

Western Cape Department of Social Development 2009 Audit of Early Childhood Development Site Quality

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This audit was commissioned by the Department of Social Development, Western Cape and undertaken by the Human Sciences Research Council in partnership with the Early Learning Resource Unit and the University of Cape Town. The full report can be accessed at

www.capegateway.gov.za/.../hsrc-qualitativeassessment-eed-final_report-22-02-10.pdf

Presented at the 2010 ECD Knowledge Building Seminar hosted by the Interdepartmental Committee for ECD and UNICEF

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

The focus is on sites with classes for children under 5 years of age (i.e. 4 weeks to < 5 years). The study was Phase 3 of a Provincial Department of Social Development (DoSD) audit of ECD sites. 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 3 to <5 years.

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 non-metro 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 instruments selected for the study are:

The Caregiver Interaction Scale (CIS)(*Arnett, 1989*), 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), (*Harms, et al, 2006*), 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), (*Harms, et al, 2005*) 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 subscales 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.

In order to examine 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 would attend the sites, 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 (small geographic area) (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.

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.

Finally focus groups were held with 16 District Office staff from 10 District Offices 1) to solicit their feedback on the findings and recommendations of the report; and 2) to obtain their views on factors that influence site quality. 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. 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.

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.
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 by DoSD 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 international 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 Provincial 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, officials 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).

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:

1) the need to improve the learning environments in sites, and 2) 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.
- 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. To do this, each District Office requires a specialised ECD team with the necessary resources to ensure compliance with standards and improve 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.

References:

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