yes | Yes | Yes | | | Service Integration Scale (D 3.3) |

It is the nature of the National Early Learning Development Standards and the FETC Qualification in ECD that they focus on what carers/practitioners would provide to support development rather than on other types of quality indicator.

The criterion referenced format of the ECERS/ITERS is familiar to trained ECD assessors who were fieldworkers for this audit as it is the method for the outcomes based assessment system required by the ETDP SETA.

APPENDIX 4: FOCUS GROUP GUIDE FOR DISTRICT OFFICIAL CONSULTATION

Please ask all participants to complete the identifying information. For ethical reasons we have not asked for names and districts.

We have about 100 minutes for this so please ensure that all areas have been covered.

1. Which of the findings were what you expected? Why?
2. What surprised you most about these findings and why?
3. What would you suggest is needed to improve the quality of
 - a. Safety, hygiene and daily care?
 - b. The learning environment?
 - c. Children's access to holistic/integrated services?
 - d. Site management?
4. What can the department do to improve services to the poorest children?
5. What do the District Offices need in order to strengthen the support they offer to ECD sites?