

# ECD@20

1994 - 2014

## **Early Childhood Development Knowledge Building Seminar 4 to 5 December 2014**

## ACKNOWLEDGEMENTS

A special word of thanks to:

- All the speakers who made their knowledge and time available for the benefit of all working in early childhood development. A complete list of speakers are available at the back of this report.
- Zanele Twala, Marie-Louise Samuels, Linda Biersteker, Hasina Ebrahim and Andries Viviers who acted aptly as session chairpersons throughout the ECD Knowledge Building Seminar.
- Lucky Howard from UNICEF for assistance in the logistical arrangements for the ECD Knowledge Building Seminar.

**Report compiled under contract by:** Ms Pam Picken.

This report provides an overview of the presentations and the discussions that took place in the subsequent dialogues. Where references occur in the text it is linked to a particular presenter's presentation and a full list of references is not provided.

All speakers were provided with the opportunity to review the text of their presentations in this publications.

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*Please note that this report is not available in print.*

**Cover picture:** Andries Viviers (Drawn in 1974)

Giving children a healthy start in life, no matter where they are born or the circumstances of their birth, is the moral obligation of every one of us.

Nelson Mandela, April 2002

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## ABBREVIATIONS AND ACRONYMS:

The following abbreviations and acronyms appear in the report:

ANA	Annual National Assessment – Department of Basic Education
ANC	African National Congress
B-BBEE	Broad Based Black Economic Empowerment
CLASS	Classroom Assessment Scoring System
CEPD	Centre for Education policy
CHW	Community Health Worker
CODERSIA	Council for the Development of Social Science Research in Africa
COGTA	Department of Cooperative Governance and Traditional Affairs
CSG	Child Support Grant
CSI	Corporate Social Investment
DSD	Department of Social Development
DBE	Department of Basic Education
EB	Exclusive Breastfeeding
EC	Eastern Cape
ECD	Early Childhood Development
ECE	Early Childhood Education
ELDA	Early Learning and Development Areas
ELRU	Early Learning Resource Unit
EPWP	Expanded Public Works Programme
ETDP SETA	Education, Training and Development Practices Sector Education and Training Authority
FoK	Funds of Knowledge
GDP	Gross Domestic Product
GECDI	Gauteng ECD Institute
GPG	Gauteng Provincial Government
GPS	Global Positioning System
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IDP	Integrated Development Plan
KZN	KwaZulu-Natal
LETCEE	Little Elephant Training Centre for Early Education
LHS	Life History Strategy
LTSM	Learning and Teaching Support Materials
MDG	Millennium Development Goals
NCF	National Curriculum Framework
NDP	National Development Plan
NECDA	National ECD Alliance
NELDS	National Early learning Development Standards
NEPI	National Education Policy Investigation
NGO	Non-government Organisation
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIP for ECD	National Integrated Plan for ECD
NPO	Non-profit Organisation
NQF	National Qualifications Framework
NSES	National School Effectiveness Study
OVC	Orphans and Vulnerable Children
PIRLS	Progress in International Reading Literacy Study
PQA	Programme Quality Assessment (HighScope)
RDP	Reconstruction and Development Programme
RtHB	Road to Health Booklet
RtHC	Road to Health Chart or Card
SACMEQ	Southern and Eastern Africa Consortium for Monitoring Education Quality
SADTU	South African Democratic Teachers' Union
SALGA	South African Local Government Association
SAHRC	South African Human Rights Commission
SARAECE	South African Research Association for Early Childhood Education
SELF	Seychelles Early Learning Framework
SPARK	Singapore Pre-school Accreditation Framework
TB	Tuberculosis
TIMSS-R	Third International Mathematics and Science Study - Repeat
TVET	Technical and Vocational Education and Training Colleges
UCLA	University of California, Los Angeles
UNICEF	United National Children's Fund
UNISA	University of South Africa
WEIRD	Western, Educated, Industrialized, Rich and Democratic
WHO	World Health Organisation

## What attendees said about the 2014 ECD Knowledge Building Seminar

*"Brilliantly fantastically, wonderfully, brilliant, more, more, more!! Have you set the date for next year yet?"*

*"This was by far one of the most high quality seminars on ECD that I have attended. There was thought put into the selection of speakers and presentations. Was an excellent all round seminar."*

*"This seminar gave me a lot of information that I did not know. It should be held every year and be open to all in ECD workers."*

*"Was so much fun and I learned a lot about ECD."*

*"Wonderful platform to learn, an important training of ECD. This was an important tool for us."*

*"I am going to implement what I have learned from this seminar and share with my colleagues who were not able to attend."*

*"I am a new ECD practitioner, I have enjoyed every moment of the seminar. The experience has enabled me to network and enriched my understanding."*

*"I have learned a lot and it has added to my understanding about ECD. Seminar must be held every year to accommodate the changes in the field."*

*"A great range and variety of topics - loved the clinics need more of those."*

*"Good quality presentations. Good mix of scientific evidence, policy and implementation knowledge and experience. Good opportunity for a range of partners in ECD to network and learn."*

*"My brain has exploded in a wonderful way, I also know why my brain has responded in such a way to this stimulation (Epigenetics)."*

*"Well done! Most of the presentations were brilliant, enthusiastically presented and a pleasure to listen to."*

*"KBS was informative and provided info that can be utilized immediately, interesting, up to date research and topics that was relevant to the ECD sector."*

*"I'm a grade R teacher, learned about exciting new science to child development."*

*"Historical background of ECD was very Interesting."*

*"KBS was an eye opener. Gained a lot of knowledge on child development. Will approach children with more care and sensitivity."*

*"Insightful - enjoyed evidence based research presented, learned new approaches - 6 bricks. More breakaways and interactive sessions needed."*

*"My knowledge greatly improved especially the 6 bricks."*

*"First time attendant. It was a delighting experience, it was informative, educative."*

*"Absolutely fabulous and very informative and relevant. The different presentations coincided and complemented one another. Two days of my life spent well. Thank you for the opportunity to attend."*

## PREFACE

On Thursday 4<sup>th</sup> and Friday 5<sup>th</sup> December 2014 the Early Childhood Development (ECD) Knowledge Building Seminar was held at the Southern Sun Hotel in Pretoria. Stakeholders from the ECD sector, from all over the country, converged in Pretoria. The Seminar brought together more than 270 delegates representing stakeholders from all tiers of government, universities, researchers, representatives from non-profit organisations (NPOs) working in the fields of ECD, the children's sector, disability, health and development. A number of donor organisations, trusts and foundations were represented, as well as interested individuals and practitioners from the field. The gathering included a delegation from Namibia.

The ECD Knowledge Building Seminar has become a regular and welcome event for the ECD sector since 2006 and is organised by UNICEF in collaboration with the Department of Basic Education, the Department of Social Development and the National Planning Commission. The purpose of the ECD Knowledge Building Seminar is to create a national platform and forum to share new knowledge, research and innovative developments for young children in South Africa.

This Seminar provided an opportunity for stakeholders to reflect on what had been achieved for young children and ECD since the advent of democracy in 1994, to gain information on recent developments and research findings, and to think, discuss and plan how these can take forward South Africa's vision and plans to realise the rights and needs of young children from conception to school going age.

The theme of the 2014 ECD Knowledge Building Seminar was 'ECD at Twenty Years'. In 2014, South Africa celebrated twenty years of democracy. Since 1994, much has been achieved to improve the lives and education opportunities of young children, especially in policy development. However, much still needs to be done, and we can learn from the strong research evidence emanating from other parts of the developed and developing world, as well as research from our own country.

The delegates at the ECD Knowledge Building Seminar heard conclusive evidence on the critical importance of the early years, both for the achievement of individual health, wellbeing and development potential, as well as for South Africa's human capital development and population health and wellbeing. Some interesting new research evidence was presented and some innovative ideas to support achievement of our vision for our youngest citizens. The commitment of the South African Government in promoting and supporting the realisation of this vision was demonstrated in the contributions from key departments.

The Seminar presented delegates with information on a variety of issues affecting young children and their caregivers that will strengthen their work to promote, support and fulfil the rights and needs of young children and the adults who care for them. Presenters covered a wide range of pertinent topics.

This Report covers all the presentations delivered as well as key points from subsequent discussions during the dialogue sessions.

## WELCOME AND INTRODUCTION

**Ms Zanele Twala – Office of the President**

Ms Zanele Twala welcomed everyone and commented that the seminar had been totally over-subscribed and how heartwarming it was to see so many people committed to young children and so eager to extend their knowledge and understanding of ECD. Ms Twala emphasized that the fact that ECD is now in the Office of the Presidency demonstrates the high level of commitment of the South African government to ECD.

The theme of the Knowledge Building Seminar is 'ECD over 20 years' and how that period will inform the way ahead for young children in South Africa.

## OPENING REMARKS

**Mr Andre Viviers, UNICEF Senior Education Specialist for ECD (on behalf of Ms Nadi Albino, UNICEF Acting Deputy Representative)**

Mr Viviers remarked that we are celebrating 20 years of ECD post the advent of democracy in South Africa. It is currently an opportune time for ECD in the world, and this period has seen a significant shift in the thinking, understanding and policy for babies and young children, both globally and in South Africa. There has been significant progress on many fronts. The scientific evidence on the critical importance of the early years is now extremely strong. However he made the point that we still need strong advocacy for young children to experience meaningful change.

He drew attention to the following significant highlights: The MDGs (Millennium Development Goals), most of which focus on children, including young children, were set to be achieved by 2015. There has been good progress, but there are still large pockets of inequity. The post 2015, Goals for Sustainable Development include Proposed Goal 4, which strives to ensure inclusive and equitable, quality education and promote lifelong learning opportunities for all '*including commitments to early childhood development, care and education, learning achievement, enrolment and completion and the importance of developing relevant knowledge and skills, as well as youth and adult literacy and numeracy*'. It states in Goal 4.2 that by 2030 we need to ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Mr Viviers outlined UNICEF's Global Strategic Plan 2014 to 2017 which aims to ensure countries have at least 80% of primary caregivers engaged in early childhood stimulation for under three-year olds at home; and in P5.4 that countries with poorest quintile attendance rate show figures of above 25% in early childhood education. In addition, UNICEF programme countries should achieve at least 80% of children aged 36-59 months engaged in activities with an adult to promote learning and school readiness, as well as increased access to early learning

He went on to highlight that UNICEF's Regional Priorities for ECD (East and Southern Africa) will focus on at least 12 countries to implement new innovative models of early learning programmes (ELP), particularly in communities where primary enrolment and academic achievement is poor. Such models should include early learning and school readiness in education sector plans, and increase the education budget allocation dedicated to support early learning by at least 5 per cent. UNICEF also plans to support the development, implementation and/or scale up of a quality early learning curriculum, and standardized teaching methods and assessments.

Mr Viviers emphasized that UNICEF South Africa country office's has 3 priorities for the next 5 years:

1. Early Childhood Development
2. End Violence against children
3. Results for Adolescents

In addition, UNICEF's priorities in South Africa are in line with South Africa's National Development Plan-Vision 2030 which recognises that early childhood development should be a top priority. South Africa's Medium Term Strategic Framework 2014 to 2019 features early childhood development in Outcome 1, Sub outcome 4: Improved Grade R and planning for extension of ECD, Outcome 13 and Sub outcome 2: improved quality and access of Early Childhood Development Services for children aged 0-4.

He further indicated that

- South Africa’s Integrated Programme of Action for Early Childhood Development – Moving Ahead 2013 – 2016 has been Cabinet approved and is a sector wide plan, based on the ECD Diagnostic Review, the National Development Plan and the National ECD Conference (2012) outcomes. It sets targets and is cross sectoral.
- South Africa’s Draft Comprehensive Policy for ECD is a review and expansion of existing policy, and constitutes a new era for ECD. It is evidence-based and takes into account an in-depth analysis of the real challenges facing young children in South Africa detailed in the Diagnostic Review of Early Childhood Development. It is accompanied by a National Programme for ECD.
- South Africa’s Early Education priorities - Significant highlights in the last 10 years have been the high access of young children to Grade R, the development of the National Early Learning and Development Standards and the National Curriculum Framework for Birth to Four Years.

Mr Viviers ended his introductory address by urging delegates to ‘Carpe Minuta’ or ‘Seize the Moment’ as this is one of the best times for ECD in the world and in the country. He stressed that we must make sure that young children experience an INVESTMENT in the early years that will make a meaningful difference in their lives.

He also paid tribute to heroes of ECD, Mr Cyril Dalais and Ms Patrice Engle, both of whom made a significant global contribution to ECD, and both of whom have recently passed away.

## A TWENTY YEAR HISTORY OF ECD



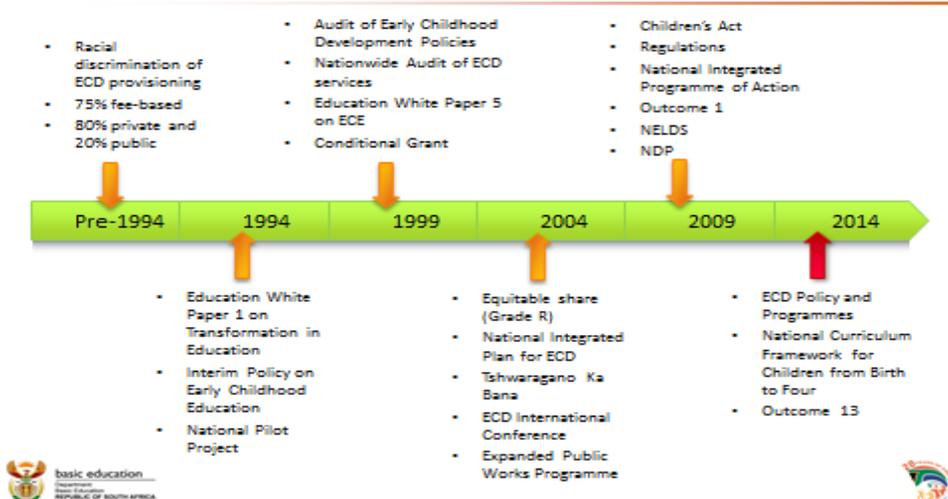
**Ms Marie-Louise Samuels, Director for Early Childhood Development, Department of Basic Education.**

*A reflection of the history since 1994 to date. Looking back at the rich, dynamic, often challenging path the sector took over the past 20 years.*

Ms Samuels began her presentation by reminding us of the West African proverb. ‘We look back to move forward’.

She took delegates through an historical Early Childhood Development journey, reflecting on the achievements in ECD over the past twenty years since the end of apartheid and the advent of democracy in 1994.

## LOOKING BACK, LOOKING AHEAD



Pre-1994 – Ms Samuels reflected back to what we inherited in 1994 from the apartheid era, and remarked that we still carry many of those burdens. At that time, ECD was almost exclusively for white children and the large majority of South Africa’s young children had no access to ECD unless they paid, and unless there was some provision in the community.

She noted that 1994 – 1999 was a time of change. Education White Paper 1 argued for 10 years of compulsory education, including the introduction of a reception year, a recommendation from the World Bank Report, which also recommended an integrated approach to ECD. This was also the period during which the Interim Policy on Early Childhood Education and the National Pilot Project were launched, focusing on 4 500 ECD sites, offering interim accreditation to training organisations and starting to develop qualifications in ECD.

1999 – 2004 she said, saw the Audit of Early Childhood Development Policies, the nationwide Audit of ECD Services, Education White Paper 5 on ECE and the Conditional Grant for ECD which afforded us 3 years to test the reception year.

Ms Samuels reminded delegates that 2004 – saw Grade R become part of the equitable share, while in the period 2005 – 2010 the National Integrated Plan for ECD was launched, which included a focus on poor and vulnerable children through Tshwaragano Ka Bana. During this period the Department of Education hosted the ECD International Conference which looked at ECD programmes in a number of different countries. The Department of Education also participated, together with the Department of Social Development and the Department of Public Works, in the EPWP (Expanded Public Works Programme) to promote and support ECD.

In the more recent past, Ms Samuels drew attention to 2009 when South Africa’s Children’s Act and the accompanying Regulations came into effect. NELDS (National Early Learning Development Standards) for Children Birth to Four Years were developed and work started on the National Development Plan (NDP) and the National Programme of Action for Children.

This year, 2014, has seen the development of the National ECD Policy and Programme, as well as the National Curriculum Framework for Children from Birth to Four Years.

In her reflections on these significant achievements for early childhood development, Ms Samuels commented on the developments in policy and legislation and the fact that in 1994 South Africa had disparate policies for ECD which were uneven and contradictory. However in 2014, there is now a single integrated policy, which will enable us to be better coordinated in terms of early childhood development service delivery.

Commenting on the curriculum, Ms Samuels remarked that there was no national curriculum for ECD in 1994, whereas from 2014 South Africa now has the National Curriculum Framework for Children from Birth to Four.

In terms of access, in 1994 South Africa had no idea how many ECD sites there were or how many children were accessing them. In 2014 a nationwide audit was conducted that identified 20 442 registered ECD centres. In terms of qualifications, in 1994 there were no recognised ECD qualifications. In 2014 we have national ECD qualifications at NQF Levels 1, 4, 5 (two qualifications) and Level 6, and the NQF Level 4 qualification is currently being changed.

Ms Samuels highlighted some stubborn challenges facing the ECD sector, which included the challenges in ensuring compliance with legislation, policy, regulations and implementation. She stressed that it is critical for us to ensure there are consequences for non-compliance. She commented that there has been progress with regard to coordination, but there are still challenges in this regard. Good relationships are key if early childhood development is to achieve its objectives, and we must learn to listen to one another. A stubborn challenge has been the scarcity of sufficient human and financial resources, as there has been no significant increase in either.

Ms Samuels then focused on lessons learned. She highlighted that we need to build infrastructure and systems for scale up of ECD services, and that any such scale up will not be possible without detailed project plans, both national and provincial, as well as the establishment of meaningful partnerships. Implementation

needs to be phased, with constant review to check that it is working. She emphasized that we also need empirical evidence to prove that what we are doing works, with a special focus on long term learning outcomes. Such credible evidence is necessary to inform future planning.

She ended by reminding delegates of the African proverb, **'If you want to go fast, go alone. If you want to go far, go together.'**

## THE NEW SCIENCE OF EARLY CHILDHOOD DEVELOPMENT: IMPLICATIONS FOR SOUTH AFRICAN POLICIES AND PROGRAMMES



**Professor Linda Richter, University of the Witwatersrand and the Human Sciences Research Council.**

*The presentation covered the exciting new science in child development, the neurosciences, epigenetics and microbiology, as well as the results of long-term follow ups of young children into adulthood, and will highlight the implications of this work for South Africa's ECD policies and programmes.*

Professor Richter started her presentation by remarking that we do not celebrate our successes enough in South Africa. She pointed out that South Africa is the only low or middle income country in the world that has a fully government funded pre-school year, which is an incredible achievement.

She went on to point out that both the ECD Diagnostic Review and the new ECD Policy and Implementation Plan make six important NEW recommendations.

To protect and promote:

1. Wellbeing during pregnancy
2. A strong focus on the first 1000 days of a child's life. i.e. 270 days of pregnancy + 365 + 365 days for the first two years of life.
3. The importance of parenting
4. Good quality early childhood care, with a special focus on improved child-minding
5. Improved nutrition in pregnancy and in early childhood
6. A public communications campaign to raise awareness of the importance of the early years.

She stressed that all these recommendations are based on strong, ground breaking scientific evidence, made possible through developments in technology, such as the video tape revolution, the ability to measure brain function and development, genetics and epigenetics, developing knowledge about the microbiome and long term research studies on child outcomes. Starting in the 1970s, innovative use of the video tape in particular has enabled us to study babies in a totally new way, studying their development across a number of domains, with a special focus on the relationship between mother and baby. We have learned an enormous amount about how babies learn and grow from birth and how the pre-speech dialogues between mothers and babies form the foundation of thought and language.

Professor Richter showed two short video recordings of interactions between mothers and babies which vividly demonstrated this interplay, showing how babies relate to people in different ways to the way they relate to objects. Early on, babies evidence imitation capacity, possibly as a result of "mirror neurons", which enable learning from other humans. Proto-conversations or pre-speech dialogue is an important pre-cursor of the development of language and mentality.

She drew attention to the fact that there have also been incredible advances in measurements of brain structure and function that inform us what the baby's brain is doing. Electroencephalograms (EEGs) are now computerized, and both brain structure and function can be examined through infrared light, magnetic fields and radio waves to detect blood flow and oxygenation to provide a measure of function. We have learned that the brain develops with phenomenal rapidity prenatally and in the first two years of life. Sensory pathways, and the neurophysiological basis of both cognition and language are established by age two.

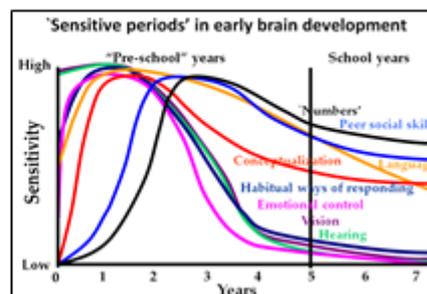
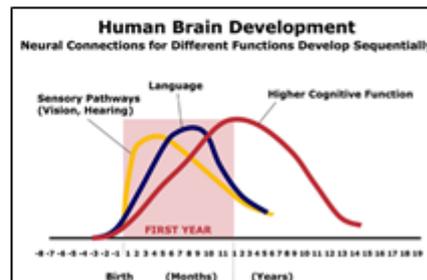
# What have we learnt?

- Very rapid brain development: pre- and post natal



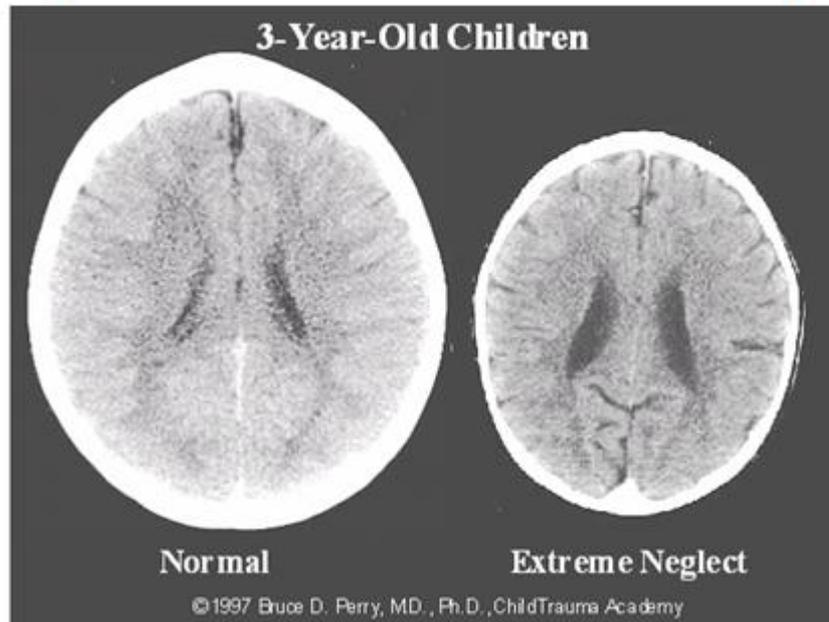
## Critical early developmental periods

- Before 1 year
  - Sensory pathways
  - Cognition
  - Language
- Before 3 years
  - Emotional control
  - Habitual responses
  - Peer social skills



As our emotional function is also established during the very early years, we also know that neglect or adverse conditions have serious effects on the developing brain. The impact of neglect on the brain was graphically demonstrated in the following slide.

# Impacts of neglect on the brain



However, Professor Richter went on to emphasize that, most importantly, we also know that early intervention works and we can provide compensatory experiences to reverse or minimise damage. Studies done by Nelson, Fox and Zeanah (2013) on institutionalized children show that the earlier in a child's life we intervene, the greater the chance of success in supporting children to achieve their potential.

She explained that the relatively new field of genetics and epigenetics demonstrate that the environment affects how our genes express themselves. Gene studies across long inter-generational time scales show that the maternal/foetal and early childhood environments results in dynamic continuous adaptation that affects not only the lives of the individuals involved, but the generations to come.

There is now an epigenetic model of chronic disease set up pre-birth. Depression in a pregnant mother also significantly affects her baby through epigenetic processes, as does poor nutrition, stress, pervasive mood, injury, disease and toxins such as smoking, alcohol and drugs. These result in DNA methylation changes which affect gene expression and can result in chronic disease, mental ill-health and difficulties in relationships in later life.

Professor Richter highlighted that in early childhood, any similar disturbances to the environment of the child, including deprivation and abuse, will affect brain development. The foetus adapts to under-nutrition by metabolic changes, redistribution of blood flow and changes in foetal and placental hormones which change organ size and function. The newborn brain uses 97% of the body's metabolic energy and this drops to about 44% by age five. Stress and under-nutrition reduce the energy available, affecting the structure and function of the fast developing brain. High levels of circulating maternal stress hormones seem to permanently "programme" the child's emotional responsivity and ability to manage stress.

She introduced the concept of the microbiome also implicated in health problems. We have about 100 trillion microbial cells, ten times more than our human cells, which are found extensively on the skin and in the gut, amongst others. These have implications in many health conditions such as allergies as well as anxiety or depression conditions. A mother passes on her maternal microbiome to her child, both before and after birth, as a rich heritage of resistance to disease as well as emotional well-being.

This microbial colonization of the infant begins in pregnancy and is influenced by maternal health and well-being, the mode of birth delivery and early skin contact, which can be affected by caesarian section births, hospitalization and exposure to antibiotics, causing delays in colonization. Early breastfeeding exposes the baby to the benefits of colostrum, and both breastfeeding and skin-to-skin contact are seen as critical to the baby's wellbeing. The microbiome is also affected by formula feeding and weaning foods. The "seeding" of a

baby's microbiome is thought to affect lifelong health because microbial diversity is a critical ingredient of wellbeing.

Referring to the number of studies of early interventions focusing on long term outcomes, Professor Richter stated that studies in low and middle income countries have only become available fairly recently. An example is COHORTS (the Consortium of Health-Oriented Research in Transitioning Societies), consisting of the five largest and longest running birth cohort studies in low and middle income countries The Birth to Twenty (Bt20) study in South Africa, one of the COHORTS, demonstrates that adaptations in early childhood and differences that emerge between children continue for their lifetime.

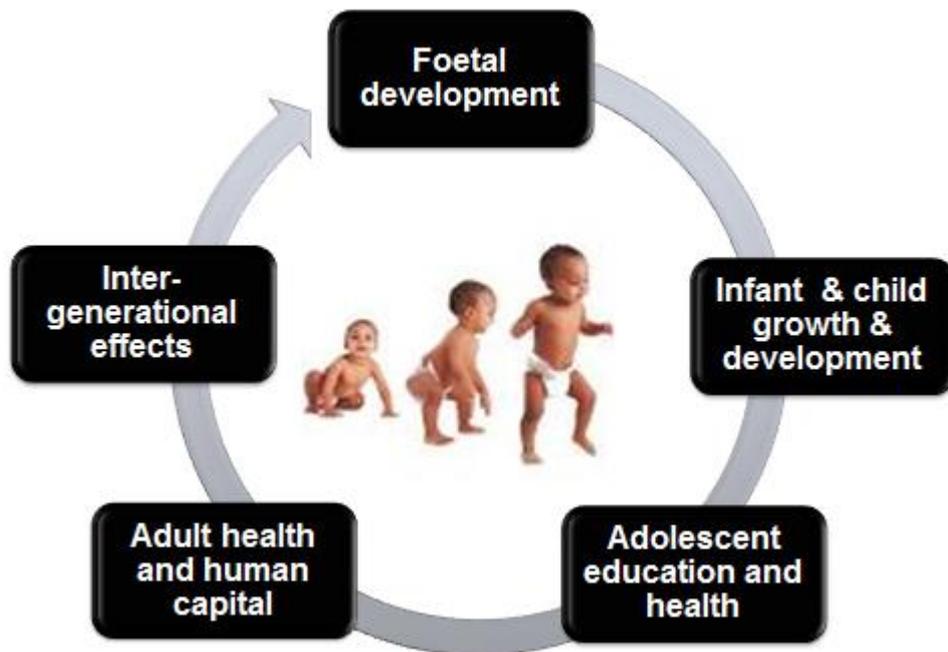
Evidence from studies, such as an early stimulation intervention conducted in Jamaica, show that early interventions can fully compensate for many of the challenges facing young children. The Jamaican Study findings show that 'a simple psychosocial stimulation intervention for disadvantaged children can have a substantial effect on labor market outcomes and can compensate for developmental delays. The estimated impacts are substantially larger than the impacts reported for U.S.-based interventions, suggesting that ECD interventions may be an especially effective strategy for improving long-term outcomes of disadvantaged children in developing countries.'

So, in summary, Professor Richter asked what we, as society, have learned and went on to highlight the critical evidence-based learnings:

- **Inter-generational** - If we want to change children's development, we have to think long term and start with pregnancy and the first 1000 days. Early influences have life-long impact and are reinforced by the environment..
- **The First 1000 days from pregnancy to age two** are a critically important period. The main elements of the brain, body, relationships and the development of the mind are laid down in this period.
- **Early influences have long-lasting effects** – Adaptations endure over a lifetime and into the future, and differences widen through environmental reinforcement.
- **Babies need a human environment** – They are born to be protected by and communicate with caring, interested and interesting people. Babies need people not things
- **Child care is critical** - The ordinary, loving things that parents and families (and other adults) do are the most important building blocks for human development. We can all do these simple things. Traditional African care practices are highly protective of early development and emphasize the importance of breastfeeding on demand, responsiveness to crying, co-sleeping, carrying in an upright position and frequent social interaction.
- **Nutrition, nurture and protection**
- **Early interventions work and early child development matters for the economy** – the Cost of Hunger study (sponsored by the African Union and others) demonstrated the cost to GDP of the knock-on effects of hunger (and associated deprivation) on education, earnings and GDP in various African countries. Up to 16.5% of GDP can be lost as a result of poor early child development
- **Public communication campaigns** – Not everyone knows the new science of child development. We need to provide the public with information on the importance of the early years. Early child development is everybody's business.

Professor Richter ended her presentation by emphasizing why the team who worked on the National ECD Policy and Plan recommended that South Africa's efforts to improve early child development and our future human capital, focus on improving:

- Pregnancy
- The first 1000 days of life
- Parenting
- Early child care including child minding
- Nutrition
- Public awareness



## THERE IS NO NOT CHOOSING: THE BRAINS YOU REGULATE FOR ARE THE BRAINS YOU GET



**Dr Barak Morgan, University of Cape Town.**

*This paper describes how early childhood adversity becomes embedded in the bodies and brains of South African children, with dire social consequences. Toxic stress during the first 1000 days (from pregnancy to 24 months) is particularly damaging, leaving its mark for life. The critical importance of adequate care in this period, and of social conditions that regulate caregivers to give adequate care, is emphasized.*

Dr Morgan started by emphasizing that neuroscience shows us that the degree of inequity of the social environment, particularly poverty, has serious consequences for the loss of developmental potential in countries. Unfortunately South Africa sits at the extreme wrong end of the inequity continuum, with consequent impact on the developmental potential of its citizens.

To understand the loss of developmental potential, he emphasized that we need to understand that 'You are your brain'. No thoughts, feelings or behaviours happen without being processed through your brain, thus the structure and function of your brain matters enormously. It makes you who you are. As early childhood is a critical period for the development of brain structure and function, it stands to reason that it is a critical period of human development.

He reminded delegates that the debate has raged for many years about whether it is nature (genes) or nurture (the environment) that plays the most important role in the development of individuals. The nature versus nurture debate has now been solved - both are important. The environment regulates the genes - 'the right gene at the right time'. Sometimes genes are only partially switched on or off and some of these settings happen early in life and cannot be changed later.

Dr Morgan went on to explain that early parental investment, epigenetically (determined by environment) and irreversibly regulates brain development. Studies in rats show that greater parental investment (nurturing, protecting, supporting, buffering of offspring) enables their offspring to manage stress, whereas less parental investment leads to toxic stress in baby rats. In layman's terms, high parental investment renders stress

manageable leading to a brain with strong 'top-down regulatory or inhibitory self-control' i.e. a think first, act later brain. With a top-down brain you 'keep your head' and *thrive* because you can see the bigger picture. Correspondingly, lower parental investment renders stressful situations unmanageable and unmanageable or toxic stress leads to brains with strong 'bottom-up self-regulation or impulsive action', an act first, think later brain. With a bottom-up brain you 'lose your head' and react fast (fight, flight or freeze) in order to *survive*. This leads to many problem behaviours later in life and poor coping skills, especially in social situations. Failure to inhibit survival reactions prevents one from seeing the bigger picture and from acting (rather than reacting) accordingly. This makes it difficult to compete in a complex and social environment that requires reflective strategic rather than automatic stress responses to the life's challenges.

He drew attention to the fact that poor top-down self-regulation in early childhood predicts the following social problems: drug/alcohol dependence, externalizing behaviour including criminality, financial struggles, poor physical health, risk taking including unsafe sex and aggressive, violent or high risk male-male competitiveness, teenage pregnancy, poor academic achievement, lower socio-economic status and poor planning for the future.

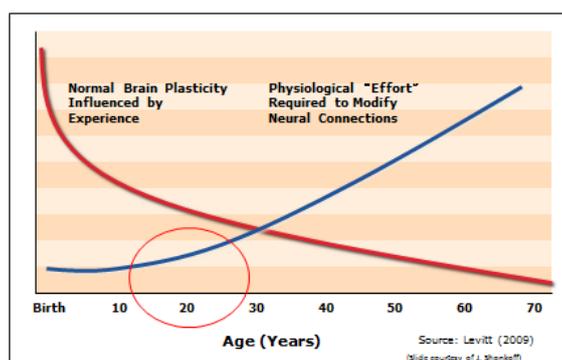
In the same way as parental investment regulates offspring brain development to follow top-down or bottom-up pathways, Dr Morgan reported that the greater socioeconomic environment regulates parental investment itself. A favourable (safe, bountiful) environment encourages ('regulates for') greater parental investment, resulting in offspring with a strong top-down brain, strong inhibitory self-control and effective coping under stress. These properties facilitate the ability to compete favourably in the long-term bigger picture. An adverse (unsafe, impoverished) environment results in ('regulates for') less parental investment, more toxic stress and offspring with a strong bottom-up reactive brain with poor inhibitory self-control and poor long-term coping skills. Thus the brains you 'regulate for' are the brains you get!

*The external environment regulates parental investment and parental investment regulates for either top-down or bottom-up brain development.*

He went on to add that biological development itself has features that also contribute to the embedding of environment and its impact on developmental outcomes. Decreasing brain plasticity, a biological reality, means that the ability to change brain and behaviour decreases over time. This is why, the brains you 'regulate for' during early childhood are the brains you will "be stuck with" in later life! The physiological effort required to change brain structure and function increases as neuroplasticity decreases. There are sensitive periods during which certain conditions need to be right for optimal development. Overall, the window of sensitivity diminishes extremely rapidly, effectively reaching adult levels by the age of 6-7 years old (see Figure). Early prevention and remediation interventions will always be most effective and most cost-effective.

Dr Morgan emphasized that in considering the impact on young children's development we need to think about embedding of environment in terms of genes x epigenetics x development x evolution x environment interactions. Epigenetics refers to the way environment regulates genes, often irreversibly. Parental investment for example has its affects via regulation of genes in childrens' brains. Sensitive periods during which this regulation happens soon come to an end making these regulatory settings irreversible or extremely difficult and expensive to reverse.

**The Ability to Change Brain and Behavior Decreases Over Time**



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In addition, he pointed towards the fact that there is still more biology to consider – evolution. Life history strategies determine how much time and energy are devoted to growth, reproduction and safety (how much risk to take) amongst other things. Under an adverse environment, for example poverty, and an uncertain future, the Fast LHS (Life History Strategy) approach is generally to take what you can get now; take more risks; reproduce early and invest less parental care in more children.

He quoted from Belsky and Pleuss, 'From the standpoint of reproductive fitness, it is better to "live fast and die young," having offspring along the way, than to die (or become disabled) before getting the chance to reproduce. Thus, adolescents who, for example, respond to dangerous environments by developing insecure attachments, adopting opportunistic, advantage-taking interpersonal orientations, engaging in externalizing behavior, discounting the future, and experiencing early sexual debut are no less functional or even less regulated than are those responding to a well-resourced and supportive social environment by developing the opposing characteristics and orientations.' (Belsky & Pleuss, 2013)

Under a favourable environment and a predictable future, a Slow LHS approach is more likely, with parents investing in the future, taking less risks, delaying reproduction in order to build resources and investing more parental care in fewer children. Strategic life-history strategies are also embedded in the brains of offspring through epigenetic pathways 'regulated for' by early life experience (parental investment styles). Fast LHS are associated with bottom-up brains and slow LHS with top-down brains.

He presented evidence showing that high maternal responsiveness buffers stress and also evidence consistent with the idea that environment quality (favourable or harsh) regulates parental investment: cradling laterality in WEIRD (Western, Educated, Industrialized, Rich and Democratic) countries versus a non-WEIRD population in Khayalitsha showed opposite behaviours not attributable to direct environmental causes (i.e. to an abundance or lack of resources). 60%-80% of mothers from WEIRD settings cradle on the left (associated with higher maternal responsiveness and investment) while only 40% of Khayalitsha mothers cradle on the left.

Dr Morgan pointed out that there is indeed even more biology to consider, that of differential sensitivity to environment, which could have an impact on children's resilience. For example, one study shows how two different variants of the Glucocorticoid Receptor Gene interacted with an ECD home-visiting intervention to produce different outcomes: children (known as orchids – spectacular plants under favourable conditions but wither and die under unfavourable conditions) with variant A in the intervention group did very well (low incidence of externalizing psychopathology) while those in the control group did very badly (high incidence of externalizing psychopathology). However, for children with variant A- (dandelions – ordinary plants that nevertheless grow well under all conditions), being in the intervention or control group made no difference to the incidence of externalizing psychopathology. Measuring the impact of interventions without taking this into account gives only average results will hide the high impact of the intervention on orchids because low impact on dandelions brings the average down. Dr Morgan also pointed out that differential sensitivity to environment has implications for allocation of resources with some people suggesting that we target interventions at sensitive orchid children rather than targeting dandelion children who show a less dramatic response? However, whilst one study may show differential susceptibility for a particular gene in interaction with a particular intervention, Dr Morgan emphasized that in reality there are thousands of genes interacting with countless environmental influences to produce countless outcomes – countless unique individuals - whose human value and right to resources cannot be decided on the basis of one gene x environment interaction by anyone else. There is therefore absolutely no scientific justification for allocating resources according to genetic makeup.

Dr Morgan ended by posing questions whether such behaviours, described above are pathological or adaptive to a harsh environment:

- Is externalising behaviour really psychopathology?
- Is low maternal responsiveness really a problem that must be fixed?
- Or are these part of an adaptive bottom-up fast LHS for survival under harsh conditions where from an evolutionary perspective (i.e. survival and reproduction, see below) short-term success is more important than long-term success?
- Are these not just adaptations and unavoidable costs of a Fast LHS based on brain structure and function that has been embedded according to epigenetic, developmental and evolutionary forces?

- Is “fixing” these problems not the same as “declawing the cat”, i.e. changing people’s survival behaviours without changing their world (making their environment safe)?
- Is fixing these problems without changing the greater socioeconomic environment that is regulating for these “problems” to begin with not like throwing sand against the wind?
- In contrast, improving the greater socioeconomic environment which parents inhabit will automatically ‘regulate for’ greater parental investment which will in turn make interventions that seek to enhance parenting skills and other ECD resources (i.e. interventions aimed at generally enhance top-down brain development in children) more effective and more appropriate: This is like throwing sand with the wind.

He pointed out that fast LHS/bottom-up brains are adaptive. After all, populations living in poverty are growing and surviving sufficiently well enough to sustain high reproduction rates despite disease, drug abuse, gang violence, domestic violence, poor academic achievement and other social “dysfunction”. A Fast LHS will not compete well against a Slow LHS in the suburbs, universities and the corporate environment, whereas a Slow LHS will not survive the ghetto. These evolutionary developmental trajectories have powerful implications for the design of policy and practical interventions.

He concluded by quoting from a Research and Policy Brief Series he had written for Ilifa Labantwana, ‘Remarkably, given everything described above, toxic stress is not directly caused by poverty (Yoshikawa et al. 2012). The relationship is instead entirely mediated by the quality of parental care: controlling for parental factors completely cancels out the effect of poverty (Cameron et al. 2005). This can be taken as a potent argument to vigorously scale up interventions targeting support for primary caregivers.’ (Dr Barak Morgan - Ilifa Labantwana Research and Policy Brief Series, November 2013).

However Dr Morgan added that as long as an inequitable broader socioeconomic environment regulates for limited parental investment, such interventions will yield limited returns.

## DIALOGUE 1: QUESTIONS, COMMENTS AND STATEMENTS

During the first dialogue, the following questions were asked and responses and comments made by panelists from the previous session:

**As a department of education (and DSD), what plans do you have to address the challenges you noted, for example: poor compliance, coordination and poor human and financial resources?**

Ms Samuels responded that the Department of Basic Education has comprehensive plans in place that outline what different departments are responsible for. With regard to compliance issues, non-compliant organisations should be closed down, but we face the challenge that such action is not always popular with the general public. People complain that registration standards are too high, but the reality is that we need to take children out of these poor conditions. With regard to cooperation, we need to institutionalize inter-departmental cooperation and this is beginning to work. If we ask ourselves how we promote optimal child development within the harsh conditions, we need to recognise that it is not a hopeless situation. We need to target our interventions to meet the rights and needs of the children who need it most.

**If we are putting so much effort into promoting optimum development, but we’re not changing the harsh environment – what are the effects of this? Are we actually doing damage and is it not a perpetuating cycle?**

Dr Morgan remarked that society must choose. Better home conditions and early years’ services will regulate for better outcomes for children that increase developmental potential. We really need to decrease poverty and the harsh environments in which so many of our young children grow up. Neuroscience is shifting the conversation around inequality, not just for ECD. We must ask ourselves ‘Are we trying to ‘fix’ society or ‘change’ society?’ It is an active choice we must make.

With regard to irreversibility, Dr Morgan pointed out that in population level data the realities are that there are sensitive periods that matter and there are economic circumstances that are difficult to reverse.

Professor Richter referred to ‘wicked problems’ for which there are no single, simple or short term solutions. If we ask ourselves, ‘Are you condemned for life?’ the response is that there is a biological reality, but there is also a social reality. Better parenting and better early services do show that early interventions work. There

are two relevant research studies in this regard. A home visiting programme in Jamaica, showed an increase of 25% in earnings in later life. A Guatemala study on an early nutrition intervention showed a 40% increase in earnings. Better home conditions and better early years' services can change things.

### **What role can the private sector play in next 20 years and public/private sector partnerships to take ECD forward?**

Professor Richter responded that, to a large extent, government creates the environment in which we all operate. There is a huge role for the private sector to play, but government has to take the lead. We also need women to be able to move into the work environment and to enable this, good childcare needs to be available. Government has taken the lead in this regard, but the private sector with its innovation, could follow suit and this could revolutionise early childcare in South Africa.

## **INSURMOUNTABLE LEARNING DEFICITS IN EDUCATION – THE CASE FOR EARLY INTERVENTION**



**Mr Nic Spaull, University of Stellenbosch.**

***Understanding when children fall behind at school and how far they fall behind is important for policy purposes and to inform strategic intervention. This presentation looks at the size and scope of learning deficits in mathematics in South Africa***

Mr Nic Spaull clarified that his presentation on 'Starting behind and staying behind: the case of insurmountable learning deficits in South Africa' was based on research done for the South African Human Rights Commission and UNICEF and focused on mathematics. It looked particularly at when children fall behind, how far they fall behind and whether or not they do catch up.

He explained that the rationale for the research study was based on 3 premises: that learning is a cumulative process that builds on itself i.e. it follows a hierarchical structure (see Gagne, 1962; Aubrey, Dahl, & Godfrey, 2006; Aubrey & Godfrey, 2003; Aunio & Niemivirta, 2010); that mathematics, in particular, follows a coherent, explicit and systematically principled structure (vertically integrated subject – Bernstein, 1999) and that with respect to South Africa, Taylor *et al.* (2003, p. 129) found that ***“At the end of the Foundation Phase, learners have only a rudimentary grasp of the principles of reading and writing... it is very hard for learners to make up this cumulative deficit in later years...particularly in those subjects that...[have] vertical demarcation requirements (especially mathematics and science), the sequence, pacing, progression and coverage requirements of the high school curriculum make it virtually impossible for learners who have been disadvantaged by their early schooling to ‘catch-up’ later sufficiently to do themselves justice at the high school exit level.”*** (see also Schollar, 2008).

He explained that learning is a cumulative process. Concepts build on each other and one has to master lower order skills if we they want to create a strong foundation. One cannot master later concepts without mastery of earlier concepts. In South Africa, at the end of foundation phase, learners only have a rudimentary grasp of literacy and numeracy, which makes it virtually impossible for children who have had poor foundation phase schooling to catch up later.

He stated that data was collected from a number of sources including the Systemic Evaluation 2007 (Grade 3), NSES 2007/8/9 (Grades 3/4/5), SACMEQ 2007 (Grade 6) and TIMSS 2011 (Grade 9). The National School Effectiveness Study (NSES) followed the same children over 3 years (Grades 3, 4 and 5), repeating the same test. The results showed that children are not mastering skills in the appropriate stage. In quintiles 1 to 4 (the poorest 80% of schools), by the end of Grade 5 more than a third of the children could not answer simple Grade 3 level problems. Even amongst children in quintile 5 schools (the wealthiest 20% of schools), only half were able to answer correctly.

By Grade 5, he explained, children are two to three grade levels behind already, and by Grade 9 they are four grade levels behind. It is evident that significant inequalities in educational outcomes are already present by age 8 and these learning deficits become entrenched and undermine higher order skills. The Department of Basic Education often focuses its attention at the test level of matric and does not see that the problem

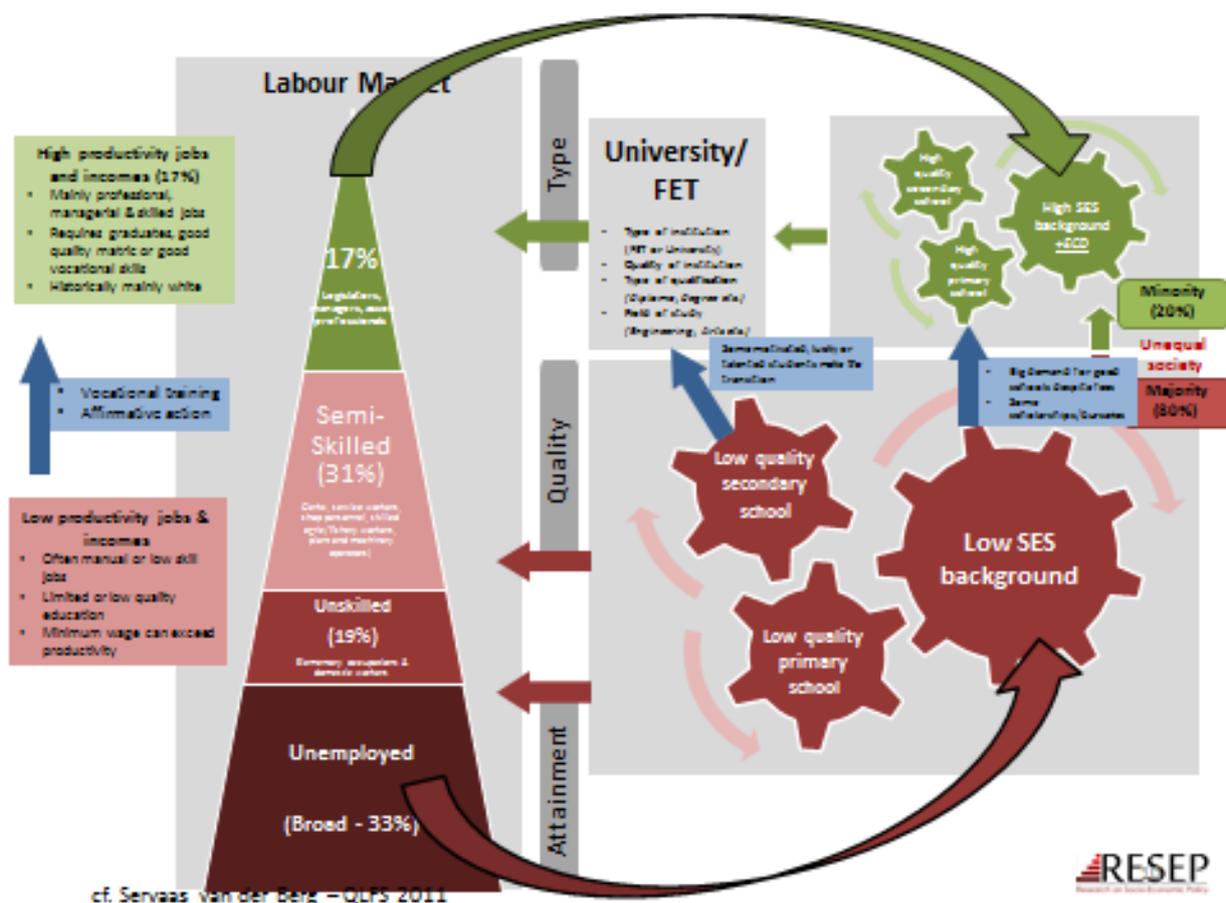
starts and needs to be addressed in the earliest years. It is imperative that we take the decision to intervene early, especially to address the size and scope of the problem.

The study on learning deficits used children in quintile 5 as the reference point. The study did not use Grade 12 results because of the massive student drop-out rate. Approximately 500 000 children drop out of school, mostly between Grade 9 and Grade 12.

Mr Spaul remarked that the current relatively higher marks in Grades 1 to 3 in the ANA assessments are misleading and should not be taken seriously for a number of reasons. Firstly Grades 1 and 2 were not verified and there was significant non-response; they were not calibrated to the curriculum and were orally administered by the students' own teacher in Grade 1 and sometimes in Grade 2 as well. The results are not psychometrically calibrated to be comparable over time or across grades. As a result, changes in ANA results year-on-year absolutely CANNOT be interpreted as trends or improvements/deteriorations.

Mr Spaul pointed out that the measures South Africa uses to assess the success or otherwise of its education system are wrong. We should be looking at how many children started school in 2002 and the fact that 49% of children dropped out before matric, 11% failed, 24% passed, but only 16% passed with university endorsement in 2013. The 49% of students who dropped out, have no record of their schooling at all and are unemployable. Nationally 550 000 students drop out before matric, of whom 99% also did not get a non-matric qualification. Mr Spaul posed the question, 'What happens to them?' We do know that South Africa has 50% youth unemployment rate for those aged 18-24, twice the national average.

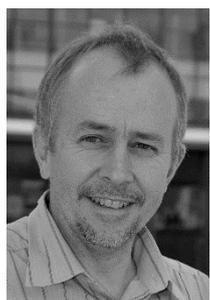
He emphasized that South Africa is one of the most unequal societies in the world, with 80% of our population coming from a low socio-economic status background and attending poor schools, which perpetuates the inequality. Only 20% of the population come from a high economic status background. The Gini co-efficient has increased since 1994 showing that today there is more inequality in South Africa, albeit not only along racial lines anymore. Labour market attainment is largely determined by the length of time spent at school, the type of education and the quality of the schooling. There is not much movement between the different socioeconomic sectors either in schooling or in the labour market, as is demonstrated by the diagram below.



Mr Spaul ended his presentation by pointing out that the results above have significant policy implications and demonstrate that the place and time to intervene is through extremely high quality intervention in ECD. A potentially effective way to intervene would be to put the best teachers in the low quintile schools. This should not be accomplished by decree, but by providing incentives for good teachers to teach in disadvantaged schools. He made a strong case for South Africa to adopt a new national goal that all children must read and write fluently by the end of Grade 3.

"Policies that seek to remedy deficits incurred in early years are much more costly than early investments wisely made, and do not restore lost capacities even when large costs are incurred. The later in life we attempt to repair early deficits, the costlier the remediation becomes." (Heckman, 2000, p. 5).

## CAREGIVER WELL-BEING ACROSS THE CONTINUUM OF CARE: A FRAMEWORK FOR SUPPORT



**Professor Mark Tomlinson, Department of Psychology, Stellenbosch University.**

***The health and well-being of caregivers is the single most important contributor to ensuring child health and survival, and to creating conditions that enable children to meet their developmental potential. Yet caregivers living in adverse conditions face a broad range of challenges that may affect their ability to be effective parents and to promote early childhood development.***

Professor Tomlinson commenced his presentation by thanking donors and partners who make the research possible. These included Stellenbosch University, University of California Los Angeles, Ilifa Labantwana, Grand Challenges Canada, the National Institute on Alcohol Abuse and Alcoholism and Philani.

He started by telling delegates a tragic but true story of four children in the North West province that starkly depicts the extreme challenges facing some of South Africa's children. Three brothers Onkarabile Mmupele (2), Nkune Mmupele (6), and Sebengu Mmupele (9) and their sister Mapule Mmupele (7) left home and started an eighteen kilometre walk in October 2011 in search of their mother and food. They were found three weeks later having died of dehydration and starvation.

Professor Tomlinson commented that this story aptly demonstrates that the love and care provided by mothers is critical to the survival and wellbeing of her children. There are proximal factors that affect this care, and one of the most important is the caregiver's mental state. The continuum of caregiver mental state extends from the extreme of diagnosed clinical depression to caregivers with good mental health. In between one finds a significant proportion of women who, while they are not clinically depressed, are also not in good mental health. They are struggling and in distress which may impact significantly on their babies and children.

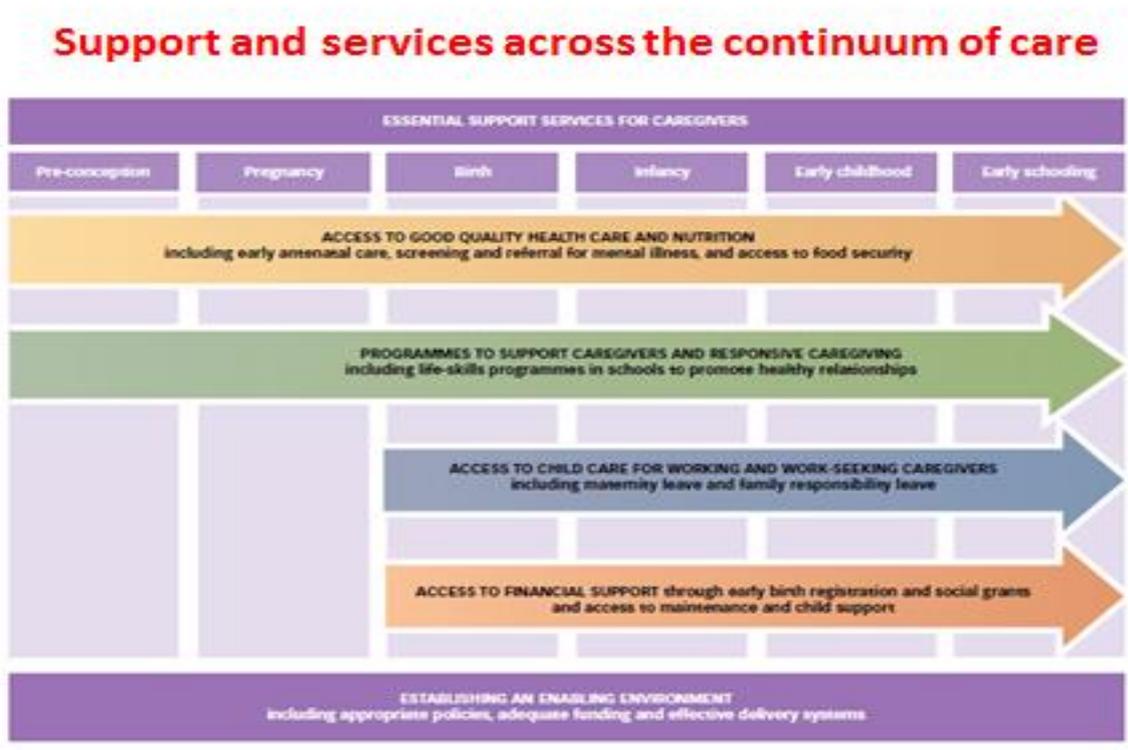
He drew attention to the fact that antenatal depression is at least as common as postnatal depression and is a strong predictor of postnatal depression (Lancaster et al, 2010). In Asia and Africa the prevalence of antenatal depression is between 35% and 50% in the third trimester (Lau et al, 2010; Abiodun, 2006; Esimai et al, 2008). In South Africa two studies show percentages of 47% (KwaZulu-Natal – RoCHAT, Tomlinson et al, 2013) and 39% (Hartley, Tomlinson et al, 2011) of maternal depression.

He went on to say that antenatal depression is associated with spontaneous pre-term births, slow fetal growth, depressed infant behaviour and increasing incidence of depression in infants when they are adolescents. Postpartum depression is strongly associated with maternal remote engagement, mothers who are either less engaged or over-engaged and intrusive. This results in babies who are less securely attached and less actively engaged. Infants exhibit increased anger, less affective sharing and increased infant behaviour problems. This can lead to negative peer play and adolescent cortisol disturbances.

Maternal depression is also linked to infant growth, both stunting and under-weight. Infant growth has been consistently linked to maternal depression in Asia, with multiple studies in Pakistan (Rahman, 2005) and Vietnam (Harpham et al, 2005). The studies have been conducted with both clinical and community samples, with cross-sectional and longitudinal data. In Africa there are inconsistent results regarding the impact of

maternal depression on growth from studies in South Africa (Tomlinson, Cooper et al, 2006), Ethiopia (Harpham et al, 2005) and Malawi (Stewart et al, 2008).

Professor Tomlinson posed the question, 'What do we do about it?' While the prevention of depression is possible, the evidenced is mixed. There are an increasing number of interventions showing how maternal depression can be treated using community health workers (Pakistan and Chile the most prominent). But there is still much we do not know about how to treat depression and that prevention must be a focus of intervention. Findings show that comprehensive interventions that support healthy development of infants and children hold some promise. Such interventions need to include support and services across the continuum of care, as well as effective delivery mechanisms. Such interventions also need to focus on food security. In Khayelitsha, a poor area outside of Cape Town, 30% of people report not having access to sufficient food.



Professor Tomlinson stressed the importance of creating an enabling environment that would include an appropriate legal framework, social assistance, maternity leave, quality child care and the implementation of child-focused legislation such as the Children’s Act, to provide care and protection of children in a developmentally appropriate way. In reality it is the law that decides the best interests of the child.

He made the point that the availability of adequate financing and monitoring systems is also critically important. Part of the solution is simply fiscal (more money should be spent in traditionally neglected areas), but equally important is the better redistribution and use of existing resources.

He went on to say that we urgently need inter-sectoral collaboration and pointed out that we need to do things differently if we are to achieve our objectives for young children. Currently roles and functions that are intrinsically linked in the everyday lives of caregivers are in fact artificially split across government departments. Social grants are managed by the Department of Social Development while many other support or clinical services are driven by the Department of Health. The result of this is a “silo” approach to service provision and costly task replication.

Professor Tomlinson focused on appropriate delivery mechanisms. He pointed out that antenatal care is working quite well and creates a platform to deliver other services. Maternal health services are also an important platform for delivery of services, but service delivery is complex and there are many sociocultural factors that complicate delivery of services and access to care.

He identified task shifting as a key issue. In South Africa, Community Health Workers (CHW) are being asked to take on more and more tasks. The selection, training, management and supervision of such staff are critically important and it is more about the process than the content of what they are taught.

Using the examples of a number of community based intervention models such as the Thula-Sana mother-infant interaction intervention, he explained that services are delivered by CHWs antenatally through 6 months postnatally with a total of 16 home based visits. The research results show a secondary outcome at six and twelve months postpartum of a reduction in maternal depression. When you improve the relationship between mother and infant there are secondary benefits to that interaction which may impact maternal depression.

Another community based intervention, the Philani mentor mother intervention, is linked to the re-engineering of primary health care in South Africa. It is also delivered by CHWs to pregnant mothers through to six months post-birth, with assessment points at the following times: antenatal, 2 weeks after birth, 6 months postpartum, 18 months postpartum, 3 years and 5 years. The programme focusses on nutrition, HIV, TB, alcohol use and ECD.

However, Professor Tomlinson pointed out that we cannot ignore the big structural societal issues that impact on mothers and their babies. He quoted from Dr. Paul Farmer, 'The idea that some lives matter less is the root of all that is wrong with the world.' He drew attention to the obscene wealth of a few people in the world and in South Africa, and how those financial resources could change the lives of millions of children. The 85 richest people own the same wealth as the 3.5 billion poorest people.

In his final thoughts he pointed out that we need to be careful what we accept as evidence, and that "Doing something is not always better than doing nothing" (Elliott & Tolan, 1999, p.16). We need to establish the evidence that interventions work in our context. We also need to pay much greater attention to the essential role that fathers play.

He ended with this thought-provoking quote from George Monbiot (2012), "*Perhaps the greatest source of hope and social progress arises from our rediscovery of the animal needs of babies and young children: the basic requirements of comfort, contact and attachment. Yes, attached parenting is taxing ..... but it is, I believe, the one sure foundation of a better world. Knowing what we now know, we have an opportunity to avert the damage, the unrequited needs that have caused so many social ills, which lie perhaps at the root of war, of destructive greed, of the need to dominate.*"

He identified a useful website address as [www.preventionresearch.org](http://www.preventionresearch.org)

## CHALLENGES OF BREAKING THE CYCLE OF POVERTY THROUGH EARLY CHILDHOOD DEVELOPMENT (BIRTH TO 5)



**Associate Professor Hasina Ebrahim, Discipline leader: Early Childhood and Foundation Phase Studies. President of the South African Research Association for Early Childhood Education (SARAECE).**

***This paper takes a critical look at how poverty has been the consistent factor creating risky early childhoods in democratic South Africa. Access, quality, impact and family support are discussed as levers for dealing with marginalisations that result from poverty.***

Professor Ebrahim began her presentation by making an earnest appeal that scale up of ECD should not result in 'schoolification' on a massive level.

She referred to the current considerable debate on what constitutes high quality in early childhood development programmes in the South African context. She drew attention to the fact that SARAECE (The South African Research Association for Early Childhood Education) has an issue dedicated to early childhood

education in resource poor settings in the next South African Journal of Childhood Education that will be available early in 2015.

She highlighted for delegates the serious effects of poverty on young children and the resultant toxic stress which poses major risks for non-optimal child development across a number of domains. These include physical threats to children's biological development such as poor health, malnutrition and stunting; the impact on children's cognitive development and potential academic underachievement as well as the impact on their social-emotional development that can result in stress and anti-social behaviours. Children experience the "Double Jeopardy" (Parker et al. 1998) in that not only are children **exposed to the risks** in their homes and communities but they often experience **more serious consequences to risk** than children from higher income families.

## How does poverty affect children's care environment?



She did point out that the proportion of people experiencing absolute poverty in South Africa has declined. This is based on two essential measures, namely the proportion of the population who live below the thresholds of \$1 up to \$2.50 per day, and the poverty gap ratio which has also reduced. Applying this measure, South Africa has effectively more than halved the population living below the poverty line of a \$1 per day, thus achieving MDG 1 of halving poverty. The decline is from 11.3% in 2000 to 5% in 2006. (MDG Report 2010).

She drew delegate's attention to the South African statistics which showed that in mid-2011, South Africa's total population was estimated at 50 million people. There are 10.1 million children in this ECD age group (0-9). The **decline in infant- and under-five mortality has occurred mostly amongst HIV-related deaths** and is consistent with the findings of a 2012 evaluation of the prevention of mother-to-child transmission (PMTCT) programme, where observed national transmission rates at six weeks after birth had dropped to below 3%.

In addition, in 2011, 90% of children (just over two million) in the preschool age group (5 – 6-year-olds) were reported to be attending some kind of educational institution, almost doubling the figure of 1,047,000 from 10 years before. In the younger age group (3 – 4 years), 55% were attending an educational institution or ECD facility in 2011, whereas 15% were reported to be attending an educational institution in 2002. 0-3 was not accounted for. We now have just fewer than 2 million children in Grade R.

She emphasized that South Africa still has very high rates of child poverty. In 2011, 58% of children lived below the lower poverty line (R604 per month). One of the main concerns is the slow take-up of the CSG for young children. Grant take-up only peaks at around four years of age, and then gradually declines. Two-thirds of children in the poorest income quintile (5.2 million) live in households where no adults are employed. Children in the poorest households are least likely to live with both parents with only 18% have both parents

living with them. Younger children are more likely to be living with their mothers. There is still evidence of stunting, wasting and underweight.

Professor Ebrahim emphasized that in poverty, mothers face such considerable stress that it negatively affects their caregiving role, resulting in care and play not being prioritised. Many young children do not experience sufficient adult supervision. Homes are often over-crowded resulting in negative interactions between people. Neighbourhoods are underdeveloped with little access to facilities and violence is often prevalent.

She went on to describe an example of an early childhood intervention choice, a home visiting programme for birth to 3 year olds. Such programmes can provide an important delivery mechanism for integrative, comprehensive services. In ECD in South Africa, NGOs have used home visiting models to address the health, nutrition and early learning needs of children and families living in poverty. Homesteads are an available venue, which means there is no need for physical infrastructure for the ECD programme.

Highlighting that South African NGOs are coming up with innovative ways to address the challenge of reaching young children and their families at home, she stated that a number of different community based ECD programmes have evolved, including home visiting and ECD centre outreach programmes. ECD home visiting programme models have shown that they can create access to geographically and psychologically isolated groups as well as address different developmental stages of children and outcomes for them and their families, which gives them a multi-generational, life course perspective. They also reduce barriers to accessing services. Home visiting enables them to develop responsive interventions related to specific needs of specific groups, for example pregnant mothers, mothers in the postpartum period and the new born baby, how to read the Road to Health Chart (RtHC) and when to access clinic services. They also enable programmes to take cultural beliefs and practices into account.

Professor Ebrahim explained that home visiting can be better than overcrowded low quality centre-based provision which further compromises the development of babies and toddlers from poverty stricken backgrounds. She pointed out that we still need studies and robust evidence on the effectiveness of different types of provisioning on child outcomes, and reminded us that poorly designed home visiting, without attention to content, duration and intensity can have negative effects on people already at risk. It is essential that home visiting programmes are high in quality. In addition, we need to look beyond the setting to the systems that are in place, as well as our norms, our outcomes and our measures in the light of our context.



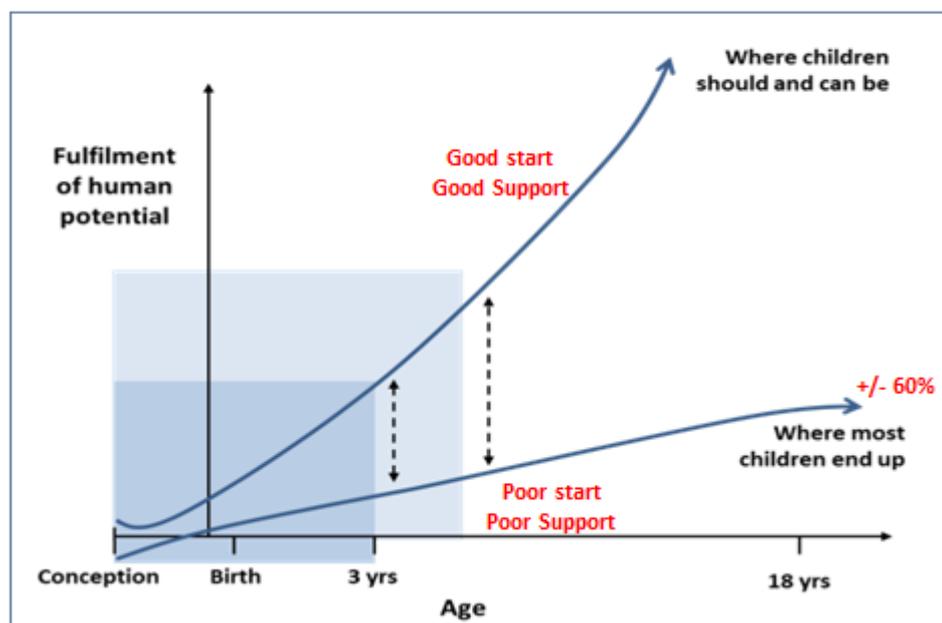
## THE INFLUENCE OF RESEARCH ON 20 YEARS OF ECD POLICY DEVELOPMENT IN SOUTH AFRICA

Ms Linda Biersteker, ECD Researcher.

*To what extent has ECD policy development in South Africa been evidence based? Tracing ECD policy-making history from the pre-democracy NEPI Early Childhood Educare proposals to the current draft National ECD Policy, the author provides her perspective on the influence and limitations of evidence in determining ECD policy choices.*

Ms Biersteker asked delegates to consider whether we had taken our historical knowledge about policy processes in South Africa into our new ECD policy. She pointed out that the evidence for ECD is significantly stronger and more nuanced than it was in the past, yet much of what we request for ECD in the new national ECD policy is the same as that we have requested for many years.

### GOAL OF SA ECD POLICY

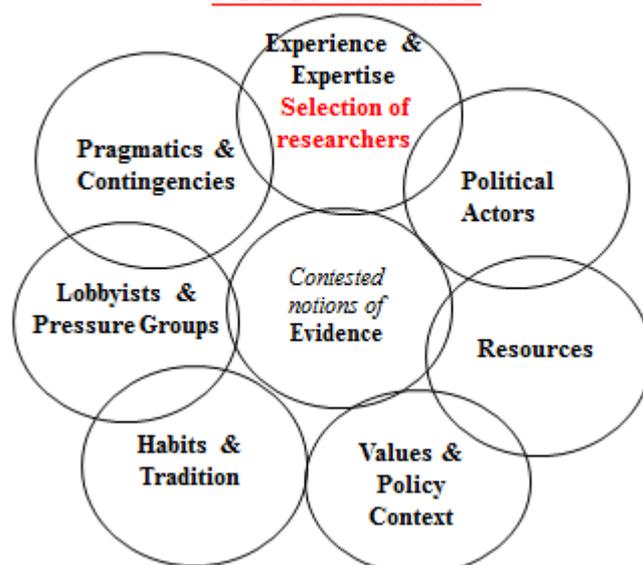


She stressed that gathering evidence for ECD is a 'wicked' problem, one that is extremely challenging and complex. Thus achieving evidence based policy is not at all simple, yet it is becoming an essential requirement. She quoted from Solesbury to illustrate the point, "There was a time when 'evidence' was what detectives looked for in making up their minds. As Sherlock Holmes said, 'It is a capital mistake to theorize before you have all the evidence. It biases the judgement.' But nowadays, seemingly, 'evidence' is as necessary to political conviction as it is to criminal conviction" (Solesbury, 2001).

Ms Biersteker remarked that we tend to have a linear conception of the policy cycle. The problem is defined and the agenda set to prioritise which issues will be addressed. Authoritative policy makers then decide what will and will not be taken forward. Implementation follows, often with unintended consequences, evaluation takes place and the cycle returns to the start again. However, policy can fail for many reasons including lack of resources, poor implementation and lack of capacity on the part of any or all of the actors. She highlighted that research is particularly useful in identifying implementation problems.

Ms Biersteker pointed out that in fact there are complicated factors influencing policy design that include experience, expertise, politics, pragmatic realities, values and beliefs. We are looking at a mutually beneficial process where research and policy can interact and influence each other.

## IT IS MORE COMPLICATED: FACTORS INFLUENCING POLICY- MAKING



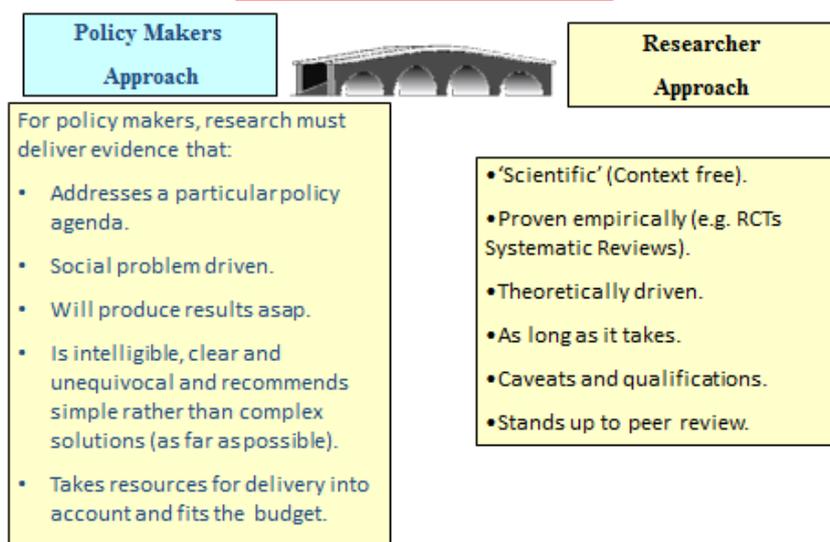
Source: Adapted from Davies, 2006 UK Government Social Research Unit

She drew delegates' attention to the five competing models of research-policy relations (Young et al 2002). The Linear idealist model is both knowledge-driven: research leads policy and problem-solving and research follows policy and policy issues shape research priorities. The Realist Complex model is interactive: research and policy are mutually influential, for example a researcher policy think tank, and political/tactical: the research agenda is politically driven, research is commissioned, delivered and policy results from the political process. The Applied Academic model focus is enlightenment: research is distant from immediate policy concerns but illuminates the landscape for decision makers, for example a systematic review. Thus benefits are indirect.

Ms Biersteker emphasized that when we have compelling evidence, it starts to feed into the policy process and influence decision makers. However, research and policy have quite different processes. Research has to address a government's policy agenda at the time, needs to be relatively simple and must take available resources into account.

She pointed out that it is very important for us to know how government policy processes work. The researcher – policy maker engagement is a complex conversation reflecting different approaches.

## RESEARCHER – POLICY-MAKER ENGAGEMENT: A COMPLEX CONVERSATION



Ms Biersteker listed 7 pointers for bringing research to policy:

1. **Know the game:** understand and know how to negotiate the government policy process.
2. **Build sound relationships:** with key actors over time.
3. **Embrace complexity and inter-disciplinarity:** bring the right mix to the party.
4. **Build your reputation:** for delivering the goods (quality; on time; questions addressed; findings clearly presented).
5. **Be mindful:** Appreciate policy makers' information needs, capacities and familiarity with research processes.
6. **Stay the course:** Have persistence, optimism and tolerance for frustration.
7. **Stickiness:** Construct clear and powerful messages likely to stick, for example the Heckman curve, the effects of neglect on the developing brain and the importance of the first 1000 days.

Ms Biersteker took delegates through some of the significant milestones in the South African research to ECD policy process. Over the years, there have been a number of key research documents produced that have influenced policy: the 1992 National Education Policy Investigation; the 1994 World Bank/CEPD South African Study /ANC Yellow Book – Policy Framework for Education and Training; the 1997-2000 National Reception Pilot Project; the 2008 HSRC Scaling ECD 0 – 4 Study; the 2008 ECD Grade R Diagnostic (Treasury); the 2011/2 ECD Diagnostic Review (and Review of the National Integrated Plan for ECD) and the National Development Plan input papers; the 2013 Impact of Grade R on Learning Outcomes and the 2013/4 Draft National ECD Policy and Programme.

She pointed out that these have influenced the following key policies for ECD: the 1995 White Paper Education and Training; the 1996 Interim ECD Policy; the 1997 Welfare White Paper; the 2001 Education White Paper 5: ECE; the 2005 National Integrated Plan for ECD 0 – 5; the 2005 Children's Act; the 2012 National Development Plan; the 2013-18 Integrated ECD Plan; the 2013 Draft Universal Grade R Policy.

Ms Biersteker used the example of the South African Study (World Bank/CEPD) that was compiled by representatives from NGOs together with Judith Evans from the World Bank in 1994, to assist delegates understand the challenges of the process. At that time South Africa made the case for an integrated system for ECD. While the South African Study document influenced policy and the drafting of the Interim ECD Policy, White Paper 5, the end result focussed almost exclusively on Grade R, as there were many external demands and constraints on the government of the time. The South African Study document envisaged a significant role for the NGO sector, however, the NGO sector would not have had the capacity to roll it out.

The pilot project that preceded Education White Paper 5 was implemented by the NGOs and researched by consultants. The Gauteng Province took a different route and implemented Impilo, a much broader approach to ECD that included home visiting. Impilo was profiled in the UN State of the World's Children as an example of excellence and yet it disappeared very shortly afterwards so the question asked is, 'What happened?' Ms Biersteker remarked that it is interesting that much of what was contained in Impilo, is put forward in the current ECD policy.

Implementation of Education White Paper 5 was the responsibility of the Department of Education and was almost entirely an internal process. Grade R was largely located in primary schools, despite the Pilot Project findings, resulting in a singular reduction in civil society's role. South Africa needed something that was affordable so the staffing model used in the community sector was retained but Grade R in schools was easier to control. Location in schools leads to greater access but tends to lead to more formality and a less integrated programme.

She highlighted that the current ECD Policy and Programme proposals in 2014 have been developed by a multi-disciplinary team using a strong evidence base, within a rights-based framework and using consultative processes. The South African ECD research to policy process is best described as a mix of a Political/tactical and Problem-solving processes with a dose of Enlightenment strategically presented to key stakeholders.

The ECD Policy research agenda was politically driven, as the research was commissioned to address a complex problem. Academics from several disciplines were necessary and the leader and several team members had longstanding relationships with key actors. A range of evidence was assembled to make convincing science-based arguments in plain language. However, the outcome is indeterminate. There will

be inevitable trade-offs as the ECD policy is balanced against the South African government's other priorities and agendas. Ultimately, ECD policy will result from a *political process* in which *ideological* and *fiscal choices* will be major determinants of the outcome. In addition, strong leadership will be essential for implementation.

Ms Biersteker concluded by remarking that convincing arguments and scientific consensus are not sufficient to shift policy. Civil society, including all those present, still has a key role to play in the formation of pressure groups to lobby and mobilise for young children. She remains hopeful that this will be our chance to get meaningful change for young children.

## **DIALOGUE 2: QUESTIONS, COMMENTS AND STATEMENTS**

During the dialogue 2, the following questions were asked and responses and comments made by panelists from the previous session:

### **SA's huge youth unemployment. What is it that research can do to stop children born into poverty becoming part of the poverty cycle?**

Mr Spaul responded that we need to start holding people accountable. For example matric markers should be assessed to see if they have the capacity to mark, yet every year SADTU refuses to let this happen and the Department of Education does not take action.

### **Educators find themselves under enormous pressure to achieve targets.**

Mr Spaul responded that you cannot hold people accountable for things they cannot do. We need to build teachers' capacity AND hold them accountable.

White paper 5 resulted in children moving from ECD centres into schools. A school setting is too formal for ECD. It is a violation of Section 28 of the Bill of Rights.

A delegate researcher commented on the issue of schoolification of pre-school and Grade R and drew attention to research in Soweto done by the University of Johannesburg which is being normed for South African conditions. There is good news in that in this study our children in Grade R are on a par with children in Germany. However, unfortunately that changes by Grade 1. We need a caring, responsive play environment.

### **An ECD investor pointed out the threat to ECD was that the ECD sector is disparate and divided.**

There were varied responses to this statement and it was pointed out that ECD also presents an opportunity as it is a space where things can be tested and trialed.

Another response was that we need to establish what the glue is that holds this sector together, as it is important for us to hold together and keep lobbying for the children we are serving.

### **If we raise the potential of young children through ECD, will they be lost in South Africa's poor schooling system?**

One response was that we need to ask ourselves, 'What is the cost of **not** doing good quality ECD?'

Further comments were made about the need for a seamless system from birth and 'push up' from there into the education system. As we push up from younger children, we must throw out the schoolification in ECD and attempts to make it formal.

One delegate made the following statement that the idea of closing down pre-schools is an admission of guilt on the part of government. Government has not done well in supporting the pre-schools and the implementation of the RDP principle. We need to build on what is there and build it up. If we close down poor ECD centres in Alexandra, the whole township should be closed down. Government must make sure the environment for ECD meets the requirements!

## ECD AND DISABILITY: SOUTH AFRICAN EXAMPLES OF GOOD PRACTICE IN PROVIDING INCLUSIVE EARLY CHILDHOOD SERVICES



**Ms Jean Elphick, National Manager, Afrika Tikkun Empowerment Programme: Children with Disabilities and Their Families.**

***Including children with a range of support needs, identifying developmental delays, referring children appropriately for intervention and modeling inclusion and non-discrimination to typically-developing children remains a challenge for many ECD programmers and practitioners. This presentation will introduce the situation facing young children with disabilities and share some practical examples of good practice from around South Africa.***

Ms Elphick pointed out that disability has been a neglected area and has also been neglected in South African policy. Every child has rights, but in reality there are a number of children for whom accessing their rights is extremely difficult. They face a range of prejudicial attitudes and structural barriers. Children with impairments of body structure or function require reasonable accommodation and support to enable them to enjoy their rights in practice, and on an equal footing to other children. There is however very little information about how many children with disabilities we should be planning to include, as well as practical information about how to go about accommodating and supporting children with disabilities.

She explained that Afrika Tikkun, a non-profit organisation working child and youth development, is implementing a Community-based Rehabilitation (CBR) empowerment component programme. CBR is a WHO (World Health Organisation) strategy to promote inclusive community development and the human rights of people with disabilities. The programme was inspired by the needs of children with disabilities in the townships where Afrika Tikkun works, and a commitment to making Afrika Tikkun a more inclusive organisation- for instance by introducing inclusive strategies into ECD centres.

Afrika Tikkun is currently running a pilot project in Orange Farm, Gauteng Province, one of the three sites where Ms Elphick undertook a study for the Department of Basic Education and UNICEF on ECD and young children with disabilities. 270 families have joined the Afrika Tikkun CBR programme in Orange Farm. Of the 51 children under age 6 with disabilities, 28 have multiple impairments, 11 have intellectual impairment, 6 are on the autism spectrum, 4 have visual impairments, 1 has a physical impairment and 1 a hearing impairment.

Ms Elphick visually demonstrated if and where these children's education needs were being catered for: one was in a centre for children with multiple disabilities; one was in a regular primary school; four attended ECD centres; seven attended informal day care centres; and 32 or 71% stay at home. They often face the challenges of isolation and discrimination within the family and community. Mothers, too, face significant social and financial challenges- not least because having a child with a disability doubles the likelihood of being a single mother.

She pointed out that we need to understand that disability describes a spectrum of situations involving impairments, exclusion and participation restriction. When you add disability to the other challenges that so many of our children face, the discussion of inclusion becomes a broader conversation. There is need for education support broadly to address the barriers facing children with disabilities. Making an ECD centre or school physically accessible is just the start. More importantly we need to provide comprehensive support not only to the children, but also to the caregivers and ECD practitioners.

There are some good interventions that support children with disabilities, for example hospital follow up of high risk babies that specifically follow up on teenage pregnancy; premature birth; difficult or delayed labour; fetal distress and emergency Cesarean Section; baby 'not breathing' and 'not crying' after birth; low birth weight; early referral to intensive care; early surgery; jaundice; physical deformity of part of the body; seizures and atypical muscle tone.

She pointed out that we need to create and strengthen referral pathways and localized networks of support, as well as take action on identified developmental delays with early referral for services. If these are done,

long-term outcomes are so much better. In addition often children with disabilities are not able to gain access to formal education, so it is important to get a diagnosis and a way forward as early as possible.

She stressed that interventions that support caregivers with children need to alert caregivers about identifiable developmental delays such as: delayed milestones; delayed processing; difficulty with feeding; delayed speech or communication disability; difficulty in social situations; development of physical deformities; hyperactivity; not responding to noise; repeated hospital admissions and delayed potty training. Every child on the study had a *Road to Health Booklet* (RtHB), which has a developmental screening section, so intervention programmes and caregivers need to ensure that clinics use this comprehensively. Caregivers need support to understand and use the RtHB as developmental milestones are detailed for six age-group categories between 14 weeks and 6 years old. Three screening questions have been included:

- Can your child see?
- Can your child hear and communicate as other children?
- Does your child do the same things as other children do? (Mulaudzi, 2012)

In addition, the RtHB, is based on updated WHO growth monitoring standards (Cloete et al. 2013), has new sections to identify 'Any disability present' in the general details of the child and family section in addition to the developmental screening.

Ms Elphick pointed out that interventions that support ECD practitioners, who have children with disabilities in their classes (at both formal and informal ECD centres), need to ensure that on intake children should be referred back to a health practitioner for the screening on the RtHC. This should trigger support mechanisms and access to services.

ECD practitioners need training, skills development and coaching on how to practice inclusion. Active modeling of diversity in ECD programmes is particularly supportive. Community-based Rehabilitation programmes that partner with ECD programmes can provide the platform for caregivers of children with disabilities to work alongside ECD practitioners to find pragmatic solutions to the inclusion of specific children in a local context. Persona Dolls is a successful model of supporting children accept and appreciate other children who are diverse.

In addition, she said that public events should be specifically designed to include disabled children and ensure that everyone has a chance to participate. Examples of sports days that include children with a range of impairments give all children an opportunity to participate.

Ms Elphick ended by commenting that connection with rehabilitation services often poses challenges with transport and associated costs. 'Block therapy' is useful, especially in rural areas and hospitals and clinics need to be encouraged to provide more in depth intervention less often- children and caregivers come for 'blocks' of therapy that last several days. There is the potential of collaboration and partnering with therapeutic rehabilitation services, if these are available. All stakeholders need opportunities and encouragement to share what works and to identify local resources.

## SPECIAL CONCERNS ABOUT ECD OF ORPHANS AND VULNERABLE CHILDREN



**Professor Jace Pillay, South African Research Chair, Education and Care in Childhood.**

***This paper explores some prominent developmental theories on early childhood development and raises special concerns about the ECD of orphans and vulnerable children within an African context.***

Professor Pillay began his presentation by providing definitions of orphans and vulnerable children: an *orphan* refers to a child who has lost one (single orphan) or both parents (double orphan) "due to AIDS, other illnesses, violence or other causes of death" (Skinner & Davids, 2006:

1) which may also include abandonment, unwillingness, and inability of parents to care for their children (Skinner, Tsheko, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou & Chitiyo, 2004).

He pointed out that the definition of what makes a child vulnerable is complex and focuses on three core areas of concern: *Material problems*, including access to money, food, clothing, shelter, health care and education; *Emotional problems*, including insufficient caring, love, support, space-to-grieve and containment-of-emotions and *Social problems*, including a lack of supportive peer groups, role models to follow or guidance in difficult situations, and risk-factors in the immediate environment (Skinner & Davids, 2006: 2). The high risk social problems include substance abuse, HIV/AIDS and other illnesses, poverty, disability, limited access to services, physical, sexual and emotional abuse and neglect, being children of divorced and single parents and violence and substance-abuse within communities (Skinner & Davids, 2006). So there are multiple vulnerabilities that children can be exposed to from their early years.

He stressed that OVC (Orphans and Vulnerable Children) households are most likely to be disadvantaged in children's early years since parents are usually the primary custodians of early education and care. The "most immediate environment in which children survive, develop, participate and are protected is the family" (Muñoz, 2012: 17). The absence of parents is therefore very likely to create a gap in the basics of educational grounding and psychological care.

Further elaborating, Professor Pillay stated that *early development* of children largely depends on the *education and care* that they are exposed to during their childhood years. This sets the foundation for their success in later education, and thus their preparedness for the workplace as future scientists, engineers and technologists. Clearly, the social fabric of a society is influenced by the performance of its young. The reality of the situation in South Africa, as elsewhere in the continent, is that the numbers of OVC are growing at an alarming rate. OVC are at greater risk of dropping out of school, and this poses an immediate and long-term economic and social threat to the development of the country.

Professor Pillay made a strong case for ECD programmes targeting OVC, as current programmes are mostly focused on school-aged OVC. OVC suffer from poor health and nutrition, limited educational and vocational opportunities, developmental delays, and inadequate social and emotional support. OVC are more open to abuse, exploitation and discrimination than non-OVC. Providing the right conditions for healthy early development of OVC is likely to be more effective than treating problems later in life (Center on the Developing Child, 2007)

Under these circumstances, ECD practitioners in Sub-Saharan Africa have their work cut out for them simply by attending to the multiple vulnerabilities children face on a daily basis. In ECD, a major concern should be to integrate knowledge about education and care for children, and especially OVC, in their early years of school so as to promote their optimal development. OVC are at particular risk during early childhood, which over time affects their positive adaptations in learning, behaviour and health. Thus, making proper provision for our young OVC is critical and he stressed that we need to change our thinking from 'education and care' to 'care in education'.

He went on to state that ECD programmes should focus on the following crucial elements for OVC: a stable and responsive environment of supportive relationships and psycho-social support; a safe and caring physical environment, sound nutrition and disease prevention, as well as early stimulation. ECD programmes should focus on all OVC having access to basic services (housing, health, & education), offer economic and psychosocial support to families caring for young children and protection from abuse and exploitation. ECD programmes should be developed with community input and tailored to local conditions. There can be no "one size fits all" approach but rather "different strokes for different folks".

Professor Pillay took delegates through an overview and critique of the developmental theories of the following theorists who have influenced ECD, and the concerns their theories raise for the early childhood development of OVC: Piaget, Vygotsky, Erikson, Kohlberg and Maslow. He raised issues around the discrepancies and challenges Western and Eurocentric theories of early childhood development could pose for OVC and other children in the African context. Such Western and Eurocentric developmental theories and philosophies have implications for OVC who often do not have access to a caring, responsive adult and we need to find ways to compensate for this. In addition, some of their findings do not hold in an African context. Many African children are resilient and survive against all odds. He cautioned that we need to be careful how

we apply these theories in an African context and that there is a need for grounded research for us to come up with our own African theories which must also be relevant to practice.

He then referred to the alternative theories expressed by Bame Nsamenang (2005; 2010). Social ontogenesis views human development as being determined by a combination of ecology and social systems and gives attention to the setting in which a child grows. Children adopt social norms and cognitions from their own cultural environments. Nsamenang identified three interconnected periods that depict the African human cycle, namely; a social, ancestral and spiritual selfhood. In each of these periods there are specific developmental tasks that humans are exposed to, based on their cultural realities. For example, in the social stage of infancy, pre-social priming is important and the developmental task within an African context is to prepare infants to tolerate multiple caregivers.

Professor Pillay concluded by expressing the view that mainstream psychology neglects ancestral and spiritual selfhoods, which are the essential tenets of an African worldview.

## QUALITY IN ECD PRACTICE: A SOUTH AFRICAN PERSPECTIVE



Dr Lorayne Excell and Ms Vivien Linington, University of the Witwatersrand.

*This paper explores ways in which the teacher could strive for quality education delivery in the ECD context by engaging children in the learning process through a process of sustained shared thinking and supporting learning in a variety of different contexts.*

Dr Excell pointed out that as we look at quality in early childhood programmes, we face the problem that quality is not a 'one size fits all' as it has to be seen in our context and for our children.

She commented that the importance and value of early learning is no longer disputed. Within the South African context ECE is receiving increasing attention at both government and civil society levels. Quality becomes a catalyst to drive redress and to realise the promise inherent in the South African Constitution. Access may open the doors to learning but it does not ensure a quality early learning experience so if we cannot ensure quality early learning, it is not worthwhile providing it.

In line with the accepted definition, she defined the ECD age group as birth to age 9 years. However, she pointed out that ECD programmes and services still form a fragmented system that is broken down per age group: birth to 4year olds, Grade R seems to be a 'stand-alone' and then Foundation Phase Grades 1 - 3. ECD should rather be seen as a continuum starting from conception. Internationally, the early learning component is more generally described as ECE (Early Childhood Education).

In defining quality, Dr Excell stated that we need to recognise that quality is not a neutral word and is not easy to unpack. It is multi-faceted, complex, diverse, subjective, open-ended, uncertain and challenging. In addition, understandings of quality are contested. Over 90% of the world's children live outside the Western world, yet most of the literature on ECD comes from the West and especially the USA, so most ideas of quality are rooted in Western context. However, we need to open up new understandings of quality and re-define quality for our context and our reality. We cannot just import Western ideas of quality. Contemporary conversations about quality acknowledge diversity and the notion of 'both/and' rather than the more dualistic 'either/or' approach (Dahlberg, Moss & Pence, 2013).

Dr Excell went on to explain that quality is influenced by both external and internal factors. **External factors** influence teacher practice and decision making. They include changing policies, traditional ideologies, availability of resources, administrative arrangements, including school ethos and management, professional activity within the sector, training opportunities and the influence of parents and the local community.

Correspondingly, **factors that are internal to the teacher** emanating from the teacher's ideology, belief systems, attitudes and values towards children as well as teaching and learning, will frame and influence

their daily practice. Equally important will be the teacher's understandings of children and how they understand and construct childhood and play. Commitment and personality will combine to make up the teacher's professional persona/identity. Of the external and internal factors, the internal teacher factor is probably the most important. Sadly, teachers' own practice is often modelled on their own, often poor, education experiences.

She explained that a developmentally, contextually appropriate and culturally relevant teaching practice is important, based on a curriculum that foregrounds social justice and equity. Such a teaching practice would recognise local context, affirm the child as a citizen in his or her own right and it would evidence the teacher's appropriate knowledge about content as well as early child development. A teacher in this mould would achieve the balance between developing a becoming, being and belonging child, using appropriate teacher knowledge and pedagogy. In other words we would have a critically reflective teacher who values child initiated play, children's social and emotional development and the development of creativity. He or she would recognise that children move to learn and learn to move.

She emphasized that certain dispositions/attitudes lay strong foundations for later formal learning and children ought to acquire the learning characteristics that underpin successful life-long learning, as it is very difficult to establish these later. These learning characteristics include perseverance, curiosity, trust, responsibility and self-esteem (Carr, 2001).

In addition, the curriculum is everything that happens in the school day and should be driven by a playful approach to teaching and learning. It is emergent in nature, thus contextually and culturally responsive. It should focus on the holistic development of the child and ensure involvement of caregivers as partners in the child's education, as well as the involvement of the community. The African saying, 'It takes a village to raise a child' is pertinent, and the practitioner is critical in that village!

Dr Excell and Ms Linington ended their presentation by emphasizing that the points made in their presentation highlight a research– based challenge. Our assumptions and 'taken-for-granted' terms need to be interrogated and redefined to make them applicable to our context and our time. Only then can we begin to align quality with the realities of South Africa today and begin to address the vision of ECD inherent in our Constitution.

## THE TEMPORAL AND SPATIAL CONSTRUCTION OF THE LITERATE BODY/MIND



**Ms Colwyn Martin, University of the Free State.**

***In the light of the dominant view of literacy as autonomous skill, this paper takes a critical look at how everyday classroom literacy practices are used as disciplinary techniques to regulate children's bodies/minds and how children themselves become regulated.***

Ms Martin began her presentation by drawing attention to the fact that becoming literate is a basic fundamental human right, a tool of personal empowerment and a means to social, cultural and human development. However, within the South African context, the nature and use of literacy, for whom, under which circumstances, and for what purposes, is contentious. The reasons for this include the overwhelming hegemony of English; the under-preparedness of teachers to teach in diverse, complex contexts; the varied educational opportunities afforded to different children in different contexts and the inadequate training of ECD staff. This makes the pathways to education difficult for many children to navigate.

She drew attention to the fact that early literacy instruction in South Africa has been dominated by the autonomous model of literacy development with a focus on getting the child ready for school (See Prinsloo, 1999; Prinsloo & Bloch, 2004; DOE, 2012) and it clearly has not worked as evidenced in the national tests, including PIRLS, TIMMS, the Grade R Report and the ANA tests.

Ms Martin's study was aimed at understanding and detailing the discursive material conditions that make possible the (re)constitution of early literacy programmes as spaces for all and the (re)making of children and practitioners in early childhood centres for 3-4 year olds. She situated her study within a Foucauldian paradigm to explore how literacy as a body of knowledge was used to discipline/train children to become literate. The intention was to understand how everyday literacy practices were used as disciplinary techniques to regulate children's bodies/minds thereby constructing a school ready child.

Her research design was based on the research question: **How do early childhood practitioners' discourses of literacy impact on their practice in early childhood centres for 3-4 year old children?** The Foucauldian concept of discourse defines discourse as statements that "constitute the objects of which we speak" (Foucault, 1972: 49). She used a qualitative research approach and drew on post-structural conceptions of literacy as social practice, as well as an ethnographic approach which enabled an ethnographic account of the view, perspectives, values and intentions of early childhood practitioners in early childhood classroom for 3-4 year olds.

She explained that an ethnographic approach zones in on early childhood classrooms as cultural sites where the social and cultural literacy practices are embedded within and part of a broader, ongoing and evolving social, cultural and political discourse. The early childhood centres chosen for this study were located in diverse social contexts, diverse in terms of social class, race, language, religion and the majority of children were learning in a language that was different from their home language.

She structured her presentation around the overlapping themes of time and space as key significant disciplinary techniques to discipline children to become literate. Time constituted the daily programme and timetable, the established routines and rhythms that give the children a sense of security.

She held that these routines ensure children become schooled and literate, or in other words they become regulated school-ready subjects. Young children learn how to function correctly in a classroom by regulating their posture, their visual gauge and their listening. The child is taught, 'I need to place myself under the governance of the teacher'. They learn their sense of being, becoming and belonging. Group work was focussed on teachers teaching specific skills with a strong focus on school readiness. Children's own agency was invisible.

In terms of space, she commented that an ECD centre is enclosed and separated from the rest of society and divided into different areas. The middle class children had access to a number of beneficial interventions, not available to the working class children. Whole class teaching was a classroom management response to the classroom space and to a large class of 28 children in the working class context. Ms Martin gave examples of how whole class teaching created a "whole analytical pedagogy" for the construction of the school ready child and what constituted literacy (Foucault, 1977: 159).

She emphasized that children need to be constructors of knowledge and to have agency, otherwise they become passive learners just to become school ready. Children need autonomous skills for the development of literacy. We need to re-think how we think about children, literacy and learning and the diverse contexts within which learning takes place.

Ms Martin suggested that policy debates, reform efforts and training initiatives need to be concerned with what is, can and should be learnt in early childhood classrooms. In addition, this needs to be extended to the discussion of how children learn in school, as well as about school, through various literacy pedagogical practices. We need to re-think what the effects of literacy pedagogical practices are on children for their sense of being, becoming and belonging in diverse contexts.

She concluded by calling for a reassessment of the role of early literacy pedagogy as a disciplinary practice in producing a certain type of an ideal literate subject or student in early childhood classrooms. Failure to reassess this pedagogy will mean that all children will not have equal access and opportunity to learning in the same way, and working class children will continue to lag behind their middle class counterparts. We need to establish what can and should be learned in ECD to promote literacy practices.

## FUNDS OF KNOWLEDGE OF PRACTITIONERS IN EARLY CHILDHOOD CENTRES IN DISADVANTAGED CONTEXTS



**Ms Glynnis Daries, Lecturer at the University of the Free State: Pre-school and Foundation Phase.**

***This paper counters deficit thinking in the professionalisation of ECD practitioners. It explores the assets (funds of knowledge) that practitioners access in order to shape their practice with 3 and 4 year olds in early childhood centres in disadvantaged contexts.***

Ms Daries presented on a study she has undertaken to establish answers to the question: “*What are the funds of knowledge (FoK) that ECE practitioners in a disadvantage context use to inform their practice?*”

The Free State Department of Basic Education, Department of Social Development, Leuven University (Netherlands) and the University of the Free State developed a birth to 4 curriculum. During 2011, 100 ECD sites from disadvantaged contexts were selected and their practitioners received two weeks training during the June school holidays with very little monitoring and support post training.

Ms Daries detailed her research approach as a multiple case qualitative study method, using a snowball sampling technique, semi-structured interviews, classroom observations and video recordings of routine practices in 4 different ECD centres with 8 practitioners who received training.

She explained the theoretical framework and origin of Funds of Knowledge (FoK). The term was originally coined by Wolf (1966) to define resources and knowledge that families manipulate to survive in the household economy. Anthropologists, Vélez-Ibanez and Greenberg (1992) and Moll (1992), focused on working-class Mexican families and moved away from deficit perspectives common in depicting low-income families, students and teachers. Funds of Knowledge refers to bodies of everyday knowledge learned through participation in home and community practices (Gonzalez, 2001; Moll 1992). There is a variety of knowledge that underlies families’ productive activities.

Ms Daries pointed to the fact that attention is also given to the influence of dark Funds of Knowledge (Zipin, 2009). Zipin (2009:319) engages in a discussion about issues of power when studying funds of knowledge. Ms Daries affirmed the call for a redistribution of elite knowledge and using the ‘lifeworld’ knowledge of ‘less powerful others’. This relates particularly to the FoK that teachers have about the negative experiences that children have in the life world of a disadvantaged context as well as some streams of narrow practices that emerge from their lack of training. It also applies to the Free State curriculum and the power that it has over teachers’ practice. Dark funds of knowledge also reflect children’s socio-economic contexts of challenging social environments and we need the ability to keep alive hopes and dreams for the future beyond their present circumstances.

Ms Daries explained that her study looks not only at Funds of Knowledge but also at capitals (Yosso, 2005). Community Cultural Wealth (CCW) theory focuses on and learns from the array of cultural knowledge, skills, abilities and contacts possessed by socially marginalized groups that often go unrecognized and unacknowledged. It also focuses on the need to resist macro and micro forms of oppression (Yosso, 2005:69) while building on aspirational, linguistic and social capital.

*Aspirational capital* refers to the ability to maintain hopes and dreams for the future, even in the face of real and perceived barriers. The resiliency is evidenced in those who allow themselves and their children to dream of possibilities beyond their present circumstances (Yosso, 2005). *Linguistic capital* includes the intellectual and social skills attained through communication experiences in more than one language and/or style. Linguistic capital reflects the idea that the practitioners arrive at school with multiple languages and communication skills. *Social capital* exists when networks of people are formed and community resources used.

Ms Daries reported finding that the Funds of Knowledge approach pays attention to the existing informal, intuitive and cultural knowledge of the teachers as well as their formal knowledge. Teachers need to be active

agents who construct and re-construct their knowledge through practice. Teachers are able to use their own experiences as mothers to inform how they experience and support child development.

She concluded by saying that FoK is a move away from a deficit perspective and builds on what people know and the way in which they care and respond. We need to acknowledge and recognise teachers' funds of knowledge and to ensure they feel validated. We also need to support the way teachers work in collaborative networks to support their work with children. The FoK approach also helps teachers focus on acknowledging what children know.

## **DIALOGUE 3 & 4: QUESTIONS, COMMENTS AND STATEMENTS**

Dialogues 3 and 4 were combined. The following questions were asked and responses and comments made by panelists from the previous two sessions:

### **What are the implications for teacher training of the messages you have given us?**

One panelist responded that we need to be conscious of what our literacy practices do to children. Parents want their children to learn English, so our teachers need support to teach bi-lingual children and to enable children to be constructors of knowledge.

Another response was that this is a complex question. The ECD qualifications framework is varied but we do need some formal qualifications for ECD teachers. Part of teacher training needs to include mentorship models. Short courses do not see much practice transference. ECD needs to get more clout and the Foundation Phase needs to consider ECD more carefully and Foundation phase teachers need to have greater understanding of the earlier years.

In addition, teachers need to feel more comfortable with uncertainty and complexity as there are no simple answers.

A further panelist responded our curriculum needs to be geared to an African context and culturally relevant. Teachers need to be equipped to cope with diversity and to address different barriers to learning. We focus so much on cognitive learning and neglect the socio-emotional learning, as well as the challenges our children face. We are asking a lot of our teachers and we need to equip them to meet the varied roles they play including how to work with parents. We also need to be listening to child participants.

### **In some cultural contexts disability is often seen through cultural practices. How do we support parents?**

The respondent commented that there are no easy answers for the role of parents and it is difficult to change parent's perspectives. For mothers it is a very difficult journey to accept disability and to move forward. We need to be promoting acceptance of all children and include children with disabilities into ECD from the start.

**Two further comments from delegates were that in ECD centres practitioners have a problem with parents in denial over disability and from another that it was so nice to have the practitioners validated and valued.**

The second day, 5 December 2015, started with a minute's silence to remember the death, a year ago today, of our beloved leader, Nelson Rolihlahla Mandela, who was such a champion for children. It is fitting to include the poem written in his honour which was included in Ms Lizette Berry's presentation:

### **Nelson Rolihlahla Mandela**

A soldier, a strategist, a statesman,  
A son of the soil.  
A prisoner, a president.  
The fugitive, the friend, the father,  
the forgiving freedom fighter.  
A revolutionary, a reconciler  
a herdsman, a hero  
our leader  
our legend.  
Qhawe lamaqhawe  
Akekho ofana nawe!  
Lala uphumule ngoxolo  
Tata Madiba

## **BUILDING THE ECD CURRICULUM IN SOUTH AFRICA, MYANMAR (BURMA) AND SEYCHELLES**

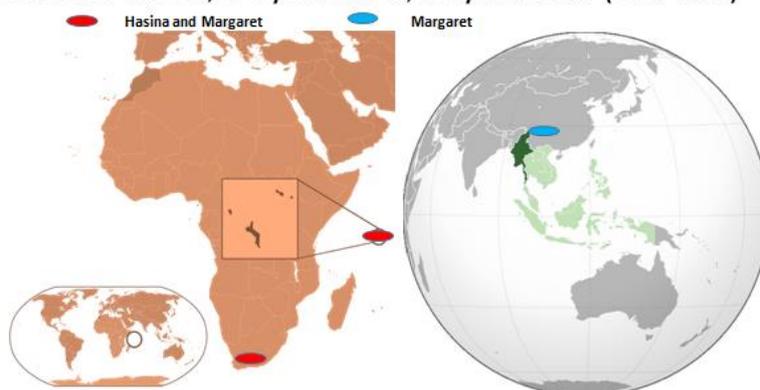


**Professor Hasina Ebrahim, Associate Professor (Discipline Leader - Early Childhood and Foundation Phase Education): School of Social Sciences and Language Education, University of Free State and Ms Margaret Irvine, Consultant, ECD, Community Development and Teacher Education.**

*Ebrahim and Irvine devised the South African National Curriculum Framework for Children from Birth to Four (60 months) in 2012. Irvine built the Burmese Curriculum Framework with the relevant Burmese ministries and civil society organisations for children from birth to age eight with a focus upon the Reception (Kindergarten) year in 2013 and Ebrahim and Irvine developed with the relevant role players, the Seychelles Early Learning Framework for children from conception to seven in 2014. The three frameworks focus upon processes of consultation and validation, vision and content. Learnings include the importance of wide consultation, linking curriculum to the vision and constitution of the country and focusing upon well-being, identity and belonging as well as on the learning areas of language, mathematics and life skills.*

Ms Irvine introduced the presentation by drawing attention to its focus on the process of developing national curriculum frameworks for children from the first thousand days (either conception or birth) through to primary school (either age seven, eight or nine) in three countries. She and Professor Ebrahim together developed the frameworks for South Africa and for Seychelles while she had developed the framework for Myanmar.

### **South Africa, Seychelles, Myanmar (Burma)**



Ms Irvine began by familiarizing delegates with the geographical situation of the countries and highlighting key aspects of Seychelles and Myanmar.

She went on to outline the context of the three countries for ECD curriculum development. South Africa has, since 1996, developed policy for the education and care of young children. In 2001, the White Paper for ECD became the basis for the development of a universal Reception year as the first year of schooling within an extended Foundation Phase. The curriculum for Grade R was thus embedded within the national curriculum for Foundation Phase to the end of Grade 3. In 2012, the National Curriculum Framework (NCF) was developed in partnership with government and UNICEF to give a framework for adults working with younger children prior to them entering Grade R (from birth to age of four).

Myanmar (Burma) in South East Asia, is also in the process of rapid social, economic, political and educational reform. The policy for Early Childhood Care and Development (ECCD) was drafted in 2013 and was followed by the development of the National Curriculum Framework for children from birth to eight in late 2013. The Seychelles which has been independent since 1976, developed a Framework for Early Childhood Care and Education in 2011 and the National Curriculum Framework in 2014, prior to developing the Seychelles Early Learning Framework (SELF) in 2014.

Ms Irvine detailed the preparation necessary for these three curriculum development processes. In South Africa an extensive desk review was first conducted of all policies and practice within South Africa and in particular the national curriculum from Grade R to 12, as well as within Africa (especially focusing upon the work of Nsamenang, Chombe, Marfo and Serpell) and then of the leading ECD curricula of New Zealand, Australia and Scotland. Once this was completed, they developed a framework to write and edit the chapters together.

In Myanmar, preparation for the task included research into ECD policy and practice within the South East Asian community, including Singapore, Malaysia, Indonesia, as well as of Hong Kong, Australia and New Zealand, whereas in Seychelles, ECD research was conducted into the middle income Indian Ocean islands, Malta and Trinidad and Tobago to give a broad understanding of island culture. Further relevant curricula for example from Namibia and Wales, dealing with unqualified women looking after groups of children in their own homes, were also investigated.

She went on to outline the consultation processes that took place. In South Africa, a preliminary meeting with the task team of the three Departments of Education, Social Development (Health did not attend the meetings though it was a partner in the process) with UNICEF was held to plan the process. It was agreed that the consultants write a first draft of the NCF to be discussed with the task team, based in the extensive information gathered on ECD over two decades.

In Myanmar, the process began with the gathering of information on ECD services and needs of children in each region as well as parental desires, which informed the development of the policy and the curriculum. There was very close collaboration with a large task team of ECD and education, social development and health specialists within the National Curriculum Renewal Team who together developed the curriculum framework in English and in Burmese. Two broad national consultative meetings with government, civil society and faith-based organisations were held at the beginning of the process to outline and to gain acceptance for the preliminary thinking and then to present the first draft based upon feedback from the first meeting.

In Seychelles, the process followed that of Myanmar. After a preliminary meeting with the coordinating committee in the Ministry of Education, the entire process of developing the SELF was conducted with a group of forty representatives of government and civil society representatives led by the two consultants. Once the framework was agreed, the consultants completed the preliminary draft for the group to critique and to return for changes.

The age range in the frameworks and the integrated approach to curriculum development was then explained. The age range for ECD curriculum differs in each country with responsibility for the youngest children placed in three government agencies – Education, Social Development and Health. The ECD curriculum policy age range is birth to nine in South Africa, birth to eight in Myanmar and conception to age seven in Seychelles.

Only in Seychelles is the important aspect of development *in utero*, included within the curriculum. The 'first thousand days' of life is thus included within this curriculum.

While the curriculum is integrated 'horizontally' across the developmental domains and within social development, health and education in all three countries, the 'vertical' integration of curriculum from birth to formal schooling is not in place in South Africa where there are two separate national curriculums spanning this age group. In both Myanmar and Seychelles there is a single overarching integrated ECD curriculum framework into which the details for each age group are incorporated. Only in Seychelles is the stage beginning with conception to birth incorporated into the curriculum itself.

Professor Ebrahim stressed the importance of the vision building process and that the vision for the youngest citizens in each country has a similar focus on democracy and global citizenship.

South Africa's vision for all children is based in the historical transformation of society since 1994. The NCF vision is *'Working with and for children in a respectful way to provide them with quality experiences and equality of opportunities to achieve their full potential'*. The themes, principles and six Early Learning and Development Areas (ELDAs) stem from this vision and link to the National Early Learning and Development Standards (NELDS)'s desired results.

Myanmar, emerging from decades of rule under a military junta into democratic governance, has established a national curriculum renewal process across the whole of its education system, starting from birth. The vision for young children therefore includes concepts of ECD provisioning which, based in the Buddhist culture, will *ensure they will be happy, healthy, well nourished, socially adept, emotionally balanced and well protected in conditions of freedom, equity and dignity in order to contribute positively to their families, communities and the nation.*

Seychelles, as a middle income Indian Ocean island strives for *'A winning start in life for all children in Seychelles'* within a notion of a diverse local and global citizenship. The vision is *'As we move towards an increasingly pluralistic society, all citizens of Seychelles will be sensitive to the child's socio-cultural background, to respect diversity by valuing all types of families, to be respectful of all cultures while challenging harmful practices that go against the best interests of the child.'*

Then the curriculum content was explored by Ms Irvine and Professor Ebrahim and it was pointed out that each framework focuses upon the being, becoming and belonging of the child within the family.

'Being' refers to the child's status as a fully human being equal to all other human beings. This concept is particularly important for the methodology of the early years which is based in the child's right to equality and dignity.

'Belonging' refers to the child's need for and right to belong to a family, his or her right to a dignified name and identity and to be cared for with love and according to the particular needs he or she may have.

'Becoming' refers to the families', communities' and institutions' responsibilities to ensure that the child has optimum opportunities to grow, develop and to learn to become a fulfilled and useful member of society.

They explained that within these three themes therefore lie six ELDAs, in line with international thinking. The first three are vital for learning and development to take place. They include Well-being (nutrition, health, safety and security, hygiene and physical activity); Identity and Belonging (Who am I? Where do I come from? Where do I belong? Who loves me? Where am I going?); Communication and Language Development (speaking, listening, reading and interpreting and recording and writing).

These three ELDAs provide children with the ability to actively learn and to participate with confidence and pleasure. The final three ELDAs are Exploring Mathematics; Art, Creativity and Problem-solving; Knowledge and Understanding of the World. All six ELDAs are integrated into all activities offered to each child.

This led Ms Irvine and Professor Ebrahim logically to the description of the assessment and evaluation components. All assessment is a continuous planned process of identifying, gathering and interpreting information about the development and learning of babies, toddlers and young children.

Identifying strengths, weaknesses, opportunities and threats to each child's learning and development is achieved through observation throughout the day (listening and watching). Key information on each child is recorded in his or her file and planning is carried out to enhance his or her further development and learning. Regular discussion with the parents occurs on the individual child's needs and interests to ensure a partnership approach and special assistance is brought in where relevant.

Assessment is carried out in the same way throughout the early years' frameworks. It is always formative at this stage of the child's life and the focus is not on 'pass' or 'fail' but rather on ensuring opportunities for growth, development and learning needs for each child.

Professor Ebrahim and Ms Irvine strongly recommend that more work needs to be done on assessment and a separate assessment document developed in consultation with all stakeholders.

Ms Irvine then explained the validation processes. In South Africa, once the draft framework was completed, a series of provincial consultative meetings was planned to gather first impressions. Once the NCF was gazetted, further comments were incorporated into a final draft. A pilot will be rolled out in each province in 2015.

In Myanmar, an extensive validation process was carried out over a year in each of the very different regions with over one hundred languages and cultural groups, both to ensure acceptance within these groups and to ensure a national approach. The validation approach consisted of a number of consultative meetings as well as a programme to pilot the framework in selected schools and sites. The framework was then formally approved by Cabinet.

In Seychelles validation also took place over a series of consultative meetings with all stakeholders. It will be formally presented at a national conference in February 2015.

The implications of these curricula were explored for adult and teacher education by Ms Irvine and Professor Ebrahim. The South African NCF makes provision for adult and teacher education for the framework through an accompanying set of Guidelines for Developing ECD Programmes. They will be incorporated into the parenting, non-formal and the accredited formal system of teacher education within the country.

The Myanmar situation of complete curriculum renewal demands that an ECD parent and teacher education programme be devised in 2015 for implementation in 2016 based upon the framework.

The Seychelles ECD team will also develop a parent and teacher education programme in 2015 based upon the new framework.

In conclusion, Ms Irvine and Professor Ebrahim summarised the key issues they had encountered through these curriculum development processes. The socio-economic and political context of each country demanded deep investigation into each country's context, (particularly for Irvine in Myanmar, a Buddhist country). Preparation therefore, for the development of each curriculum entailed extensive reading of national and international resources in ECD as well as of the constitutions, history and socio-political and economic contexts in the countries. Curriculum vision, values and principles were influenced by the context and in turn influenced all aspects of each curriculum.

In the three countries, the issue of preliminary consultation and thorough validation processes was extremely important in that the former aligned thinking between consultants, government departments and curriculum end-users (teacher and parent groups) at the outset and promoted a sense of ownership and open debate on the sensitive issues of potential attitude change. The validation process was equally important in the process of ownership of the curriculum.

The matter of the 'push-up' as opposed to the 'push-down' approach to curriculum development, designed round the needs of the child first and then the needs of the later curriculum of formal schooling was a strong area for debate in each country in the preliminary consultations since it is neither the prevalent philosophy nor practice. This approach was best seen in Myanmar (after a very long debate) and in Seychelles where it was immediately adopted after a short preliminary discussion.

## Push-up or push-down curriculum design

Country	Conception	Birth to toddler	Toddler to young child	Grade R	Grade 1, 2 and 3
South Africa	NO	Push up curriculum 0-4		Push-down curriculum (from Grade 12)	
Myanmar	NO	Push-up curriculum from birth to Grade 2			
Seychelles	Push up curriculum from conception to Grade 2				

The three countries adopted the ELDA of Well-being, Identity and Belonging and Communication and Language Development as the keys to development and learning. . Because they are incorporated clearly into the daily activities, adults need to identify their own attitudes and behaviours to well-being and identity and belonging as well as the issues becoming key in parent and teacher education programmes. Assessment and evaluation processes equally build upon specific observation and interpretation skills based in the view of children as continually striving towards competence.

The adoption of the new curriculum frameworks leads to the development of new approaches to adult and teacher education. These approaches need to focus much more on a conscious interrogation of attitude and behaviour and change within each adult working with children.

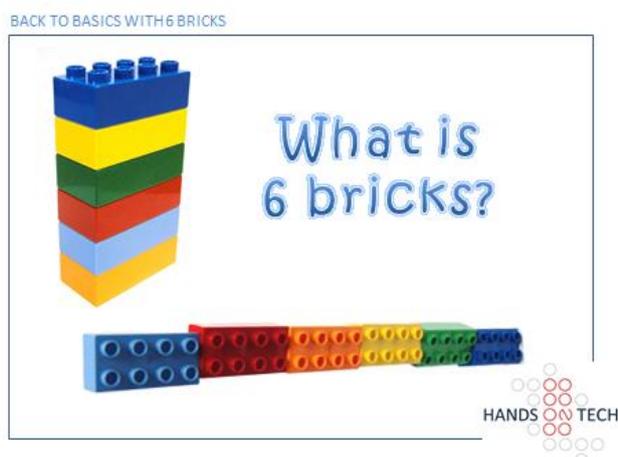
Ms Irvine and Professor Ebrahim concluded that while the three countries are global south countries / emerging into democracy and while recognizing the global nature of ECD policy and curriculum (a 'push-down' approach from international expertise), that to ensure relevance in each country they had to use a 'push-up' approach from the country. This includes the issues of context (cultural, socio-economic, political, linguistic), the needs of the children, their families and the country and its priorities. Full stakeholder participation from the very beginning helps to ensure this.

## BACK TO BASICS WITH 6 BRICKS



**Ms Linda Smith, Care for Education.**

**Back to Basics with 6 Bricks provides opportunities for children to develop their working memory, perceptual, speaking and listening skills effectively laying the foundations for reasoning, literacy and numeracy. The daily activities allow children to control and direct their own learning fostering and building core learning skills and critical thinking.**



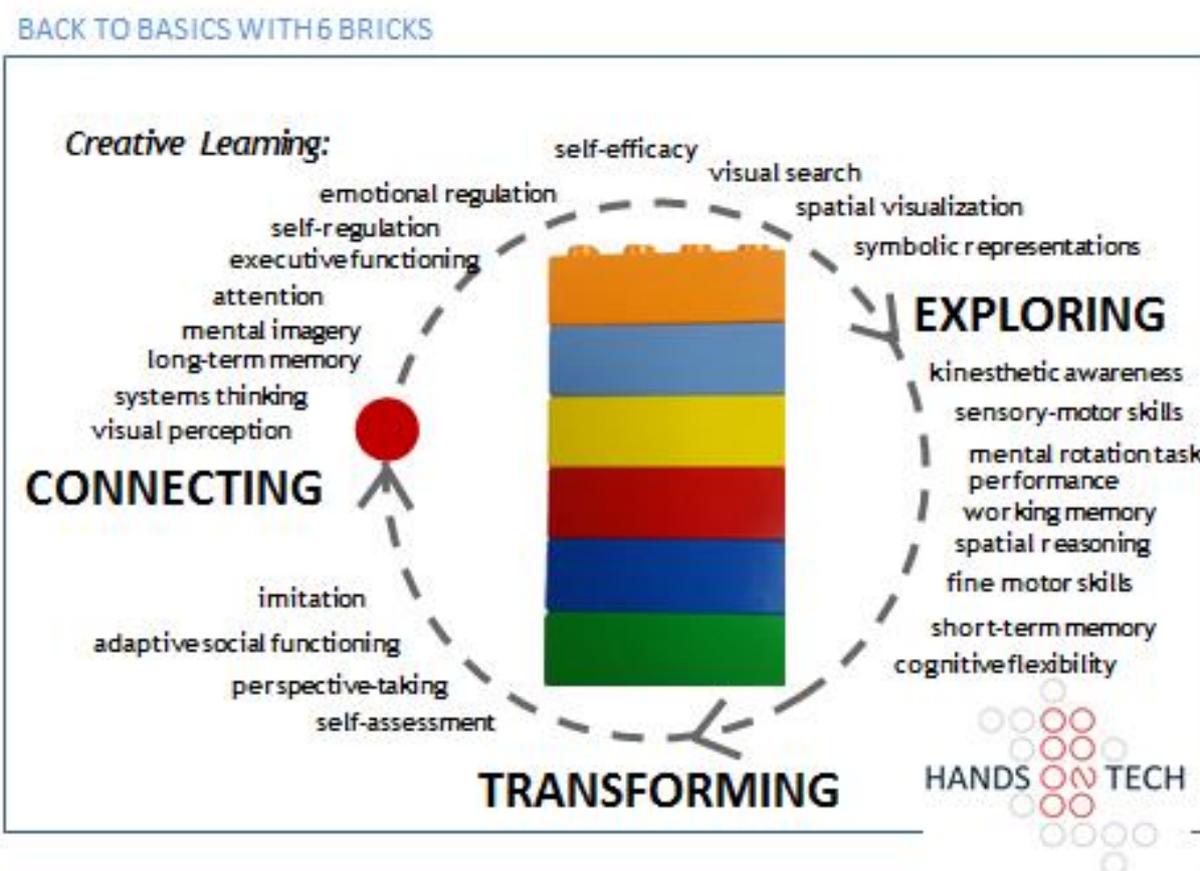
Ms Smith gave delegates a quick overview of the value of the 6 bricks concept, as two practical clinics were to be held for two groups of 30 delegates during a breakaway session on the use of the 6 bricks in the classroom to support children’s learning through play.

She explained that the concept is very new and very exciting. It has just come onto the market and many schools are taking it on. The concept of the 6 bricks is so simple, yet so powerful as a result of what the children can learn through play. 6 Duplo bricks (not the small Lego bricks) are given to each child. The bricks are all different colours, including light and dark blue, to introduce language and vocabulary and encourage children to look at differences and make comparisons.

There are short, simple activities with the bricks that the teacher can do every day, all of which are included in a book of ideas for teachers. Activities can be as short as two minutes or become a longer game. The teacher is the driving force initially, then children become the initiators through their curiosity.

Ms Smith explained that the 6 Duplo bricks were chosen specifically to keep children engaged and focused in short activities in 5 steps. The steps have been developed to take account of the fact that a child’s range of vision is approximately 20cm; the move from concrete to abstract thinking; the fact that young children need to handle large objects and the importance of getting the children involved in playful activities and encouraging them to be curious and to engage in peer play.

The 6 bricks encourage creative learning and a cycle of connecting, exploring and transforming.



In addition she explained, they promote perceptual skills, self-regulation, executive function, working memory and cognitive flexibility. Executive function is inhibitory self-control, how we filter distractions and the skills we use to master and filter our thoughts and impulses so we can resist temptations, distraction and to pause and think before we act. Working memory is the capacity to hold information in the mind and work with it over short periods of time. Cognitive flexibility is the capacity to switch gears and respond to changes; to think about something in a new light; problem solving and lateral thinking.

She described how the teacher puts the 6 bricks on a child's desk and they stay there. Although 6 bricks is not part of the curriculum, it actually covers all aspects of the curriculum. The bricks can be used as part of the daily activities, like a 'brain break' or to switch activities, and can be used to fit in with any daily programme. Activities with the bricks can be done individually, in pairs, or in groups of 3. When children add all their bricks together, there are any number of combinations and shapes, all of which help to develop mathematics concepts. In fact with 2 bricks you can create 24 combinations, with 3 bricks 1060 combinations, and with 6 bricks there are over 915 million ways of combining them!

Ms Smith ended her presentation by illustrating with quotes from various theorists.

"Children must master the language of things before they can master the language of words. "  
*Frederich Froebel*

"Play" is the answer to the question, "How does anything new ever come about?"  
*Jean Piaget*

"Imagination is more important than knowledge. "  
*Albert Einstein*

"Children learn as they play. Most importantly, in play children learn how to learn."  
*O. Fred Donaldson*

"Think left and think right  
and think low and think high.  
Oh, the things you can think up  
if only you try"  
*Dr Seuss*

She assured delegates that the developers will set up a Facebook page with free access to all activities, as well as a world network of ideas to use in the classroom to have fun and learn through play.

## DIALOGUE 5: QUESTIONS, COMMENTS AND STATEMENTS

During the dialogue 5, the following questions were asked and responses and comments made by panelists from the previous session:

**The 'push up' and 'push down' approach to curriculum development is for an unknown future. We need to prepare children for this unknown future, yet we still need engineers and other 'hard' skills that will be needed in the future. Where is the balance between 'push' and 'pull'?**

Ms Irvine and Professor Ebrahim responded that it is good education practice to look both at 'push up' and 'push down' factors, as well as looking at the context and needs of society as well. The section on knowledge and understanding of the world covers all that is needed. You cannot ignore the one for the other as we need an integrated approach.

They went on to say that they had taken into account developing citizenry. They were trying to prepare children for a future we do not know and have to teach for uncertainty. They looked at developmental aspects that prepare children for the future and saw the curriculum through a developmental lens, with the starting point being babies. Problem solving, logic and all the underpinning skills required were built in. The curriculum gives children critical opportunities to cover all concepts, but in an integrated way. They did not start the curriculum development process from Grade 3, they started from conception and the curriculum is designed to prepare children for life.

They reiterated that the curriculum is neither a 'push down' nor a 'push up', but both. They went on to say that curriculum is not static but becomes a living document. There will be phased implementation, and the curriculum will be informed by how it is experienced. It will change in response to changes in the environment.

## **The Seychelles has an uncertain future as an island nation in the face of global warming. How in the preparation of curriculum did you prepare Seychelles children for a changing environment?**

In response to this question, Ms Irvine commented that Seychelles has an excellent environmental policy, which has been integrated into the curriculum. In the Seychelles, children really live in their environment.

## **A delegate from the disability sector commented that early intervention is a neglected area, including the specialist field and the skills required. It cannot be forgotten.**

Professor Ebrahim and Ms Irvine responded that in all three curricula they have worked with people from the disability sector and have set up watch points for people to look out for. These are also included in the assessment through observation.

## **Early Childhood Intervention programme – how could the 6 bricks programme be used with an autistic child and other children with disabilities?**

Ms Smith gave examples showing that there are a few organisations that are using the 6 bricks with autistic children. The tactile feel of the bricks is appealing to children and the bricks help the children maintain focus and attention. With regard to blind children, the bricks provide lots of tactile sensations and the use of other senses.

She went on to observe that you can use the 6 bricks in 30 second exercises or in much longer exercises. The time limit is up to the teacher, so they are very versatile.

## **What about the importance of assessment to decide what individual children need and the use of a checklist if it is used sensitively?**

Ms Irvine and Professor Ebrahim explained that they had looked at horizontal banding. Every teacher/practitioner can see the child's progression and get ideas on how to take the child forward. In addition, there could be sensitive use of checklists for identification of problem areas.

Once again they stressed that the sector needs a separate discussion on how to do assessment in the birth to 4 curriculum.

## **THE STATUS OF YOUNG CHILDREN IN SOUTH AFRICA: TWENTY YEARS ON – HAVE WE MADE PROGRESS IN SERVICE DELIVERY? A CRITICAL REVIEW OF THE DATA**



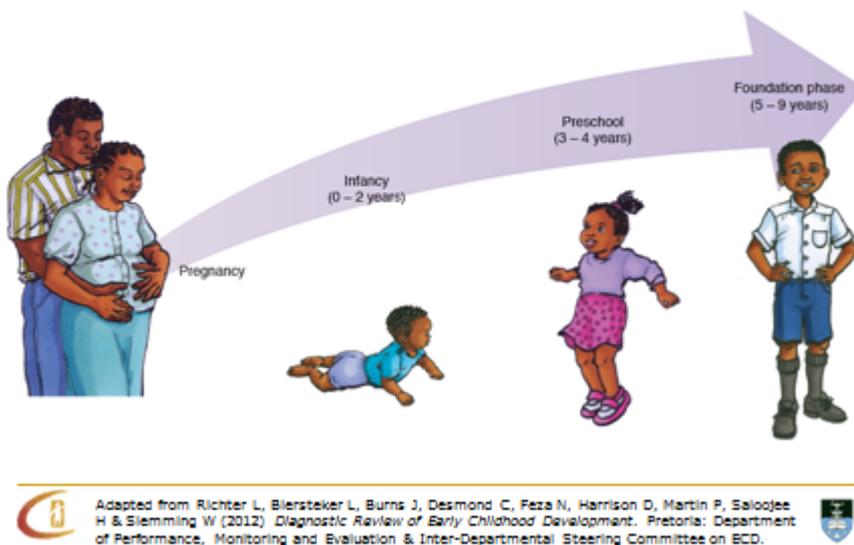
**Ms Lizette Berry, Senior Researcher, Children's Institute, University of Cape Town.**

***This paper will present a review of available data and provide critical commentary on South Africa's progress in ECD service delivery. In particular, it will focus on access, equity and quality issues. The paper will assess progress, identify gaps and make recommendations for priority focus areas.***

Ms Berry began her presentation by reminding delegates of the importance of credible child-centred data that tells us about the situation of young children in South Africa. It is very useful and necessary for evidence-based planning and decision making, as well as monitoring and measuring our progress against our objectives. It helps us to know the conditions children are living in and their access to resources, services and support, as well as the gaps and inadequacies, so that we can take action.

She emphasized that we need to provide services across the development continuum and ensure that all children from birth to age 9 have access to services, including supporting pregnant mothers from conception.

## Providing services across the developmental continuum



Ms Berry went on to say that we also need a package of essential service for young children that meets their multi-faceted and interdependent needs. The Children's Institute publication, *The South African Child Gauge of 2013*, unpacked an Essential Package drawing on the National Integrated Plan for ECD and the work of Ilifa Labantwana to define and unpack all the elements: health, nutrition; early stimulation and learning; caregiver support and mental health; social and welfare services, as well as income support.

She took an historical look at developments in child data and data systems during the period between 1999 and now. In 1999 there were limited and fragmented attempts to monitor child well-being, but the availability and quality of the data was poor and largely focussed on maternal and child health, with overwhelming attention on child survival. Child-centred data was not readily available at that time.

By 2014, she remarked, the children's sector in South Africa has experienced significant development with the wider variety of data sources giving us much better tools for analysis. In addition, there is growing understanding of developmental stages and the need to differentiate and analyse data by age groups. There are greater numbers of actors and systems monitoring child wellbeing, and there is gradual acknowledgement that it is essential to move beyond child survival and a curative approach to a developmental and holistic approach to child well-being.

The young child population, children from birth to 9 years of age has increased slightly from 9.1 million in 1996 to 10.5 million in 2011. In the age cohort birth to age 4 the increase has been from approximately 4.4 million in 1996 to 5.67 million in 2011.

In terms of child health and mortality, Ms Berry reported that the provision of and access to public health services has improved significantly since 1994. The health sector's most profound success has been the reduction in child mortality from 58.5 per 1,000 live births in 1994 to 41 per 1,000 live births in 2012. This is mostly due to improved access to and take-up of HIV prevention and treatment programmes. However, the data on the peri-natal period indicates that serious challenges still exist and we need to reduce complications in pregnancy and during birth. The public health infrastructure systems presently enable greater access and reach than in the past.

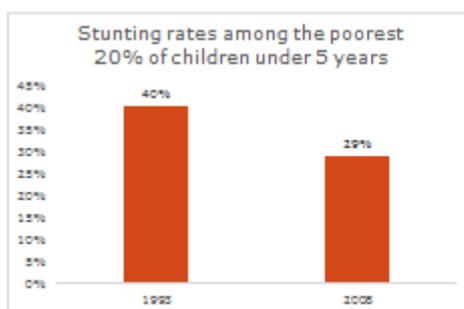
Ms Berry stated that children under age 3 have regular contact with health services through well-baby clinics and other health services. Service delivery for ante-natal care is very important and overall coverage has been over 90%, which is high. However, in 2011, only 40% of women attended ante-natal clinics before 20 weeks and we need to improve these attendance rates. On average, women attend 3 ante-natal visits. In 2012, 94% of 1 year olds were fully immunized, but significant provincial and district disparities exist and

those need to be addressed. There is improved uptake in testing of HIV exposed infants and PCR treatment at 8 weeks.

With regard to child nutrition, Ms Berry reported that we still face a serious challenge with 27% of birth to 2 year olds stunted and this rate has not dropped. It remains a significant problem particularly for children under 3 and once again there are geographic disparities with some areas with very high rates of stunting. Severe acute malnutrition in children under 1 appears to be increasing. It is essential for South Africa to take action on nutrition and feeding practices for young children.

## Child nutrition

	6m - 6 years (1994) %	1 - 6 years (1999) %	0-5 years (2012) %
<b>Stunting</b>	23	24	22
<b>Wasting</b>	3	4	3
<b>Underweight</b>	9	11	5



- 27% of 0–2 year-olds remain stunted
- Severe acute malnutrition in children younger than 12 months appears to be increasing



Sources: SAVACG survey 1995; Food Consumption Survey 1999; PSLSD 1993 & NIDS wave 1 2008 (SALDRU) Children's Institute analysis; SANHANES-1 2012



Vitamin A deficiency, she said, is a significant public health problem in South Africa with low coverage rates of 43% for vitamin A supplements for children 1 to 5 years of age. Community Health Workers are now able to administer vitamin A supplements which should increase coverage. Once again, provincial variation is a concern, and malnutrition is highest in rural and urban-informal areas.

She raised the concern that poor feeding practices are a challenge and there is no reliable data on breastfeeding. In 2003, 8% of infants were exclusively breastfed for the first 6 months. A 2008 survey suggested that this had increased to 26% but the sample size was very small. A 2010 survey found that 28% of infants aged 4 to 8 weeks were exclusively breastfed. The WHO recommendation is for exclusive breastfeeding to take place until the infant is 6 months old.

Ms Berry went on to report on the statistics regarding stimulation for early learning. Since 1994 there has been a significant increase in access to centre based care. In 2001, over 1 million learners (birth to 7 years) were enrolled in over 23,000 audited ECD sites. Grade R enrolment rates have been incredibly high, more than doubling between 2003 and 2011. By 2012, 88% of learners in Grade 1 in public schools had attended Grade R.

There are approximately 3.2 million children between the ages of 3 and 5 years in South Africa. This entire age cohort should be attending some form of group early learning programme. The General Household Survey (2012) statistics on attendance of early learning group programmes must be treated with caution as the survey questions include a wide variety of 'out of home care' services. Consequently it may not reflect attendance at quality group early learning programmes.

Ms Berry reported that in 2012, 486,000 children under 5 received a subsidy to attend a registered ECD centre, and an estimated 16% of poor children received this subsidy in 2013/2014. However, although access is high, the majority of children in the bottom quintile (poorest 20%) still do not have access. There are also age, geographic, race and income disparities in young children's access to group early learning programmes.

With regard to caregiver support, she drew attention to the fact that there has been a focus on transforming social welfare services by de-racializing access and promoting a developmental approach to services. Family and parental support are included in the ambit of designated welfare services and recognised in several policies, however, there is very little information on provision of parenting programmes. As we know that parenting support offers a strong preventive and protective function and has been shown to produce good child outcomes when implemented effectively, we need to focus on this area.

South Africa's statistics show that a decreasing percentage (by age) of children live with their biological mothers and large numbers are living with an alternative caregiver. Yet for children under age 5, just over 40% of children are still with their mothers, so targeting support to mothers is critical to ensure young children receive appropriate care. Ante-natal care visits by expectant mothers are a good place to start providing information and support.

On the positive side she noted that there have been huge improvements in post-natal care. In 2009, 5% of women received follow-up, whilst in 2012, 53% received care. However, Ms Berry pointed out that we face challenges in the field of maternal mental health, with an estimated 1/3<sup>rd</sup> of mothers suffering from post-natal depression, which is largely untreated.

In the area of social services and income support, she reported significant advances. Birth registration has improved significantly over the last decade, which improves access to other social services, including the Child Support Grant (CSG). This grant has shown significant uptake from 22,000 recipients in 1998 to 11,3 million in 2013. Its benefits are well documented and include improved child nutrition, health and education outcomes. An estimated 76% of eligible children currently receive the CSG. However, uptake is lower for children under age 1, with only 50% receiving the grant. As this is the age group that needs maximum support, especially in the areas of nutritional food, access to health care and other forms of support, barriers to accessing this grant need urgent attention, especially for infants.

Ms Berry concluded her presentation by referring delegates to The Child Gauge of 2013 which focusses on ECD and which is available on [www.ci.org.za](http://www.ci.org.za).

## EXPLORING LOCAL AND INDIGENOUS KNOWLEDGE AND PRACTICES IN SUPPORT OF EARLY CHILDHOOD DEVELOPMENT: LEARNINGS AND IMPLICATIONS



**Mr Malibongwe Gwele, Early learning Resource Unit.**

***This study explores local and indigenous practices and perspectives about early childhood development to strengthen programming and support the care environment for young children. Appreciative inquiry and participatory methodology as a useful method for recognizing positive existing knowledge and strengths and also to provide a context for discussing what might need to be changed, was used.***

Mr Gwele acknowledged that he was working closely with Linda Biersteker on this research.

He drew attention to the fact that there is growing international recognition that one of the characteristics of good quality ECD programming is that it is sensitive to and builds on the local and indigenous knowledge, practices and efforts of caregivers, families and communities. This then becomes an essential component of a community development approach to ECD programming and provides the basis for local problem solving strategies that can help improve impact and sustainability.

He emphasized that the values and principles, on which international ECD goals and interventions are based, may be inappropriate to local conditions, clash with local values and result in misguided and unsuccessful implementation. Sometimes international programmes do not include such local knowledge and practice and as a result are not effective. Consequently there is a need to ensure essential services reach caregivers and young children where they are located and the programming package must include accessible and

responsive systems that reach out to and are inclusive of the most vulnerable children and families, as well as mobilising families and communities to take action to ensure that the needs and rights of young children are met satisfactorily (Albino & Berry, 2013). Such programmes need to affirm and build on indigenous local knowledge, understanding and practice.

Mr Gwele highlighted growing international recognition that quality ECD programming is built on indigenous local knowledge, understanding and beliefs. He explained that it was for these reasons that ELRU has been exploring local and indigenous knowledge with communities where they are working and that his presentation describes ELRU's approach and some of the findings from the experiential research into how best to use families' and communities' knowledge to further meet the rights and needs of young children.

He went on to explain that this study explored local practices and perspectives about child development to provide information to strengthen programming and approach. He quoted as follows: "Exploratory research and development are needed to identify how best to mobilise the intimate knowledge and understanding of parents and caregivers in the extended family, including pre-adolescent children as first-hand assessors of young children's development" (Serpell & Nsamenang (2014).

His description of the research approach outlined the use of qualitative methodology and appreciative enquiry to focus on acknowledging existing positive parenting knowledge, practices and beliefs. The research was enhanced by the use of an ethnographic research approach, which is the study of people as they go about their everyday lives. This was done for the purposes of "elicitation of cultural knowledge, the holistic analysis of societies, and the understanding of social interactions and meaning-making" (Buchbinder et al, (2006).

He detailed that data collection took place in number of ways including participatory observations, collaborative story-telling, mapping exercises and community dialogues in villages in the North West province (in partnership with Ilifa Labantwana) and the Eastern Cape. Focus group discussions were conducted with 15 focus groups in 6 villages, made up of 9 groups of women and 6 groups of men. All groups had 10 or more participants of mixed age groups. The study was undertaken within the context of a home visiting programme.

Mr Gwele reported that the findings were most interesting. It was found that the approach had helped mobilise families and communities, and their interests and attitudes changed. It increased attendance and enriched programme participation in the cluster workshops and community dialogues.

In different communities, people felt empowered to speak out about their conditions and their feeling that no one, including government, was listening to them; that they were tired of saying the same thing year in and year out, but nothing changed. They expressed that they 'are a lost generation, a lost people'. In Lusikisiki in the Eastern Cape, the same sentiments were shared and participants indicated that the increase in attendance at these awareness raising 'imbizos' (meetings) was because they felt that someone was listening to them.

He stressed that these community meetings also created intergenerational learning. For example, in Lusikisiki younger caregivers understood for the first time the reason and motive behind certain cultural practices which led to deeper interrogation of those aspects of culture they did not understand. In the Eastern Cape there is a cultural practice of tying a piece of string around a baby's waist. Young caregivers came to understand the origin and purpose of this cultural practice in helping monitor the baby's growth.

Mr Gwele reported that men's conception of ECD largely revolved around infrastructure needs for the community such as housing, water and sanitation, as well as unemployment and safety issues. They were concerned about the lack of space in shack housing for meaningful interaction with their children if they are to follow or respect cultural traditions. They also expressed serious concerns about the harsh conditions experienced by children and families and the effect of this on children's development. The inability to generate sufficient income for their families was another concern raised.

Women's conception of ECD was mostly around caring and children's access to nutrition and schooling. Theirs is a more intimate understanding of child well-being. They understood that child development begins at conception. Many women recognised the need for an early learning centre or another crèche close by so that it is easily accessible for their children.

Mr Gwele found that there was a high degree of secrecy around pregnancy, especially the first three months. This is worrying in communities where there is high teenage pregnancy and where there is generally no support for those who fall pregnant as teenagers. Babies are viewed as fragile and weak, so they are kept indoors for the first three to six months and outsiders have limited access to both the child and the caregiver. This has implications for home visiting programmes focussing on the first 1,000 days as home visitors are not allowed to visit homes where there are babies.

In terms of the continuum of care, there are often multiple inter-generational female caregivers who can be involved in decisions about child well-being, including access to health care. Grandmothers play a key role. Siblings also play a critical role in caring for and teaching the younger children. Fathers are conspicuous by their absence, especially when the baby is still young. This is by cultural design and not by choice because pregnancy and birth are classified as the domain of women. Mr Gwele drew attention to the fact that we need to be conscious of this in parenting programmes.

Mr Gwele highlighted that the above findings have implications for First 1,000 day and home visiting programme design. Programmes promoting changes in the community and homes should incorporate cultural and traditional practices as much as possible. Approaches should build on care giving situations that are already provided in the community. As carers are often elderly women we need to be sure how programme messages interface with their understandings, values and childrearing practices. We also need to see how we can use the community spaces, such as water taps, where older caregivers congregate.

Community dialogues, parenting workshop and media campaigns directed toward parents could focus on health, protection, parenting and development while maintaining sensitivity to cultural beliefs. He emphasized that we also need to broaden the circle of care to include men in a more practical way, even though it is difficult to get men involved in discourses around children, as culturally men withdraw because they see this as the domain of women.

In closing, Mr Gwele quoted, “African cultural practices subject pregnant women and their spouses to behavioural taboos that guide sexual intercourse, specific food items and emotional distress, among others, in order to promote the health of the unborn child and mother”. Such African cultural practices around pregnancy require that men are not supposed to see their child for the first 8 days after birth, and may not spend time with their wives for the first three months.

In any community based programmes, close attention to the unique socio-cultural conditions of African societies, especially in rural areas, is essential and must include the strengths and limitations of local child-rearing knowledge, attitudes and practices.

**Professor Ebrahim congratulated Mr Malibongwe Gwele’s selection as one of 15 African laureates of CODERSIA (The Council for the Development of Social Science Research in Africa), and the only laureate from South Africa. CODERSIA’s focus for 2014 was on social science research on the birth to 3 year old age group.**

## **DIALOGUE 6: QUESTIONS, COMMENTS AND STATEMENTS**

During the dialogue 6, the following questions were asked and responses and comments made by panelists from the previous session:

**We need to be careful not to create a society of recipients of grants. We need people who are self-reliant.**

Ms Berry commented that we need to be cognizant of the state of young children in South Africa, the dire conditions families are living in and the impact this has on child development. We have high unemployment levels and high levels of poverty with 58% of children living in dire poverty. So the grant has enormous value for people under these conditions. Even though the CSG is small, we know through comprehensive research that there are tremendous benefits for children and families. The CSG plays an important role in child development.

### **In the findings of the indigenous knowledge research, what are the indigenous knowledge and games that can be used in ECD?**

Mr Gwele reported that he was not able to cover every aspect of the research on indigenous knowledge and practice, including games, in his presentation but the African games and the use of household chores are certainly used to stimulate children and instill values.

### **Data shows there has been progress in service delivery, but there are huge gaps. Some ECD centres have buildings but no children and many teachers are not trained. Do we have a strategy to review our ECD massification policy?**

The respondent commented that this question pointed towards quality issues. We know that quality is a huge area that needs attention. In terms of a review of South Africa's massification strategies, we need the Department of Social Development to comment.

### **In terms of indigenous practices, are fathers attending the birth process? This is common practice in white families, but is it happening in black families as well?**

Mr Gwele commented that in many cultural practices attending child birth is reserved specifically for women and a number of women support the mother during birth.

### **What are some of the concerns of men?**

He went on to say that the baby is seen as fragile and a mother who has just given birth needs to be protected from the public. Fathers go to public spaces and thus would interrupt the cultural state of the child.

## **QUALITY IS PRESENTED BY KNOWING A CHILD AS A WHOLE ..... I MUST KNOW HOW CAN HE DEVELOP BECAUSE THEY DON'T DEVELOP THE SAME.' PRE-SCHOOL TEACHERS' PERSPECTIVES ON QUALITY IN ECD**



**Dr NC Phatudi, Senior Lecturer, University of Pretoria and Prof Teresa Harris: James Madison University.**

*The presentation is based on a study on quality in pre-schools from the teacher's perspective. Preschools in the study were representative of both urban and peri-urban contexts. Quality was understood by using Moss' lens of three typologies of teachers found in ECD. The typology troubled in this presentation was that of a teacher as a mother. The teacher in this particular instance elevated 'caring' as an important element in achieving quality. The presenter 'troubles' this notion of caring to find forms in which it is manifested. Motherhood becomes an important avenue in which caring is embedded – and thus underpins quality and how it should be conceived. The presentation shows how 'motherhood' informs how ECD is viewed and perceived by those entrusted to nurture children.*

Dr Phatudi started by stating that 'quality' is a buzz word for this seminar and that her presentation gives a different perspective on quality as it is from the teachers' perspective on how they define and experience quality, as well as what they say about quality. She used photo-voice to gather data.

As background to her presentation, she reminded delegates about the United Nations 2015 Millennium Goal on universal access to primary education by all children, which would include preschool as a foundation for learning. She posed the question whether or not in South Africa, access to preschool constituted access to quality education, as the South African schooling sector's academic results do not show benefits from increased access to preschool education.

She went on to say that we know that ECD should be the foundation of learning, but quality is a key issue. In order to define quality, Dr Phatudi quoted, "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" (Moss & Pence, 1994, p. 172). We can never say we have a universal concept of quality as each teacher experiences quality in her own way, depending on her values, beliefs and experiences.

She asked delegates if they thought concepts of quality were imposed from outside and if we are part of the audit society that always want to check on the quality that is offered to children. We need to interrogate how we perceive quality.

In another quote, Power (1997) concludes by saying that, “‘Quality’, therefore, is neither neutral nor self-evident, but saturated with values and assumptions. It is not essential, but a constructed concept. Originally developed as a part of management theory, it has been incorporated into early childhood care and other services as part of the revolution of new public management and the growth of the ‘audit society.’”

On the other hand, she quoted Copple and Bredekamp (2009) as saying, “best practice is based on knowledge not assumptions of how children learn and develop. The research base yields major principles in human development and learning... Those principles, along with evidence about curriculum and teaching effectiveness, form a solid basis for decision making in early care and education.” Developmental theories must underpin our ECD knowledge and developmentally appropriate practices.

She commented that this makes quality seem elusive and intangible and raises the question that if the notion of quality resides in individuals and everyone has a different perspective, how should we measure quality? Every consumer wants quality in all products and services, so we need to establish how quality can be discovered, implemented, measured and improved.

Dr Phatudi drew attention to the regulated ECD quality assessment tools that exists around the world, for example the AECL quality tool which measures resources in an ECD centre and the extent to which they are used. The HighScope PQA (Programme Quality Assessment) tool is sold online. Other assessment tools include the Head Start quality assessment tool; CLASS – Classroom Assessment Scoring System measuring interaction in the classroom; SPARK (Singapore Pre-school Accreditation Framework) used to assess teachers.

She pointed out that most of these quality assessment tools are designed for low class pre-schools and aim to improve their quality practice. Dr Phatudi concluded from the above definitions that we can make three deductions:

- Quality is a constructed concept based on one’s beliefs, context and interest.
- Quality is based on knowing developmental theories which guide how the teacher interacts with the child.
- Quality is a buzz word and a means of controlling quality in low income communities.

Her conclusion is that if quality assessment tools are to improve performance, the teacher must ‘buy in’ to the tool.

In Dr Phatudi’s research study, ECD quality was surveyed in Gauteng, South Africa and Virginia, USA. The contexts of both countries were working class communities benefitting from government grants. The American context group was part of the Head Start programme, and the South African ECD participants were representative of practitioners in both urban and peri-urban centres. Teachers in both contexts had some ECD qualifications from accredited institutions and only one teacher in the peri-urban township was without a qualification, but was registered for a diploma qualification with UNISA. Their working experience ranged from three months of intermittent service to ten years.

Dr Phatudi went on to explain that data that was collected in South Africa was from preschools in Pretoria. The methodology of data collection was the photo-voice. Teachers were given digital cameras and asked to take at least 30 photographs of events in their classrooms that represented quality to them. Researchers then presented teachers with the processed photos and asked them to select and rank 10 of the images that represented quality and discuss these, before selecting the three images that best conveyed quality and explaining their significance. This methodology helped teachers reflect on their practice as they described why they had chosen each photo. All interviews were recorded.

As a practical assignment, Dr Phatudi asked delegates to take five imaginary pictures of quality in their imagination.

She went on to explain that Moss (2006) talks about three typologies that define ECD teachers/practitioners:

- **The teacher as a technician** - teachers who have varying level of skills and qualification who look for measurable outcomes. They are likely to follow the curriculum to the letter, elevate the importance of the daily programme, worksheets and are unlikely to experiment or be creative. Their focus would likely be on the learning environment and spaces.
- **The teacher as a researcher** – the proactive teacher who observes and extends children through her awareness of the importance of environment and teachable moments. Quality would reside in observing children and responding to their immediate learning opportunities.
- **The teacher as a mother** – this teacher would allow her own experience of motherhood inform her teaching practice with a focus on caring and extending learning taking place at home.

Dr Phatudi indicated that the researchers tried to place teachers in these three typologies. They identified two teachers as “technicians”. Teachers operating from this perspective are often teachers with limited knowledge and skills for moving beyond prescribed programmes of practice. They tend to use prescriptive curriculum or practice guidelines and procedures to regulate their methods of working with and assessing the children. More experienced and knowledgeable teachers who operate within the ‘teacher as technician’ framework may work in settings that are closely regulated and monitored for compliance and where professional autonomy is limited by the workplace culture.

For teachers to act as researchers, they include the contributions of the children’s problem-posing and problem-solving to improve the quality of teaching and learning. Dr Phatudi gave the example of one teacher’s observations of a child during unstructured activities such as outdoor play in the sand pit, where she observed his problem solving abilities as he struggled to stop sand spilling out of his truck. In another incidence a teacher made a spontaneous trip to the construction site next to the school to respond to children’s questions and ideas about building and then extended their curiosity in the classroom as the children built their own buildings in the block area to test out what they had seen.

Dr Phatudi spoke about the teachers identified as “substitute mothers” who saw themselves as extensions of the family and the child care center as an extension of the home. These teachers referred to their work with children as designed to connect home and center goals of care and learning for each child. Quality in ECD centres was closely linked to maternal instincts of child rearing and was perceived as somewhat intuitive. A teacher from a peri-urban school, who had the least training in early childhood, said she assessed, “each and every child according to his/her likings.” She recognised that the child’s natural strengths had to be identified and nurtured, as according to her, children are unique beings and therefore display different characteristics.

Within the South African context, early childhood programmes have the autonomy to develop their own quality standards and receive little regulatory oversight. However, each programme represented in this study had its own curriculum of thematic content that was implemented by the teachers, and all teachers reported using observation as a way to assess their children’s progress. Within Virginia, all the programmes in this project were licensed by the state and were participating in the state’s Quality Rating and Improvement System.

Dr Phatudi concluded by observing that the study is raising many questions about quality and how we view it. More research is needed on perceptions of teachers with regards to quality, and more focus and attention should be concentrated on the caring aspect/motherhood of quality. Quality in teachers is influenced by the context of where they come from and where they teach. Helen Penn (2011 ) says that teachers who tend to use their motherhood experience in preschools, are those with low qualifications and poor background. She is however not demeaning this character as she likens it to caring- which is one of the cornerstone of ECD education. Nodding (2013 ) says that the act of caring is essentially a feminine one” because women tend to respond to caring in a concrete manner. Therefore it is not surprising that teachers bring the aspect of mothering into the preschool.

Providing quality care and early education is the goal of each early childhood programme. The approaches to understanding quality and providing it differ with context and training. The responsibility for ensuring quality care is a moral one that cannot rest only on the shoulders of the teachers. If we are to adequately respond to the needs of the children in our communities, we must consider the roles that we have to play, and work with teachers wherever they are, to move forward.

She emphasized that the study is on-going and more interviews and observations are scheduled for the coming year. However, she stated, that the definition of quality should be inclusive of all contexts. Excluding contexts that do not practice 'mainstream' curriculum is to nullify the wealth of knowledge possessed by the 'marginalised'.

## THREE GOALS, NINE STEPS: A GAUTENG PROVINCIAL GOVERNMENT'S EXPERIENCE TO INTEGRATE HOLISTIC ECD SERVICES



**Ms Vanessa Mentor, Gauteng ECD Institute**

***Gauteng welcomed the proposal to integrate ECD services and realised that this model will step-up the various services required to improve the health, well-being and life opportunities of the children of this province. The GPG ECD strategy was developed and informed by the national research conducted. This national picture painted clearly indicates that the perpetuation of poverty inherited from the apartheid system makes access to ECD services difficult and this continues to negate any other attempts to improve the quality of learning and teaching in the Province. The GPG ECD strategy therefore proposes an integrated approach to service delivery and it brings together all the different departments, including non-government departments to work together to provide an holistic ECD service to our early learners and their families. The presentation will thus focus on the successes and challenges in relation to Intersectoral Collaboration and Stakeholder Engagement.***

Ms Mentor emphasized that her presentation would focus on the impact of stakeholder engagement, integration, collaboration and the establishment of effective, meaningful partnerships that was behind the accomplishments of the Gauteng ECD Institute (GECDI).

In her brief background of the establishment of the GECDI, she noted that Gauteng was currently the only province that has an ECD Institute, but that the fact that Mpumalanga is now establishing an ECD Institute is good news.

At the time of setting up the Institute, a Gauteng Cabinet Memo depicted the position of ECD programmes in Gauteng as still fragmented, uncoordinated, costly and inaccessible to underprivileged children. Large numbers of children from poor homes are not given the opportunity of attending any programme and are extremely disadvantaged by the time they enter formal schooling. It also recognised the poor quality of many of the ECD services.

A number of challenges were identified in the ECD sector. These included lack of clarity in the definition of ECD which led to inconsistencies within the targeted ages in each of the departments. The fragmented legislative policy framework for ECD resulted in uncoordinated delivery. In addition there was limited access to ECD, inequities in ECD provisioning, variable quality and lack of capacity at all levels. The interdepartmental and inter-sectoral collaboration necessary to ensure adequate quality provisioning of ECD was missing and there was no integrated monitoring framework for ECD Services.

She went on to say that in 2004 the National Cabinet had challenged provinces to consider ways to integrate ECD services. It proposed a mechanism that would function as a coordinating structure within government and which would work collaboratively with all stakeholders in the interest of ECD. The Gauteng Provincial Government endorsed this by developing an ECD Strategy (GPG ECD Strategy). The Gauteng Early Childhood Development Institute (ECDI) was then established to promote best outcomes for birth to four year olds, and it now also includes Grade R.

In the development of the ECD strategy and the establishment of the ECDI, the key targets of the strategy were established to address the challenges to 2014 and beyond. The Strategy (now legislated) aimed to ensure well targeted ECD interventions to address social inequality; give the poorest children a better start in life and ensure that ECD programmes benefit all children. It also defines the role of the ECDI.

She listed the seven key targets of the Gauteng ECD Strategy as:

1. The creation of an enabling environment for expanding access to quality ECD services throughout the province, including coordination and relying on departments to fulfil their mandates.
2. The creation of a safe, secure and conducive physical environment for expanding quality ECD service throughout the Province to increase access to registered ECD sites that meet appropriate standards.
3. Take cognizance of overall child health and well-being, with particular emphasis on learners' vulnerability due to poverty related factors.
4. The development of high quality ECD practices which prepare learners for a smooth entry into primary schooling.
5. That information is available to the public and all relevant stakeholders at multiple-levels through a comprehensive communication strategy.
6. The universalization of Grade R, moving towards compulsory schooling by 2019.
7. Striving to ensure ECD services within the province are effectively planned, managed and coordinated.

She went on to detail the three goals of the Gauteng ECDI as:

**INTEGRATE:** integration of government ECD services

**INCREASE:** increasing participation in quality ECD services

**IMPROVE:** improving the quality of ECD services

And that the Gauteng ECDI would achieve this through nine identified steps:

1. Integration of government ECD services
2. Revised regulatory systems
3. Revised funding system
4. Revised resource strategy
5. Re-worked capacity building strategy
6. Integrated monitoring and support strategy
7. Increased involvement by government in ECD
8. Implementation of an information strategy
9. Introduction of professional registration requirements for all teachers/practitioners

She went on to say that many role players are involved in ECD in Gauteng with multiple roles in service delivery for Grade R and for birth to 4 year olds. The Gauteng ECDI plays a strong coordination role. Ms Mentor emphasized how important it was to clarify roles and responsibilities of all stakeholders involved.

For Grade R the role players include the Gauteng Department of Education, responsible for provision of access, infrastructure, curriculum, learning and teaching support materials and training of Grade R practitioners.

With regard to birth to 4 year olds and pre-Grade R, Ms Mentor pointed out that the Gauteng Department of Education is responsible for the development and provision of the birth to 4 curriculum, as well as the training and provision of learning and teaching support materials. The Gauteng Department of Social Development is responsible for the registration of all ECD sites, ECD programmes and the per capita subsidy of R15 per day per eligible child (parents' means test); maintaining a provincial database of registered and unregistered ECD sites and the monitoring and evaluation of facilities and programmes. The Gauteng Department of Health focuses on child health and well-being, while local government (municipalities) deal with by-laws and environmental health certificates.

She explained that the Matthew Goniwe School of Leadership and Governance provides the capacity building and all the training for Grade R and pre-Grade R at NQF Level 4; NQF Level 6 for Grade R teachers as well as the training and roll out of the birth to 4 curriculum and the 'Learn Not to Burn' programme. There is an impact study and evaluation report on these two programmes currently in process. They have also developed a manual on 'How to Manage a Grade R Class' for Foundation Phase Heads of Department, and have trained this module as well as another module on 'Managing Barriers to Learning'.

In confirming the role of civil society, Ms Mentor emphasized that the Gauteng ECDI works closely with many NGOs including Hope World Wide, Safe and Sound, Play with a Purpose, JAM (Joint Aid Management), Cotlands, Play Africa Children's Museum and others. Donors in the ECD sector are also involved and include UNICEF, Hollard Foundation, ABI, ABSA, Liberty Life, DG Murray Trust and Tshikululu.

Ms Mentor explained that quarterly ECD Stakeholder meetings are held which are attended by all relevant Gauteng government departments and the municipalities, NGOs, TVET colleges, universities, individuals and interested parties. These stakeholder meetings provide a platform for networking and collaboration, as well as discussion around best practice and other issues.

She highlighted that a number of collaborative partnerships have emanated from the Stakeholder Engagement, for example Hope World Wide is supporting registration of ECD sites in Diepsloot and Daveyton, as well as running parenting programmes in ECD. There is a similar project with JAM (Joint Aid Management) for 67 ECD sites in Orange Farm. Cotlands is collaborating with Stop Hunger Now to feed 2 500 children. A Play Africa Children's Museum is being set up. The 'Learn Not to Burn' Programme is operating at the Gateway School for learners with special needs, and the programme has been integrated into the birth to 4 curriculum.

Ms Mentor stated that an extensive verification and mapping exercise of over 7 000 ECD sites had been carried out in collaboration with all relevant departments and other relevant stakeholders. This data would be invaluable for proper planning. In addition, the development of the Gauteng birth to 4 curriculum had been a highly collaborative process that included a literature review and a pilot project in 10 ECD sites. It is now being rolled out in two phases, first with 50 ECD sites and then with an additional 100 ECD sites. An integrated monitoring framework with evaluation tools has been developed with support from UNICEF.

She added that the concept of toy libraries was being supported. In addition both a pre-Grade R and Grade R screening tools for Early Learning Barriers had been developed in collaboration with the Early Childhood Intervention Forum, which includes the Premier's Office and other Gauteng government departments.

## FUNDING IN THE ECD SECTOR: LESSONS LEARNED IN 20 YEARS



**Ms Giuliana Bland, Jim Joel Fund**

***The ECD sector would not be where it is without funders, both Government and the private sector. This presentation takes a look at the road travelled since 1994 and the impact of funders on the ECD sector.***

Ms Bland began her presentation by creating a snapshot of 1994 by looking at some key issues of the time such as the price of bread and the rand/dollar exchange rate, contrasted against the racism and extreme inequalities that were pervasive and reflected in ECD access and quality of provision. In 1994 the new government recognized the importance of ECD, but inherited ECD policies that were racially biased and very limited. She remarked that the issue of disability was not even on the agenda at that time. The highlight of the time was of course our successful elections and the inauguration of Mr Mandela as President of South Africa.

In terms of funding for ECD, in 1994 subsidies were the order of the day and corporates tended to operate in a charity or 'do good' framework, which was haphazard and focused mainly on formal schooling. Trusts and Foundations, such as Rockefeller Brothers' Fund, the Bernard van Leer Foundation and other overseas' foundations, were active in ECD in South Africa, as were local trusts and foundations such as the DG Murray Trust. Funding support to the ECD sector was largely focused on ECD centre based practitioner training through NGOs. Some funding was directed at capital costs and materials development. The Jim Joel Fund started in 1996. Mr Joel made his money in South Africa and the Jim Joel Fund appears to be the only fund that focusses exclusively on ECD and it still remains loyal to the ECD sector.

By comparison, Ms Bland's snapshot of 2014 witnessed significant change on a number of fronts. The price of bread has risen substantially, while the rand has devalued against other currencies. However, South Africa has made progress on other fronts and is more non-racial and united as a nation, although we still have a long way to go.

In terms of ECD funding and service provision, government: has taken over provision for a substantial proportion of both. The South African government has developed excellent children's and ECD legislation

and policies, and provides a number of key services such as birth registration and free health care to pregnant mothers and children under 6. It has introduced the Child Support Grant and subsidies to some registered ECD sites. There has been substantial access created through the roll out of Grade R and government has made available funding for training of ECD practitioners through the Department of Education and the ETDP SETA.

Ms Bland commented that in terms of corporate funding for ECD, there are now well-informed CSI practitioners. B-BBEE is a potential source of funding for ECD but it is difficult to access and tends to focus on physical infrastructure or equipment. The sector needs to investigate this avenue of funding more extensively. Many corporates demonstrate funding innovation and have continued to show faith in the NPO sector.

Corporates now show greater recognition of the challenges faced by NPOs in programme implementation and community development and Ms Bland appealed for donors to have patience in seeing results and recognizing that development can take years. She used the example of an ECD home visiting programme implemented by LETCEE, an ECD NPO operating in KwaZulu-Natal. The programme was not successful initially, but is now demonstrating exciting impact on the lives of young children. The Jim Joel Fund used to fund 60 ECD NPOs and currently funds 30.

In looking to the future, Ms Bland noted that many of the ECD donors, trusts, foundations and corporates are funding exciting initiatives in ECD, including looking at scale up and population coverage. Donors are now both innovative and responsive. The ECD Donors' Forum is gathering momentum.

She made a plea for people to stop referring to ECD sites as 'ECDs' as if centres were the sum total of ECD. She emphasized how important it was to accept the broader definition of ECD beyond centres, to cover the spectrum of early childhood development from conception to age 9. She also emphasized the importance of promoting the Essential Package of ECD services as a comprehensive method of ensuring the rights and needs of pregnant mothers, young children and families are met.

With regard to partnerships, Ms Bland commented that many stakeholders complain that ECD is a fragmented sector. However, all stakeholders now need to bring the sector together and make time and space to 'thrash out' key issues in a facilitated conversation. In this conversation we need to hear the different voices debate and explore the way ahead for ECD. We need networks and forums to take ECD forward and move from fragmentation to a united sector. The Jim Joel Fund and other donors are thrilled that the NECDA (The National ECD Alliance) is back on track and look forward to seeing how it takes ECD forward.

She stressed that the ECD NPO sector has an important role to play in rolling out the ECD implementation plan. They are the organisations on the ground, working with communities, in touch with the realities and know what is needed. ECD programmes need to include ECD sites, centre outreach, home visiting, playgroups, toy libraries, mobile programmes and community development, all with the key focus of meeting young children's rights and needs.

Ms Bland emphasized that it is critical that South Africa scale up services to ensure significantly increased access to quality ECD. Currently, even with increased access, only 35% of children birth to 4 have access to an ECD programme, and access for children with disabilities is severely limited with only 1% enrolled. In addition, she stressed the important role of research in ECD to provide evidence of what works.

She went on to say that the development of the human resource capacity for scale up of ECD is critical and needs to move beyond its current ad hoc and uncoordinated position. Ms Bland referred to the Ilifa 'Report on a Survey of Non-Profit Organisations Providing Training for ECD Programmes and Services (birth to four years) (2013)', which shows that the pool of ECD expertise in the country is very small and consists of only 377 ECD trainers. The Jim Joel Fund is currently developing an ECD trainer's qualification for both centre and non-centre based practitioners. The TVET colleges need to be engaged and involved, but she stressed that it is critical that adequate budget and proper provision needs to be made for mentoring and supporting practitioners during implementation. And, she again reiterated that addressing disability and early intervention are most important and need to be high on the agenda. We also need a renewed focus on supporting parents. Quality is a critical cross-cutting issue that is non-negotiable, she emphasized.

With ECD being an identified priority, Ms Bland remarked that future funding for ECD needs to be increased and become sustainable, reliable, predictable and on-going. She noted that many NPOs find government funding challenging as often government does not pay on time and sometimes does not fulfil their obligations. At a time when the need for ECD is increasing, there is evidence of ECD donor fatigue which is worrying. The economy and the corporate sector are under strain resulting in funding to the ECD sector reducing.

In recognizing that with challenges come opportunities, Ms Bland advised the ECD sector to look at new avenues of funding and make better use of limited funds. Individual giving has potential as there are many South Africans who want to make a difference and NPOs need to tap in to this. Technology and social media can be an enabler in this regard. SIBS (Social Impact Bonds) could provide a new source of funding, and Ilifa Labantwana and the DG Murray Trust are working on a social franchise model for ECD which sounds exciting. In addition crowd funding could be a potential source of funds.

Ms Bland completed her address by commenting that donors and ECD stakeholders need to be well informed on trends and developments such as the new ECD policy and implementation plan as this critical document will have implications for what donors fund.

## ECD AUDIT 2013/2014 – WHAT HAS CHANGED SINCE THE 2001 AUDIT?



**Mr Stalin Links, Programme Manager – EPRI and Ms Anita Samaad, Senior Specialist Business Process, Risk and Infrastructure Management, Department of Social Development**

***A national audit of ECD centres found that though progress in some aspects is evident, the ECD landscape in South Africa is still in need of significant improvement.***

Mr Links drew delegates' attention to the key focus of his presentation being a comparative analysis between the recent ECD Audit commissioned by the Department of Social Development (DSD) in 2013/2014 and the 2001 Audit of ECD provision commissioned by the Department of Education (DoE) and what has changed during that period. However, he cautioned that the audits were only partially comparable for various reasons. Amongst these reasons were that different questionnaires were used that had a different focus and content. In 2001 there were less than 300 variables, whereas the 2014 audit had more than 500 variables. In addition both the ECD sector and ECD policies have changed in the intervening time frame, for example in 2014 there are now different categories of ECD centre registration.

He went on to say that the aim of the National ECD Centre Audit (2013/14) was to provide accurate information on the nature and extent of ECD provisioning, services, resources and infrastructure across the country in order to inform and support on-going policy and planning initiatives. It included spatial mapping of ECD locations and a visual account of physical ECD centre infrastructure conditions. It rated or classified ECD centres in terms of their service and infrastructure quality and established a credible baseline of ECD programmes and provisioning.

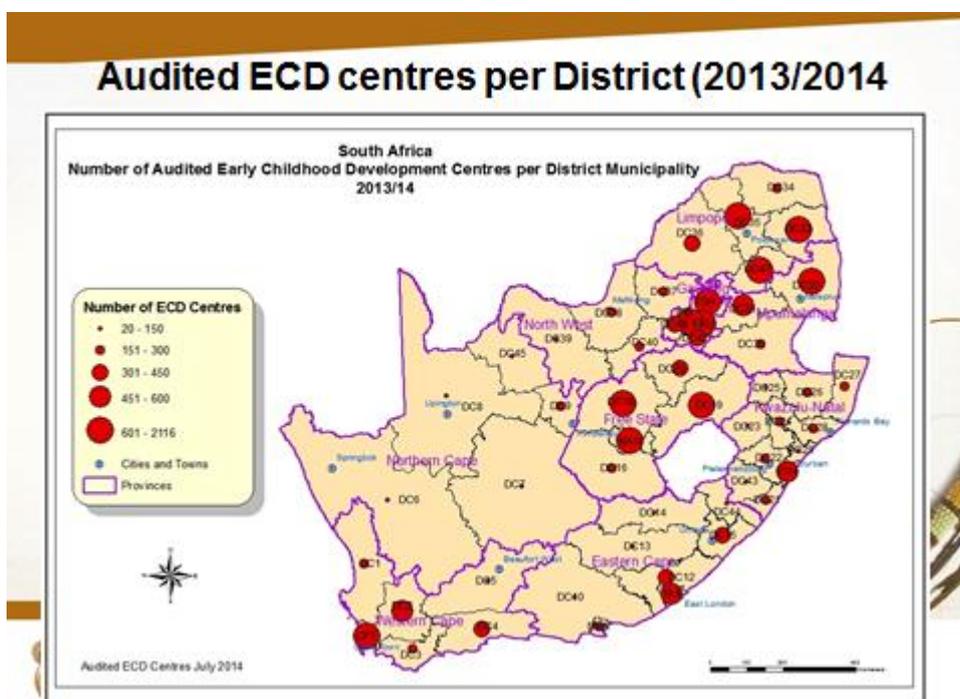
He described the audit methodology used as very similar to the 2001 methodology, with two major differences being the audit instrument used and the classification or rating of ECD centres. The 2013/14 audit used a digital solution in the form of a seven inch tablet and digitized questionnaire with drop down menus. The information of each audited ECD centre was immediately uploaded to a hosting environment, which meant there was no paper base. The tablet enabled capturing of GPS coordinates and taking of pictures of ECD centres and their major defects. A methodology was developed to rate each ECD centre into "Low", "Medium" and "High" in terms of the quality of the service provided. 168 variables from all questionnaire categories were selected on the basis of suitability for measuring performance on a numerical scale and were weighted accordingly.

He emphasized that validations were built into the instrument and the process did not allow an enumerator to jump questions and therefore have missing information. In addition, all municipalities in the country were pre-programmed.

In terms of the numbers of centres, the 2001 audit identified 23 482 centres, which in those days included Grade R sites. In 2014, 19 971 centres were identified. There are certain anomalies in these figures, especially in Gauteng and KZN, which had significantly more ECD sites identified in 2001. This could have been because constraints on the 2014 audit included provincial targets and a limited scope.

He explained that the audit questionnaire was designed to capture information on the following themes: location information and identifying details, human resources, children, programmes and LTSM, health and safety, nutrition and food, infrastructure and transportation. These listed variables were covered by each audit respectively although the categorization and clustering of questions/themes differed. The 2013/14 audit had 8 themes whereas the 2001 audit had 5 themes and some questions/themes could not be compared.

Selected audit findings compared spatial distribution, registration status, distance to nearest primary school, source of income, children and human resources. Spatial distribution patterns show that the distribution of ECD centres has remained largely the same between 2001 and 2014 and corresponds to the national population distribution figures and patterns. In 2001 the urban/rural divide in respect of ECD centre distribution was 60% and 40% and in 2013/14 the audit found it to be 59% and 41%, so the bulk of the ECD centres are in urban areas. Spatial Maps provide an overview of the current situation.



In comparing results, Mr Links highlighted certain issues. In 2001, 64% of ECD centres were fully registered but there was no provision for 'conditional registration'. In 2014 the audited registered ECD centres constituted 46% with 11% being conditionally registered which constituted a combined 57%. The reasons for the reduced percentage are speculative but the takeover of Grade R by DBE could have contributed, as well as a general increased demand for the ECD services resulting in unregistered ECD centres being established, poor database maintenance and limited 2013/14 audit scope.

In 2001, 62% of centres were located in rural areas and 38% in urban areas. In 2014, 51% of audited conditionally registered centres are located in rural villages and the largest proportion of unregistered centres is located in townships (32%).

With regard to distance to nearest primary school, in 2001 about 60% of all audited ECD centres (regardless of registration status) were within 1 kilometre of the nearest primary school, and over 90% were within 5 kilometres. In 2014, nearly 72% of the centres are within one kilometre of a primary school, 20% are within one to three kilometers and over 8% are three kilometres or more from a primary school.

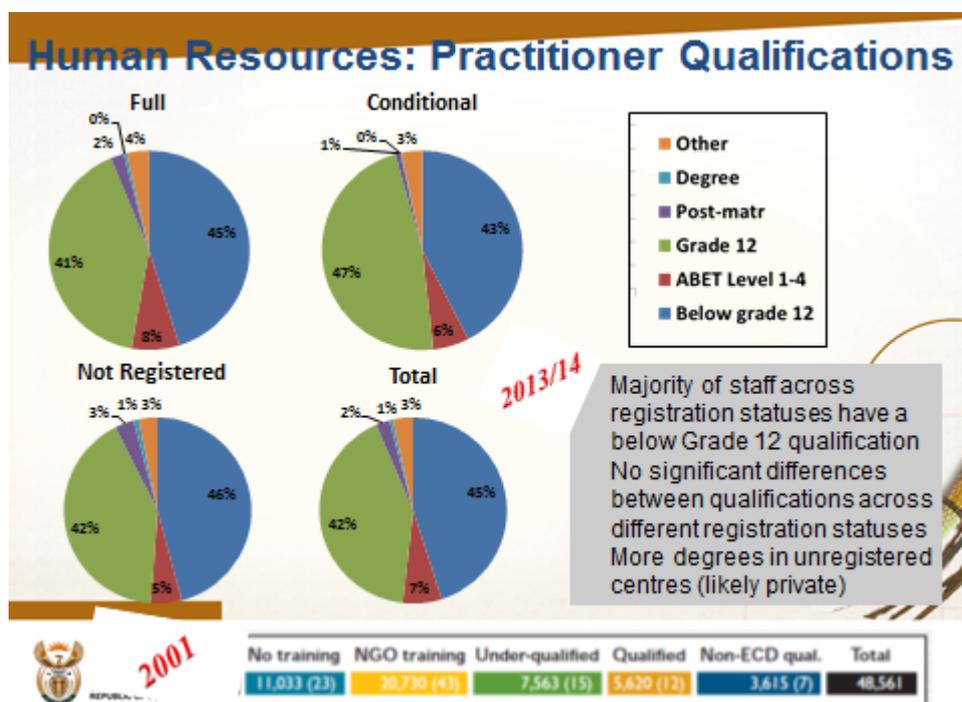
He reported that sources of income for ECD centres show a significant shift from 2001 to 2014. In 2001 the primary sources of income were fees and fundraising, while in 2013/14 the primary sources are fees and

subsidies. There seems to be much less effort put to fundraising. This finding shows that subsidies are increasingly becoming a major source of income to sustain ECD centres.

Mr Links reported that the data on children in the ECD centres was particularly interesting. In 2001, more than one million learners were enrolled in ECD centres with 86% in attendance on the days the centres were audited. That meant that in 2001, fewer than one sixth of the 6.4 million children in the 0-7 age cohort in the country were in some form of ECD provisioning and less than half of the 5-6 year age cohort were being accommodated in ECD. The gender, population group and language profiles of learners was broadly consistent with national population figures. Please note that the number of children calculated in the 2001 audit included Grade-R.

In 2014, there are 972,623 children enrolled, excluding Grade R learners. The data on children present on the days the audits were done indicate higher numbers than those enrolled which indicates either overcrowding or enumerator/respondent error. English remains the main language of instruction.

In terms of human resources, in 2001 23% of practitioners had no training and the 2014 findings showed no significant difference.



Mr Links emphasized that some of key findings from the 2014 audit were that ECD specialisation of teaching staff needed significant attention. Many ECD practitioners have no specialist ECD qualification or low levels of qualification. Qualification rates at unregistered ECD centres are roughly half those of registered centres with only 14% having an ECD certificate. Diplomas are relatively rare and degrees hardly exist. With regard to health and safety compliance, hand washing practices are quite good, and generally kitchens and other areas are kept reasonably clean. However, there is poor adherence to universal precautions and few ECD centres have sick bays or First Aid kits or training. In addition, more attention needs to be paid to the health and hygiene of the baby and toddler sections with proper provision for changing nappies and preparing food. Emergency and safety practices also need attention.

With regard to malnutrition, the highest proportion of registered ECD centres that have had children diagnosed with malnutrition is KwaZulu-Natal (20%) whereas the national average is 10%. The national malnutrition average in conditionally registered centres is 6%, but the audit found that 32% of Gauteng ECD centres fall into this category. Amongst unregistered centres the national average is 5% with the highest rate found in KwaZulu-Natal with 9% and Limpopo with 7%.

Mr Links concluded by giving the key areas recommended for intervention arising from the 2013/14 audit. These are:

- Expanding access to ECD services through a multi-pronged strategy that includes centre based and non-centre based modalities
- Infrastructure investments and OHS (Occupational Health and Safety)
- Training and improving the qualifications of practitioners
- Curriculum development
- Provision of teacher learning and stimulating materials
- The findings of the audit support the current ECD policy that has been developed by DSD

He noted that while there are evident improvements since 2001, there are also some glaring gaps in ECD provision. The noteworthy improvements include the introduction of conditional registered centres which enables them to receive support from government, the significant growth in the level of subsidisation provided to registered and conditionally registered centres and the increased take up of children of the Child Support Grant (CSG) as well as its incremental age expansion. In addition the ECD Policy has been developed which will provide a framework for intervention and improvement.

He ended by cautioning that the ECD Audit Reports have been finalised but have yet to be officially released.

## MUNICIPALITIES AND ECD: THE LAST FRONTIER



**Mr Andre Viviers, UNICEF and Ms Mandu Mallane, SALGA.**

*This presentation looks broadly at governance in early childhood development and in particular focusses on the important role of local government over the past 20 years and the future.*

Mr Viviers reminded delegates of the strong human and children's rights obligations South Africa has in terms of its Constitution and as signatory to a number of international and African conventions, such as the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. The obligation to promote, protect and fulfil the rights of children includes all tiers of government as duty bearers, including municipalities, which should play a key role in ECD.

South Africa's Constitution obliges municipalities to play a role. In Schedule 4B it says municipalities are responsible for childcare facilities, but unfortunately there is no clear definition of exactly what this means and what it encompasses, but it could include ECD programmes and services for children. We need to support municipalities to understand the broad definition of ECD and enable them to see ECD as much more than a centre and the municipal role as far broader than in offering health and safety certificates. The Children's Act gives us a window of opportunity.

The role of municipalities in ECD has always been there but no one has paid sufficient attention to it. Early post democracy policies (Departments of Education, Social Development, Health policies) related to early childhood development indicated that local government should play a significant role in the promotion and provision of early childhood development service delivery. Thus Mr Viviers reminded delegates that we need to ensure municipalities are a strong and equal role player in ECD and that this is an obligation and a mandate and **not** a choice. We need to look beyond the traditional and limited interpretation at a local level.

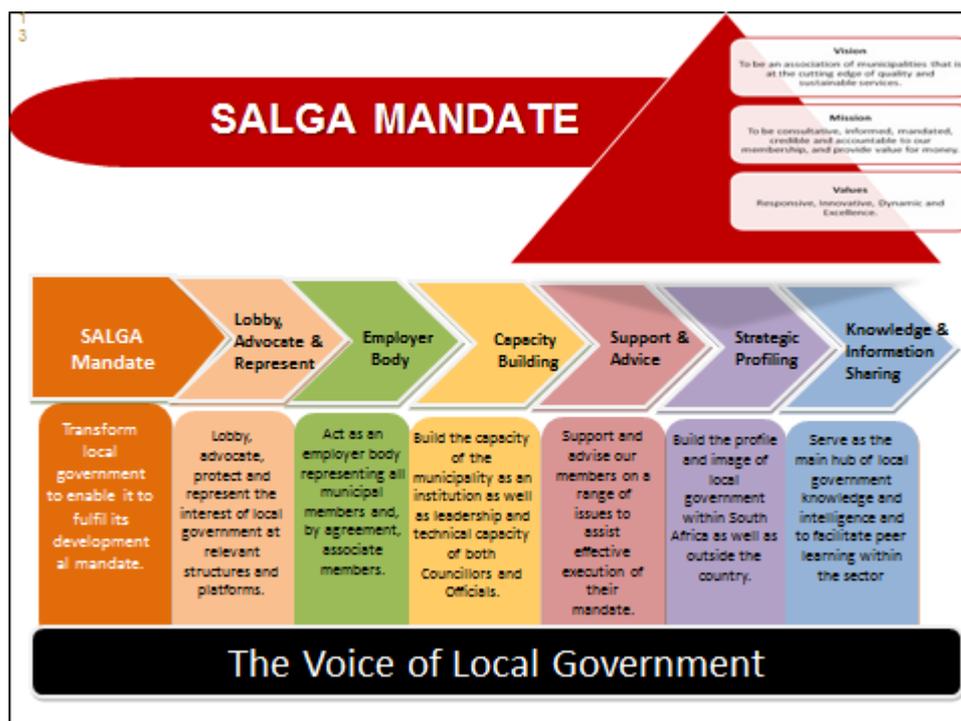
He drew attention to the growing body of international evidence that has a common finding that 'the significant role of the local level of government in governance decisions impacts on equity, access and quality' of ECD services.

Ms Mallane took over the presentation at this point and in summarizing the policy and legislative environment, she drew attention to The Constitution of the RSA (1996) that provides that Organised Local Government will take the form of a national organisation as well as provincial organisations. SALGA is an association of South African municipalities established in terms of Section 163 of the Constitution. The Organised Local Government Act (52 of 1997) gives effect to the Constitution and authorizes the Minister to recognise a national organisation representing the majority of provincial associations as well as the provincial association representing the majority of municipalities in each province.

She explained to delegates that democratic local government only became effective from the year 2000. Before that South Africa had 800 municipalities. In 2011 South Africa had 278 municipalities and in 2016 the number will reduce again.

She went on to clarify that SALGA is organised local government. It is a unitary body with a national association and nine provincial associations. Currently South Africa has the following categories of municipalities - 8 metropolitan, 44 district and 226 local municipalities, giving a total of 278. As 278 municipalities, effective participation in the system of inter-government relations (IGR) requires that local government acts as a collective, with a common vision.

SALGA represents municipalities by representing their interests and seeking to coordinate their policies and programmes with those of the other spheres of government. SALGA's mandate is to transform local government to enable it to perform its developmental mandate.



SALGA's mandate on children's issues and ECD, covered under Sections 152, 153 and Schedule 4 of The Constitution, recognises children as citizens of the country who have a right to services. In the 1998 White Paper on Local Government, a transformative role is envisaged for local government as a driver of social change and the achievement of the rights enshrined in the Constitution, for example: "In the future, developmental local government must play a central role in representing our communities, protecting our human rights and meeting our basic needs". In addition it says, "Developmental local government is local government committed to working with citizens and groups within the community to find sustainable ways to meet their social, economic and material needs and improve the quality of their lives".

The Municipal Systems Act (2000) Section 23(1)(c) provides that a municipality must undertake developmentally-orientated planning so as to ensure that it, together with other organs of state, contribute to the progressive realisation of the fundamental rights contained in Chapter 2 Bill of Rights of the Constitution.

Ms Mallane stated that SALGA is well organised to deliver on its mandate, both at national and provincial levels. Its various departments include governance and inter-government relations; strategy, policy and research; municipal institutional development; economic development and development planning; municipal infrastructure and services; community development; and finances and corporate services.

SALGA's Community Development Directorate aims to facilitate the transformation of local government, by assisting municipalities to mainstream gender, disability, youth, CHILDREN, older persons and HIV and AIDS. In addition it aims to facilitate human development through social cohesion, sports, recreation, arts and culture, health (municipal and primary) and poverty eradication. A further responsibility is disaster

management and safety and security from the perspectives of compliance and proactive prevention (including policing and emergency management services).

She explained that SALGA does this through various tools and intervention strategies, such as developing policy frameworks and guidelines, knowledge exchange and dissemination including providing platforms for municipalities to learn from each other and other relevant stakeholders. It also provides training and capacity building programmes. She pointed out that SALGA is not an implementing agent, it coordinates, supports and capacity-builds. SALGA gets its resources from municipal levies and revenues.

Ms Mallane went on to explain the existing functions for municipalities in terms of the Integrated Programme of Action for ECD - Moving Ahead (2013-2018) as the provision of child care facilities (Schedule 4 to the RSA Constitution); provision of Permission to Occupy (PTO) certificates; the issuing of the health certificates pertaining to child care facilities and the implementation and management of municipal by-laws that regulate and monitor day-care facilities and child-minding. She stressed that we need to resolve the problem around the definition of childcare facilities to ensure there is no excuse for local government around delivery of services to children.

Currently social and welfare services are viewed as competencies of provincial and national government. The ECD function is identified within the Children's Act (No 38 of 2005) as amended, as a functionary competence of a province that can only be performed by local government in the form of assignment of the function. Local government therefore does not have the constitutional power to perform the ECD functions unless the provincial executive assigns the functions to local government.

If the organ of state assigns the function or power to a specific municipality, it must, before assigning the function or power, submit to the Minister of COGTA and the National Treasury a memorandum (a) giving at least a three-year projection of the financial implications of that function or power for the municipality; and (b) disclosing any possible financial liabilities or risks after the three-year period; and (c) indicating how any additional expenditure by the municipality will be funded.

In addition, before assigning all or part of the functions, a provincial head of Social Development must be satisfied that the municipality concerned has adequate staff, including social service professionals, who are suitably qualified and skilled, the ability to render assistance to build capacity to ensure compliance with the relevant norms and standards and the capacity to manage the functions to be assigned.

Ms Mallane went on to explain that SALGA recognises the role of local government in ECD and that ECD functions can only be performed by local government if assigned by provincial government in terms of the framework on assignment of functions to municipalities. However, ECD is an unfunded mandate and needs to be integrated into the local government's Integrated Development Plan by following due process. Critically, the municipality must have sufficient staff, capacity and resources.

She outlined SALGA's views and recommendations. The capacity of municipalities differs so there is a need for a differentiated approach. The 'one size fits all' approach cannot work as strategies for a metropolitan municipality will not work for a municipality in a rural area. Less resourced municipalities should have ongoing capacity support from the province to enable sustainable delivery of children's services.

In addition, funding must follow function and the assignment of functions must fall within the legislated framework to ensure a sustainable and enabling environment for municipal functions. Planning processes need to be integrated using the Integrated Development Plan as the mechanism to integrate child service delivery issues into aspects of municipal planning. Multi-disciplinary teams need to be established and created out of inter-government relations structures and platforms.

Most importantly SALGA proposes that the Children's Act distinguishes between the child care facilities that are identified in Schedule 4 of the Constitution to the welfare services competence performed by the province and shows the interrelation of the two terminologies.

Ms Mallane ended by reiterating that there is no doubt that local government has a role to play in the provision of services for young children and that children's facilities such as partial care, early childhood development and drop-in centres, may be regarded as childcare facilities over which municipalities have authority in terms

of the Constitution. She urged delegates that local government often does not know what to do in relation to ECD and services for young children and that we need to provide them with solutions by working together and supporting them to implement ECD.



### All Municipalities

- Have an **obligation** to promote, protect and fulfill the rights of children.
- Have the **mandate** to ensure that the rights of children are given full attention.
- Are equally **accountable** for the promotion, protection and fulfillment of child rights in South Africa.

What we need for every child is a municipality that promotes, protects and fulfils all her/his rights! In the world of Winnie the Pooh, municipalities are the untapped 'hunny pot'!

### A “hunny” pot for our youngest citizens



## DIALOGUE 7: QUESTIONS, COMMENTS AND STATEMENTS

During the dialogue7, the following questions were asked and responses and comments made by panelists from the previous session:

Ms Twala commented that with regard to government funding not being paid on time and the challenges it poses for NPOs, NPOs need to be aware that government has to follow processes. Part of the issue is that NPOs must be able to account and not all organisations have the capacity to engage with the systems. NPOs need to understand government systems.

A delegate commented that ECD NPOs do need to explore individual giving, but need to recognise that significant administrative systems need to be put in place so that individual givers feel safe that their money is used effectively.

Another delegate cautioned that in terms of local government and engaging the Integrated Development Plan (IDP), NPOs need to understand that the development of the IDP is a political process and civil society gets caught between the agendas. At a district level it is more about implementation, whereas at ward level it is about vested interests.

### Are any of GECDI programmes registered with DSD?

Ms Mentor responded that programmes are endorsed rather than registered.

**Has any research been done around ECD practitioners and what they are paid and how this affects the quality of ECD? Are there no basic conditions of employment for ECD practitioners?**

This issue raised many responses and comments including that many of the practitioners do not have qualifications and many earn low salaries. There was a general feeling that this impacted hugely on practitioners' motivation and quality of implementation. There was considerable support for these statements from the delegates, as well as for the comment that 'this is the elephant in the room. We talk a lot about quality for ECD but we give practitioners an egg and we expect them to produce a roast chicken!'

It was pointed out that ECD is regarded as an essential service so practitioners are not allowed to strike, yet it has no union.

**A delegate from the Buffalo City Municipality explained that this municipality advises ECD daycare centres and has Memorandum of Understanding with them, but not with the Department of Social Development. This municipality would like to engage with other municipalities and show them how they can do more for ECD and childcare.**

## CLOSING SESSION

### REFLECTIONS

Ms Marie-Louise Samuels left delegates with one message, 'let us not do any harm'. She reminded delegates that it is not about what you are doing, or who has endorsed what you are doing, but importantly, what you do must be in best interests of child. She remarked that the ECD Knowledge Building Seminar has been amazing and has opened us up to new science and the importance of understanding ECD from the point of conception and the first 1000 days. We need to re-look at what we do in light of what we have learned.

### CLOSURE OF THE 2014 ECD KNOWLEDGE BUILDING SEMINAR



## PRACTICAL CLINICS

Two practical clinic sessions ran parallel with the main sessions:

**BIRTH TO 4 CURRICULUM** – a Practical Clinic on the National Curriculum for birth to 4 years – facilitated by the Department of Basic Education – 4<sup>th</sup> December 2014 – 14.00pm to 16.00pm

**6 BRICKS FOR LEARNING** – a Practical Clinic on the use of the six bricks through play for early learning – facilitated by Linda Smith from Care in Education – 5<sup>th</sup> December 2014 – 10.00am to 11.30am

## Speaker List

### Nadi Albino

Iliana Nadi Albino has 15 years' experience in international development, including in: education, early childhood development, health (HIV and AIDS) and social sectors. She has an in-depth perspective on African development issues, a strong track of advancing gender equality, and has worked in fragile, post conflict and emergency environments. She is currently working on a PHD in Political Economy with the Swiss Management Centre, has an MA in Education and Change Management (University of Sussex), a post graduate in Policy Analysis from the University of Maastricht, a post graduate in Education Sector Reform from the World Bank Institute, a post graduate in Business and General Management from the Gordon Institute of Business Science (GIBS) and a BA in Arts. Nadi is current chief of education and adolescent development at UNICEF South Africa and acting Deputy Representative at the same office.

### Lizette Berry

Ms Lizette Berry holds an MA in social policy and management. She has more than 12 years' experience in child policy research and previously worked as a social worker. Her main areas of research have been child poverty and social grant systems. Lizette has an interest in the care and development of children and recently contributed to a SADC education policy framework that promotes learner care and support. She also contributed to the DSD's White Paper on Families and the pending draft National ECD Policy and Programme. She is also the lead editor of the *South African Child Gauge 2013*, focussed on ECD services.

### Linda Biersteker

Ms Linda Biersteker is an ECD consultant and senior research associate to the Early Learning Resource Unit in Cape Town with qualifications in psychology and adult education. She has a long professional history of research and development in ECD policy, programming and training strategies, monitoring and evaluation.

### Giuliana Bland

Ms Giuliana Bland has been in the development sector for over 23 years. She has been with the family foundation, Jim Joel Fund, for the past 16 years, and director for 8 of those years. The Jim Joel Fund is the only donor in South Africa that provides funding exclusively to the early childhood development sector and has supported more than 60 NPOs since 1996. Giuliana uses every opportunity to extol the merits of the early years and her personal passion lies in seeing women empowered. When women are empowered, children everywhere benefit.

### Glynnis Daries

Ms Glynnis Daries is a lecturer in early childhood education at the University of the Free State. She teaches the numeracy education modules to first and second year Pre-school and Foundation Phase students. She completed her MEd with a focus on Inclusive Education in 2011. Currently she is doing her PhD on *Knowledge and practice in early childhood centres in disadvantaged contexts*. She is a member of the South African Research Association for Early Childhood Education (SARAECE).

### Hasina Ebrahim

Professor Hasina Ebrahim is a NRF rated researcher for ECE. Her research interests are in ECE practice, policy and teacher development. She is the co-editor of the South African Journal of Childhood Education. She serves on editorial boards of international journals for ECE. She has numerous publications in international and national journals. She is the country co-ordinator for the European ECR Association. As the President for SARAECE she is currently involved in the development of a new Community of Practice for ECE research. She is also developing researchers in birth to three for Sub-Saharan Africa through CODESRIA.

### Jean Elphick

Ms Jean Elphick is a Community-based Rehabilitation practitioner that oversees the Afrika Tikkun Empowerment Programme: Children with Disabilities and Their Families in three Gauteng townships. Jean has an MSc in Global Health and Development, and is underway with a doctoral study in Development Studies. Jean is involved in supporting inclusion at Afrika Tikkun ECDs and undertook a study for UNICEF

and Department of Basic Education about ECD and young children with disabilities.

### Lorayne Excell & Vivien Linington

Dr Lorayne is a lecturer at Wits University where she currently is head of the Foundation Studies Division. Together with Vivien Linington, who is a lecturer in the division of Educational Studies, they have researched various aspects in relation to professional development and how to promote early learning through relevant play-based activities.

### Malibongwe Gwele

Mr Malibongwe Gwele works as a monitoring and evaluation officer at Early Learning Resource Unit (ELRU). At ELRU he is involved in research; monitoring and evaluation support to the ELRU capacity building teams to ensure evidence based programme implementation.

### Margaret Irvine

Ms Margaret Irvine is working with ECD curriculum, resource and teacher education and community development in South Africa and Africa. Margaret recently developed ECD curriculum in Myanmar (Burma) and Seychelles

### Stalin Links

Mr Stalin Links is a researcher consultant for the Economic Policy Research Institute (EPRI) since 2012. Prior to taking up this position, he was employed in the public service in different state Departments over a period of 27 years. He started as a professional educator and lecturer, a naval officer, became senior manager and later executive manager. He holds a Masters Degree in Public and Development Management from the University of Stellenbosch. His research interest is Social Security, Strategic Planning and Management, Policy Analysis, Policy Implementation and Service Delivery Infrastructure.

### Mandu Mallane

Mandu Mallane works at SALGA (national office) in the community development branch and participate the past years in many fora related to child rights, child friendly cities and early childhood development.

### Colwyn Martin

Ms Colwyn Martin is a lecturer in early childhood education at the University of the Free State. Her research interests lie in ECE, literacy as social practice and discourse analysis. She has published three articles in international and national journals. Colwyn is in the process of completing her PhD that focuses on making visible literacy as social practice in early childhood centres for 3-4 year olds.

### Vanessa Mentor

Ms Vanessa Mentor, is an educationist with more than 25 years' experience. Her career started off in 1986 as a Foundation Phase teacher in the Community where she was born and raised; Riverlea, Johannesburg. She had the privilege and opportunity to lecture at the then Rand College of Education, as a Foundation Phase Lecturer and was there from 1991 to 1996. Thereafter, as the new Department of Education was formed she was appointed as an Early Childhood Development officer, working in the Johannesburg Central region. It was in this position that she was part of the team that implemented the Impilo Pilot project for ECD. August 2001, her career, took a bit of a turn and she went into HR as a Chief Education Specialist for 7 years in the Midvaal area, the Sedibeng West Education District office. At the beginning of 2008, The Gauteng Department of Education seconded her to act as Director of The ECDI (Early Childhood Development Institute) and she was permanently appointed in June 2009 to date. Vanessa served as Chairperson on the Board of HIPPY (Home Instruction Programme for Parents of Pre-School Youngsters) for 2 years. Vanessa is very passionate about making a difference in the lives of young children in South Africa

### Barak Morgan

Dr Barak Morgan is a medical doctor, biologist and engineer working

as a neuroscientist in the *MRC/UCT Medical Imaging Research Unit* at the University of Cape Town. He worked in clinical psychiatry before turning to full-time research in human neuroscience. His varied background allows him to apply a wide range of interests, ideas and techniques to complex brain, mind and behaviour questions. Most of his research is focused on the enduring impact of early social experience on brain structure and function in later life. This is often referred to as 'biological embedding of early social adversity'.

### **Jace Pillay**

Professor Jace Pillay is a South African Research Chair in Education and Care in the Faculty of Education, University of Johannesburg. Previously, he was a school counsellor, school psychologist, head of school psychological services and vice dean in the Faculty of Education at the University of Johannesburg. His research interests are in the field of educational and community psychology with particular focus on early childhood education and care, especially in orphans and vulnerable children. He has published numerous articles in both national and international journals and presented papers in conferences worldwide.

### **Nkidi Phatudi**

Dr Nkidi Phatudi is a senior lecturer in the Department of early Childhood Education, Faculty of Education at the University of Pretoria. She is responsible for teaching literacy pedagogy of the early years as first and second languages to undergraduate and postgraduate students. She is a leading researcher of the mother tongue learning group in the University of Pretoria EU –DHET funded consortia. She has contributed a chapter; 'Restoring Indigenous Languages and the Right to Learn in a Familiar Language: A Case of Black South African Children' in the book *Children's Rights and Education: International Perspectives* Edited by Beth Blue Swadener, Laura Lundy, Janette Habashi, and Natasha Blanchet-Cohen as a result of her involvement in the project. She has written a number of books in African languages, most of which are storybooks. She is an editor of a textbook; *Introducing English First Additional Language in the Early Years*. She is involved in a number of research projects. The latest is with James Madison University, Virginia, USA with Prof Teresa Harris. The project is on documenting preschool teachers' perspectives of quality in ECD.

### **Linda Richter**

Professor Linda Richter is the Director of the newly established DST-NRF Centre of Excellence in Human Development at the University of the Witwatersrand, and a Distinguished Research Fellow at the Human Sciences Research Council. She has held fellowships at the Universities of Melbourne, Oxford and Harvard and worked for a time at the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva. Linda led the team who undertook the Diagnostic Review of ECD in South Africa; the group also produced the first draft of the ECD Policy and Programme.

### **Linda Smith**

Ms Linda Smith is a member of the company, Hands on Technologies and the Care for Education NPO in South Africa. She has been involved in developing different curricula ranging from early childhood to specific subject curriculum for primary school. The most recent development has been "Back to Basics with 6 Bricks" - short, daily exercises, activities and games which develop working memory and build the foundations for all core learning skills. This innovative idea has captured the interest of teachers and academic institutions and one in which Linda is currently completing further academic research.

### **Nic Spaull**

Mr Nic Spaull is an education researcher in the Research on Socioeconomic Policy group at Stellenbosch University. His research focuses on the quality of education in South Africa and Sub-Saharan Africa. He has been involved with a number research projects commissioned by various local and international organizations including UNESCO, UNICEF, The World Bank, The European Union, The Department of Basic Education, The South African Presidency, The Institute for Justice and Reconciliation, and the Centre for Development and Enterprise. He also sits on the Joint Advisory Committee of the South African Human Rights Commission.

### **Anita Samaad**

Ms Anita Samaad is a senior specialist at the National Department of Social Development working in the Strategic Planning Unit. She was the national project manager for the ECD audit that was undertaken by the National Department of Social Development in 2012 to 2014.

### **Marie-Louise Samuels**

Ms Marie-Louise Samuels is Director of Early Childhood Development (ECD) where she conceptualizes, develops and manages the policy and procedures for implementation of ECD programmes in the Department of Basic Education and interdepartmentally with other government departments, organs of state and NGO's. From 1999-2000, Ms Samuels served as the Deputy Director of the European Union Technical Support Programme where she conceptualized and managed implementation of the nation-wide ECD audit in the country. From 1991-1997, Ms Samuel was Principal of Battswood Educare Centre in Cape Town where she developed educational programmes for 150, 3 – 6 year olds from disadvantaged backgrounds. She also piloted a language programme for the acquisition of an additional language (focus on English and Xhosa) in the early years. Ms Samuels worked part-time from 1990-1991 for the Catholic Justice and Peace Committee and assisted in the organization of conferences and seminars on justice related issues. From 1985-1990, Ms Samuels served as a Youth Worker in the Archdiocese of Cape Town. Before this she worked as a teacher at the School for the Deaf in Wittebome for 13 years. Ms Samuels has presented several papers both nationally and internationally.

### **Mark Tomlinson**

Professor Mark Tomlinson is at the Department of Psychology at Stellenbosch University. His scholarly work has involved a diverse range of topics that have in common an interest in factors that contribute to compromised maternal health, to understanding infant and child development in contexts of high adversity and how to develop community based intervention programmes. He has a particular interest in understanding infant and child development in the context of caregiver mental illness. He has published over 100 papers in peer reviewed journals, edited two books and published numerous chapters.

### **Andries Viviers**

Mr Andries Viviers is Education Specialist specialising in Early Childhood Development at UNICEF in South Africa. He holds a Masters Degree in Social Work from the University of Pretoria and a post graduate certificate in Education Sector Reform from the World Bank Institute, Washington, DC. He published in national and international journals, lecture part time and is external examiner for master dissertations. His research interests are in early childhood development (governance and role of local government), child rights, and social justice. He is also an avid advocate for children's right to access to information and child participation. Andries is a firm believer and promoter of the importance of investment in quality interventions for babies and young children. Andries is currently working on his D Phil through the University of Pretoria focusing on the role of local government in early childhood development service delivery.

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*The ECD Knowledge Building Seminar has become a regular and welcome event for the ECD sector since 2006 and is organised by UNICEF in collaboration with the Department of Basic Education, the Department of Social Development and the National Planning Commission. The purpose of the ECD Knowledge Building Seminar is to create a national platform and forum to share new knowledge, research and innovative developments for young children in South Africa.*