

Early childhood development services: Increasing access to benefit the most vulnerable children

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There is growing awareness of the importance of supporting the development of young children as a key strategy for reducing inequality.¹ Yet despite the focus on early childhood development (ECD) in the Children’s Act,¹ the phasing in of grade R and a National Integrated Plan for ECD,² there remain great inequalities in access to quality ECD programmes and concern that not enough is being done to maximise the potential of this sensitive period of childhood. This is particularly true for the most vulnerable young children – those living in poverty, in remote rural areas, and children with disabilities. The failure of timely intervention is apparent in South Africa’s poor schooling outcomes and low skills base.

This essay discusses why ECD is a recognised priority, points to challenges and gaps, and suggests interventions for achieving better outcomes. While “early childhood” is defined differently depending on the sector and purpose, this essay focuses on birth to six years, including the reception year of formal schooling that is being phased in for five-year-olds. It addresses the following questions:

- Why is it important to invest in early childhood?
- What ECD services are available in South Africa?

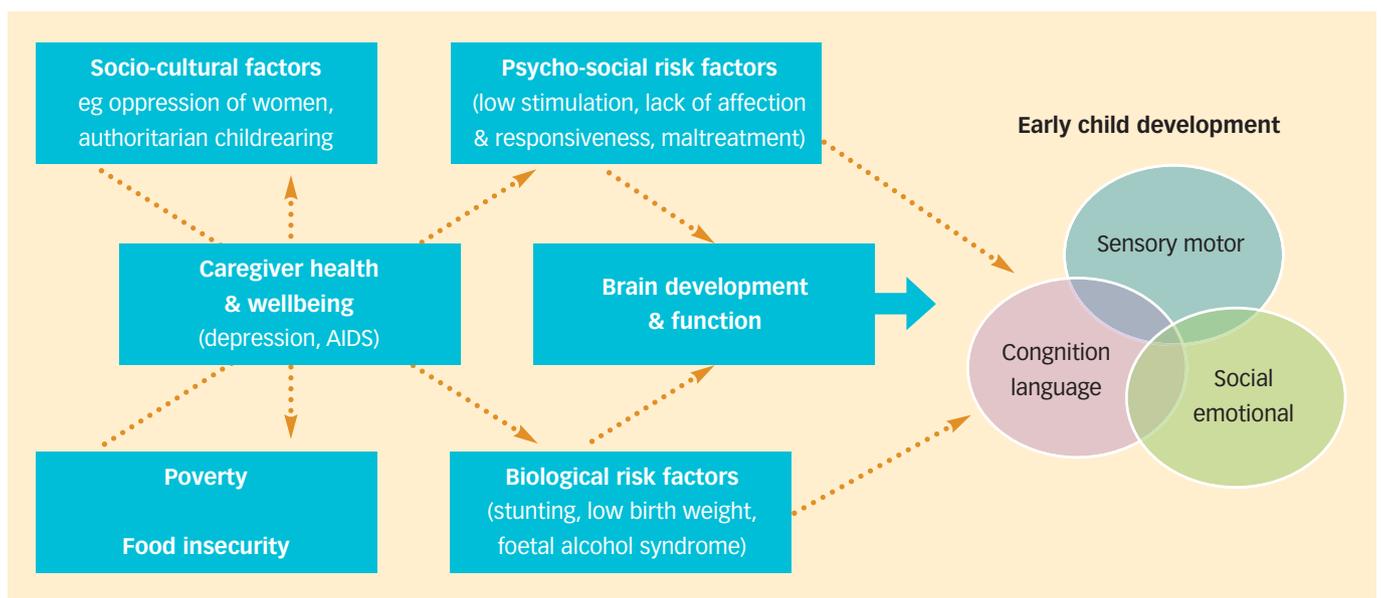
- Who has access to ECD services?
- What is needed to reach the poorest and most vulnerable children?
- What are the implications for policy and practice?

Why is it important to invest in early childhood?

Investment in ECD programmes has increased in low- and middle-income countries over the last two decades.³ Persuasive evidence from neuroscience, and of the economic returns of early intervention, have led to the realisation that supporting early development through services and programmes for young children and their families is one of the most promising approaches to alleviating poverty and achieving social and economic equity.

The first years of life, and especially the 1,000 days from conception to two years, are a particularly sensitive period for brain development. After this, brain development slows and builds on the base already acquired. Where the environment is not con-

Figure 15: Understanding the risk factors that influence early childhood development



Adapted from: Walker SP, Wachs TD, Meeks Gardner J, Lozoff B, Wasserman GA & Pollitt A (2007) Child development: Risk factors for adverse outcomes in developing countries. *The Lancet*, 369: 145-157. In: Dawes A, Biersteker L & Hendricks L (2012) *Towards Integrated Early Childhood Development: An Evaluation of the Sobambisana Initiative*. Cape Town: Ilifa Labantwana.

ⁱ Young children are highlighted in the *Diagnostic Review on ECD* that was commissioned by the Department of Performance, Monitoring and Evaluation in the Presidency, and in the National Integrated Plan for ECD. The 2012 national ECD stakeholder conference was hosted by the Minister of Social Development to plan for increasing access to quality ECD services. ECD is also a focus in the National Development Plan.

ducive to development, the deficits become more difficult and costly to address as children get older.⁴ Without intervention, disparities widen over time.⁵

In order to develop to their full potential children need good nutrition, good health, a healthy living environment, supportive parenting, cognitive stimulation and, if necessary, access to health care, social services and social assistance.

Factors such as malnutrition, poor health, home environments lacking in stimulation and encouragement for learning, and harsh discipline have a negative impact on children's development as illustrated in figure 15. Children living in households faced with significant caregiving burdens and poor access to resources, services and education are particularly at risk.⁶

In households with greater income, children usually benefit from better home circumstances (safer environments, better nutrition, and more stimulation of the kind that encourages exploration and learning and that prepares them for formal schooling). They also have better access to ECD services beyond the home, such as crèches and nursery schools, often through privately run schemes. Failure to get services to poor children whose development may be compromised already by poverty represents a double failure to address inequality.

ECD services have been shown to:

- improve physical and mental health and reduce reliance on the health system;
- enhance school readiness and related outcomes such as improved enrolment, retention and academic performance; and
- reduce high risk behaviours like unsafe sex, substance abuse, and criminal and violent activity.⁷

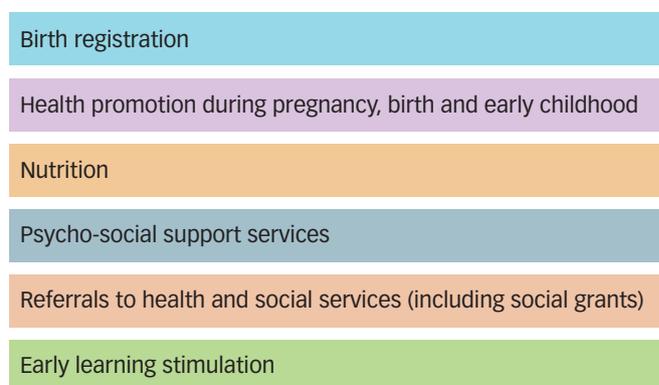
Arguments for ECD as a human capital development and cost-saving measure are a compelling motivation for public investment, but there is also a strong child rights argument for improving access to good ECD services. As outlined in the United Nations Convention on the Rights of the Child, young children have a right to develop to their full potential by growing up in a healthy, safe and stimulating environment.⁸ ECD also promotes social equity by giving disadvantaged and vulnerable children a better start to life. For all these reasons investment in ECD is neither a luxury nor a privilege – it is a key responsibility of government.

What ECD services are available in South Africa?

The South African government has responded to this imperative by greatly increasing investment in ECD services since 2007 and prioritising the poorest children. However, current strategies and programmes are not necessarily reaching those children most in need.

One of the largest public investments in ECD is the reception year of schooling. Grade R is being phased in for five-year-olds to support transition to formal learning with a target of universal access by 2014.

Figure 16: The ECD service package (0 – 4 years)



Source: Departments of Education, Social Development, Health & UNICEF (2005) *National Integrated Plan for Early Childhood Development 2005 – 2010*. Pretoria.

The National Integrated Plan for ECD (which is currently being updated) outlines a range of essential services for children aged 0 – 4 years. This ECD service package builds on existing public health, social assistance and ECD programmes, as outlined in figure 16. The plan recognises a number of different approaches to service delivery in addition to ECD centres, and brings together the departments of Social Development, Health and Basic Education in inter-departmental committees to address the developmental needs of young children.

The plan recognises that ECD services can be delivered in homes, communities and/or ECD centres using a range of approaches including:

- direct services to children (eg ECD centres, clinics or informal community-run playgroups);
- training of ECD practitioners (eg preschool teachers, ECD family workers);
- parenting education and support through workshops and home-visiting programmes;
- community development initiatives to improve the environment in which young children and their families live; and
- public awareness campaigns to encourage support for ECD and take up of services.

The plan provides an enabling policy framework that supports the delivery of integrated services for young children; however a number of challenges remain in ensuring access to quality services.

Who has access to ECD services?

Poor children are prioritised both in the National Integrated Plan and in the pro-poor grade R funding formula. But the roll-out of ECD services of different kinds is limited, with the greatest investment in centre-based programmes. There has been little integration of service delivery to ensure that all needs are met, and there is limited access for the most vulnerable young children.⁹ Furthermore, ECD services are not necessarily of sufficient quality to achieve potential child outcomes, and the poorest children are often the worst served.

Access to grade R

A major focus in ECD provisioning has been on grade R, which is offered in both public schools and registered community ECD centres. This is a responsibility of the Department of Basic Education and enrolment is moving towards universal access with 83% of grade ones in 2011 having attended a formal grade R class.¹⁰ Provincial enrolment indicates that some of the poorer provinces such as Limpopo and the Eastern Cape have the highest enrolments. This shows how public funding and the use of existing school infrastructure can enable greater access for the poor. Many poor children in public grade R classes also benefit from the National School Nutrition Programme. While figure 17 shows how access to grade R has increased, quality remains a challenge.

Access to ECD centre programmes

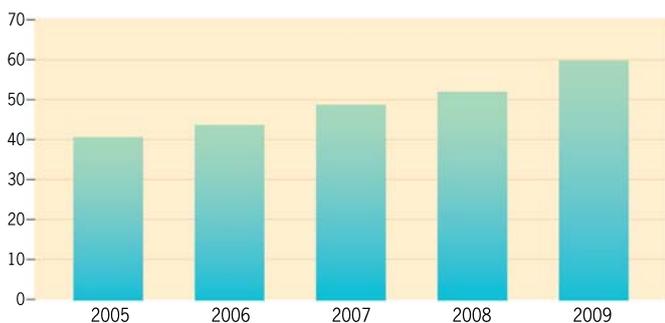
Prior to the National Integrated Plan, the Department of Social Development focused on regulating ECD centres and providing some means-tested subsidisation of poor children attending registered non-profit centres. ECD centres remain the dominant form of provision and much of the effort to reduce disparities for young children has been on increasing children's access to centres. The value of the subsidy and the proportion of 0 – 4-year-olds attending some form of ECD centre have increased steadily. However there are age, spatial, race and income disparities in access. Service quality also tends to be worse for younger and poorer children.

Figure 18 shows that access increases by age. While data quality may be limited, the General Household Survey 2010 shows that only 18% of 0 – 2-year-olds access centre-based care.¹¹ This is not necessarily a bad thing, as very young children are usually better off cared for at home than in large centres which may be of poor quality. However this does suggest a lack of affordable childcare for employed or work-seeking mothers.

By the age of three and four years educational programmes

Figure 17: Gross enrolment rates for grade R in ordinary schools, 2005 – 2009

(Y-axis reduced to 70%)

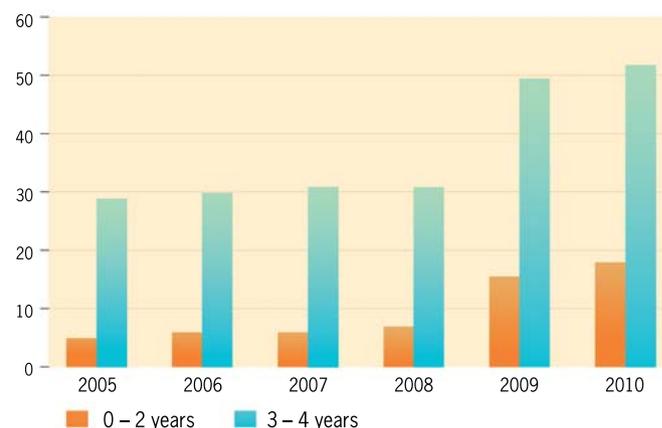


Source: Department of Education (2010) 2009 Country Report: South Africa. Pretoria: DBE.

Note: These figures do not reflect total grade R provision as they exclude grade R in community-based ECD centres.

Figure 18: Access to an ECD centre, by age, 2005 – 2010

(Y-axis reduced to 60%)



Source: Statistics South Africa (2006-2011) General Household Surveys (2005 – 2010). Pretoria: Stats SA.

outside the home become important for developing social skills and learning readiness¹² but only 52% of 3 – 4-year-olds access such services.¹³ Recent data suggest that attendance at preschool has a positive impact on reading and mathematics tests in grade 4.¹⁴ For this reason, the National Development Plan proposes at least two years of preschool education.¹⁵

Spatial location, race and income also determine access to centres. In 2010, enrolment of children under five was highest in the more affluent urban provinces of Gauteng (43%) and the Western Cape (39%) and lowest in KwaZulu-Natal (25%) and the Northern Cape (21%).¹⁶ White children have the greatest access to ECD centres (46% for ages 0 – 2, and 64% for ages 3 – 4) compared with African children (17% and 52% respectively). Only 22% of children in the poorest quintileⁱⁱ attend a centre compared with 51% of children in the richest quintile.¹⁷

Finally, children with moderate to severe disabilities have limited access, even though policy prioritises them for ECD services. An estimated 4% of children fall into this category;¹⁸ but in 2000, only 1% of the enrolment in ECD centres was by children with disabilities (including specialist services).¹⁹ A recent study of over 1,500 ECD centres in the Western Cape suggests that enrolment remains limited even though early identification and intervention are essential to assist children with disabilities to overcome barriers to learning.²⁰

ECD centres in the highest income quintile spend on average 2½ times as much per child as those in the lowest quintile because they are better able to raise fees.²¹ The Department of Social Development subsidy for children from poor families aims to improve quality and, where it is available, provides a major source of funding for registered non-profit centres in poor communities.

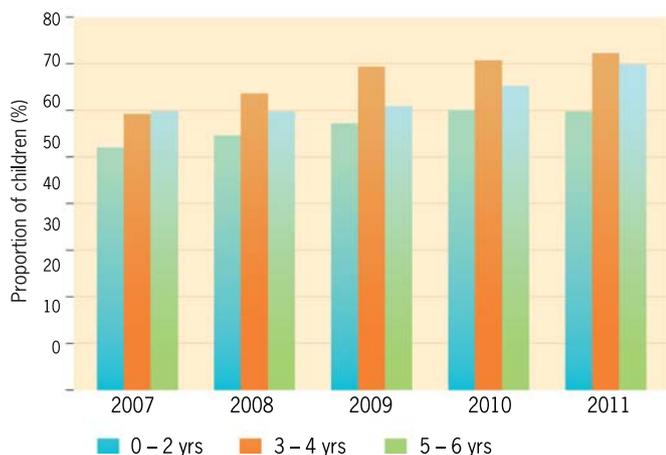
However, many centres are not yet registered. While 59% of children in registered centres received a subsidy, only 18% of all poor children under five years were subsidised in 2011.ⁱⁱⁱ Even

ii Quintile = 20% of all households in the country.

iii Calculation based on the number of children receiving subsidies as reported by the Department of Social Development in relation to the 2.6 million poor children who are the target of the National Integrated Plan for ECD.

Figure 19: Proportion of children receiving the Child Support Grant, by age, 2007 – 2011

(Y-axis reduced to 80%)



Source: South African Social Security Agency SOCPEN data 2007 – 2011; Actuarial Society of South Africa ASSA2008. Population and social grant data for July each year. Calculations by Katharine Hall, Children’s Institute, UCT.

where subsidies are provided, fees are usually charged, which excludes very poor children. With no mandatory public budget for infrastructure and start-up costs, there may not even be a centre in very poor communities.

A Western Cape study found that fees were highly related to quality – more so than the presence of trained practitioners.²² The same study found that ECD centres in areas where children are most deprived have poorer infrastructure, management and educational programmes. Children most in need are therefore not receiving the level of care and stimulation needed to offset the deprivation they experience at home and in the community.

Both the Children’s Act and the National Integrated Plan aim to prioritise funding of programmes in communities “where families lack the means of providing proper shelter, food and other basic necessities of life to their children”, and for children with disabilities.²³ But it is clear that these children are not being reached. While younger children stand to gain more, they have least service

access. Grade R has been much more successful in reaching poor rural communities, but by the age of five years an essential developmental opportunity has been lost.

Nutritional support

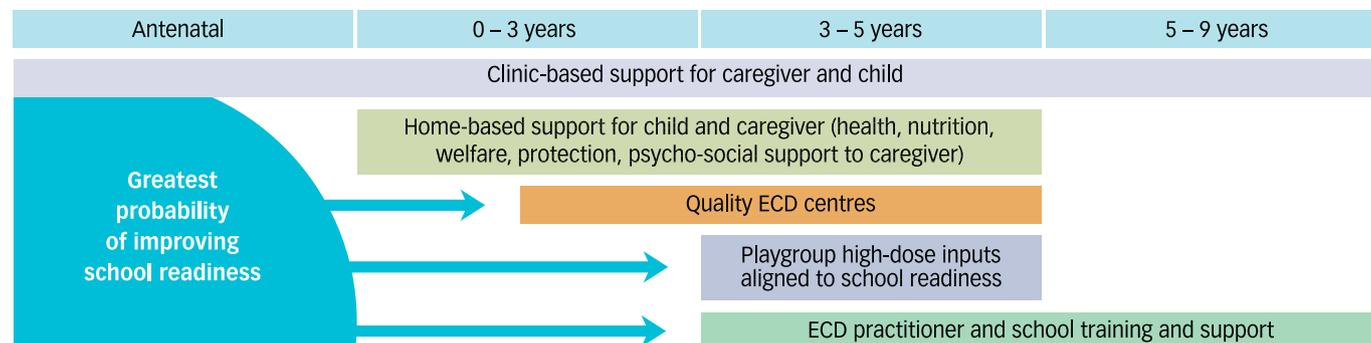
Of all risk factors affecting young children, stunting and poverty are major predictors of poor school achievement and diminished intellectual development. Poverty is linked to stunting, child mortality, disease and reduced cognitive development.²⁴ The most recent national data indicate that 20% of children under six years are stunted and 12% are underweight.²⁵ Children under four are most affected.

Currently, there is no effective public health programme to identify children at risk of malnutrition and stunting and to ensure that these children receive adequate nutrition.²⁶ Until this is addressed, the Child Support Grant (CSG) is the main instrument for addressing basic needs. It is associated with improved growth and preschool attendance.²⁷ However, other research shows that the CSG only has a positive impact on nutritional outcomes if the child receives the benefit *for at least* half of the first 36 months of life.²⁸ This suggests that early take-up of the grant is crucial to maximise its benefits for growth and neurological development. While grant access has improved over the last few years, figure 19 shows that take-up remains lower amongst very young children.

Not having complete documentation is the main barrier in applying for a grant. While birth registrations in the first year have increased to over 80% in the last three years, one in five infants is still not registered.²⁹

In addition to cash transfers, other interventions to reduce the impact of poverty on young children include free access to health care for pregnant women and young children, the National School Nutrition Programme for grade R children in public schools, and free water and electricity allowances for indigent^v families. However, even if these services are free, long distances and high transport costs or lack of infrastructure may limit access to essential services – especially for children in rural areas.

Figure 20: What local evidence tells us about how and when to intervene



Adapted from: Dawes A, Biersteker L & Hendricks L (2012) *Towards Integrated Early Childhood Development: An Evaluation of the Sobambisana Initiative*. Cape Town: Ilifa Labantwana.

^v This term is often used by the government to refer to poor people who are eligible for municipality-administered poverty relief programmes such as basic water and electricity.

Support for parents and caregivers

The primary caregiver and home environment are the strongest influence on the child in the early years. Healthy development requires nurturing and consistent care, play and stimulation by responsive caregivers.³⁰ In South Africa, women living in poverty carry significant burdens and have little access to services and support beyond family and social networks. Research shows that many women with young children suffer from stress and depression.³¹ When caregiver well-being is compromised, the capacity to care for young children suffers, and child outcomes such as health, nutritional status, and psychological development are also affected.³² While the National Integrated Plan prioritises support to caregivers, in practice there has been little departmental funding for family-based ECD programmes which are primarily delivered by non-governmental and community-based organisations.³³ There is no national data on how many families receive home-based ECD services.

Many household factors affect children's development and readiness for formal learning. These include access to material resources (from basic needs such as food, to writing materials, books and other print material); information (eg knowledge of services and the integrated management of childhood illnesses); caregiver education levels³⁴ and the degree to which household practices are aligned to the requirements of the schooling system (for example, the extent to which children are encouraged to ask and answer questions, and engage in activities that promote emergent literacy and numeracy).

What is needed to reach the poorest and most vulnerable children?

Given limited funding and infrastructure, it is particularly difficult for ECD services to reach poor, vulnerable and rural children whose caregivers are often struggling to meet basic needs. It is therefore important to evaluate the potential of different approaches to improve access and shift patterns of inequality. Different interventions yield more returns at different ages (see figure 20), but it is also important to review delivery strategies.

Case 5: Home visiting – reaching the most vulnerable young children

Many non-profit organisations employ home visitors to support vulnerable young children and their families. Ilifa Labantwana's Sobambisana Project included different home-visiting programmes in Lusikiski and the Queenstown district of the Eastern Cape, and in Grabouw in the Western Cape. These were run by the Early Learning Resource Unit, Khululeka Community Education Development Centre, and the Centre for Early Childhood Development respectively. Their staff trained and supervised community members to provide support to very vulnerable young children and caregivers in their homes.

Case 6: Improving service access through community advocacy

The Sobambisana Project included a stakeholder and community awareness campaign as part of creating an enabling environment for young children in the under-resourced Lusikiski area of the Eastern Cape. Regular community report-backs and *imbizos* which brought together community members, government officials and civil society organisations created interest in and demand for documents, grants, health and education services. The community became more active in pressing for better conditions for children and government services responded to the call in different ways. These included agreeing to staff a health post in one village which was far from other health services, providing a mobile Home Affairs unit, and helping ECD centres to register and apply for subsidies. These positive outcomes for ECD were due to advocacy carefully targeted to particular issues, and sustained over several years.

Source: Dawes A, Biersteker L & Hendricks L (2012) *Towards Integrated Early Childhood Development: An Evaluation of the Sobambisana Initiative*. Cape Town: Ilifa Labantwana.

Much greater emphasis needs to be placed on extending community coverage and outreach to caregivers using community-based ECD workers. Such interventions can provide an integrated approach by supporting the health, nutrition and stimulation needs of young children as early as possible. Home and community-based programmes (such as the Sobambisana project in case 5) reach children where they live, help link families to grants and other services, and provide psycho-social support and information to help caregivers cope with the demands of parenting. Good quality centres and playgroups are important for improving school readiness.

Case 6 illustrates how a community development approach can be very effective in securing greater government accountability for service provision and accessibility. This includes raising awareness of the importance of ECD, spelling out what services should be in place and mobilising communities to demand services.

Source: Dawes A, Biersteker L & Hendricks L (2012) *Towards Integrated Early Childhood Development: An Evaluation of the Sobambisana Initiative*. Cape Town: Ilifa Labantwana.

What are the implications for policy and practice?

During the past decade much has been done to improve the resourcing, training and provisioning of ECD services. Current interest in young children is unprecedented and provides a significant window of opportunity to scale up provision. However greater effort is needed to improve poor children's access to quality ECD services and redress social and economic inequalities. Priority interventions include:

- providing infrastructure and ECD services for children in the poorest quintiles, rural areas and children with disabilities;
- improving food security and nutrition for pregnant women and young children to prevent stunting;
- funding programmes to help caregivers and families give appropriate care and stimulation, especially for the earliest years;
- increasing access to group learning opportunities for children over three years – at least on a part-time basis and with a focus on language and stimulation;
- supporting efforts to improve the quality of ECD services through the provision of resources, training and monitoring;
- ensuring that coordinating mechanisms have the authority to hold different departments accountable, and ensuring young children access a full range of services from multiple service points in as integrated a way as possible;
- developing more reliable and comprehensive data on ECD services disaggregated to local level to assist planning and targeting – the planned national audit is a priority and should include ECD programmes and services of all kinds; and
- better monitoring and evaluation and further research on which interventions improve child outcomes in different settings most cost effectively to ensure that resources benefit the greatest number of young children.

These interventions should ensure the delivery of quality ECD services to those children most in need. While ECD services are essential, they are not sufficient to break the intergenerational cycle of poverty. In addition, children need access to good schooling and a range of other services to build on this foundation and realise their full potential.

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