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Quality of early childhood development services across contexts : experience with the Sithuthukile Trust, South Africa

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Quality of Early Childhood Development Services Across

Contexts:

Experience with the Sithuthukile Trust, South Africa

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Quality of Early Childhood Development Services Across Contexts: Experience with the Sithuthukile Trust, South Africa **Rachel Warren**

Abstract: The purpose of this paper is to understand how the quality of early childhood development (ECD) programs is determined within two different contexts: western and South African. Educational policies in the U.S. and South Africa will be discussed as well as the current status of young children and families living in poverty, the importance of infant mental health for those most vulnerable and how non-governmental organizations dedicate their work to improving the quality of ECD services through establishing sustainable community-based programs that aim to support young children, families and caregivers. The focus of the paper examines how “quality” in different contexts requires diverse and culturally meaningful programs and services for children, families and communities. Finally, this paper discusses the concept of how quality ECD programs are established by sustainable practice and support through a reflection on the author’s experience with the Sithuthukile Trust, an NGO branch of *Ntataise*, in South Africa.

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Introduction

What is Quality? What does it mean across contexts?

In the field of Early Childhood Education and Development there is a lot of discussion about the importance of “quality” care and services for infants, toddlers and young children. In western culture, specifically the US, this concept is emphasized over and over again not only by education professionals but by politicians, parents and lawmakers. Educational philosophies and approaches differ among communities, schools and individuals but there is a framework for what determines quality within early childhood programs. The concept of the importance of early childhood development has spread throughout the world and as a result, western philosophies of education have become globalized in a way that may not be entirely culturally meaningful.

The question at hand is: what does quality mean across contexts? In the US and the UK, extensive research has been conducted in order to further understand the effect that quality early childhood care has on a child’s development, specifically those who are at-risk in terms of personal and environmental factors that may adversely affect their growth and development (Hall *et al*, 2009). In this particular study, the authors aimed to investigate the extent to which quality care can protect children’s development from the impact of risks through resilience. The quality of preschools was assessed based on the *global* quality, the quality of specific *curricular provision* and the *interactional* quality. The Early Childhood Environmental Rating Scale Revision (ECERS-R) assessed the global aspects of the preschool environment including, Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interaction, Program Structure and Parents and Staff. The ECERS Extension was used to assess the curricular provision of

quality based on the English Foundation Stage Curriculum, including Literacy, Mathematics, Science and Environment and Diversity. Finally, the interactions between caregivers and the children were assessed by the Caregiver Interaction Scale (CIS), which examined four factors of caregiver-child relationships (positive, punitive, permissive, and detached). The authors found that their theory that young children who develop in a context of significant risk can be *protected* against these risks rather than remain solely vulnerable (Hall *et al*, 2009). In addition, they found that the study could be taken as evidence that attending quality preschool care not only mitigated the impact of personal and environmental risks but can also protect young children's cognitive development and therefore contribute to their resiliency against risks (Hall *et al*, 2009). The three aspects of preschools that were examined in this study are ultimately the basis for determining quality within the context of Western early childhood care. Organizations such as the National Association for the Education of Young Children (NAEYC) and the National Institute for Child Health and Development (NICHD) both outline components of quality that include standards for the environment, the relationships and interactions between adults and children and curriculum (<http://families.naeyc.org/accredited-article/10-naeyc-program-standards>;

https://www.nichd.nih.gov/publications/pubs/documents/seccyd_06.pdf).

But does this research have meaning across different cultures? The standards developed for early childhood care should be based on contextually relevant research. Rather than fitting a context into a realm of quality, shouldn't the definition and parameters of quality adapt in order to best support those children? "Quality" education and care of young children should be developmentally and culturally meaningful as well

as flexible enough to meet the specific needs of the community within its specific context.

The purpose of this paper is to determine and understand the concept of quality early childhood education in a global sense by using the South African context to shed light on the western context, which I know best. Through reviewing the literature and personal experience with the non-governmental organization, the Sithuthukile Trust based in Middelburg, South Africa, the challenge of determining, understanding and improving quality and establishing sustainability will be discussed.

South Africa

Since apartheid in 1994, the South African government and non-governmental organizations (NGO's) have worked towards making the rights of children a priority in terms of legislation and policy. The main issues at hand are providing safe and sufficient water to communities, basic sanitation of facilities, growth monitoring, immunization, nutrition, shelter, parent-child relationships, and nurturing and cognitive, physical and social-emotional development. For a country that still feels the effects of apartheid 20 years later, there are still distinct divisions geographically and economically, it has been difficult to provide access to "quality" early childhood development services to those who are considered to be among the poorest and most vulnerable. According to UNICEF's report on the National Integrated Plan for Early Childhood Development in South Africa (2005 – 2010), programs and initiatives have been implemented across various departments creating a fragmented and uncoordinated approach to provision and therefore, children's and families' needs are not being met. In addition, there is the

constant challenge of getting the resources and funding from the national level and provincial level to the local level and communities that are in need.

As women's roles changed as they entered the workforce, there was a natural parallel shift in demand for early childhood care. In South Africa, Unbutu, which at its core is about community and individuals supporting and caring for each other, has naturally led to common childcare practices such as, unregulated kith (friends and neighbors) and kin (family) care. In addition as quality and access to school for children ages 3 to 5 years old began to improve and increase, younger children (infants and toddlers) began to attend local crèches and ECD centers. There is a distinct difference in quality for these informal settings due to a lack of government support for the standards of care or training for the birth-to-three caregivers (Casper, 2005). These caregivers, predominantly women, provide care for free or minimal compensation and although their dedication and struggles are acknowledged, it does not deny the fact that there is still an enormous need for support (Casper, 2005) As a result of the transition happening in care for young children, the “personal, professional and ethical challenges of being responsible for so many young children” can make a caregiver feel at odds with their own Unbutu philosophy (Casper, 2005). The transition of more infants and toddlers entering group care has pushed practitioners to need new knowledge and skills. The lack of professional development for practitioners working with infants and toddlers has been viewed as a barrier to improving the “quality” of care and has become a major goal for various NGOs, including the Sithuthukile Trust, which is a part of a larger organization called *Ntataise*, an independent and not-for-profit organization (*Ntataise*, 2013).

Ntataise, which means to “lead a young child by the hand,” was founded in 1980 with the purpose of helping women in disadvantaged rural communities gain the knowledge and skills needed to establish and sustain ECD programs. The training and development programs first began with establishing preschools on farms in Vijoenskroon and quickly spread to training and supporting women involved in ECD programs, both center and home-based care. The training program works directly with preschools, child, parents and communities. Known as *Ntataise Free State*, the program offers accredited ECD training programs for preschool practitioners as well as development and community outreach programs that work directly with preschools, preschool aged-children, their families and the whole community. Accredited training for practitioners has been identified as one of the “crucial issues of ECD in disadvantaged, mainly rural areas of South Africa” (*Ntataise*, 2013).

Through *Ntataise Free State*, practitioners are offered courses for a full ECD qualification at Level 4 on the National Qualifications Framework. This training takes 18 months to complete and the coursework consists of the ECD core unit standards, electives and fundamentals that is provided through courses, workshops, on-site support and assessment visits. The training programs of *Ntataise* have been designed to meet the needs of practitioners who have a “limited education, often a poor knowledge of early childhood development and in most cases are already working in community and home-based preschool facilities.” The training itself consists of in-service training with short periods of intensive lectures as well as “on-site, hands-on support and mentoring.” For the practitioners who do not qualify for the Level 4 training, there are “skills programs” that are accredited that can be used towards achieving a full Level 4 qualification. This

type of training consists of five one-week programs that addresses “critical and scarce skills within the ECD sector” and focuses on the cognitive and physical development needs of young children (*Ntataise, 2013*). The skills program contributes credits towards a General Education and Training Certificate (GETC) qualification, which includes training for caring of babies, toddlers and young children; demonstrating a basic understanding of child development; preparing an environment for babies, toddlers and young children; interacting with babies, toddlers and young children; and maintaining records and reports about babies, toddlers and young children (*Ntataise, 2013*).

In addition to the accredited training programs, *Ntataise Free State* also offers the *Ntataise* Enrichment Program, which addresses the need for “good quality effective learning programs for children attending ECD centers.” The program builds on the knowledge and skills gained by practitioners during their qualification training and its main objective is to improve the learning in the playroom for children in community and home-based ECD centers. Through monthly workshops and regular on-site demonstration visits, the program directly targets both preschool practitioners and preschool aged-children in their school environments. In addition, programs such as this empower women working in community and home-based ECD centers with the skills and knowledge needed to run “effective ECD programs for children in their care” (*Ntataise, 2013*).

Another aspect of the *Ntataise Free State Operation* is the Community Outreach Program. The main objective of this program is to support young children aged birth to five years old living in poor communities as well as to support their families, parents and caregivers in providing opportunities for supporting social, emotional, cognitive and

physical development (*Ntataise*, 2013). The program consists of regular play sessions with age-appropriate, educational activities focused on school readiness, which are presented by *Ntataise* facilitators. Parents, families, and caregivers are encouraged to attend these sessions with their children so that they have an opportunity to “learn more about child developmental stages...and child care” (*Ntataise*, 2013). The facilitator also provides information about and advice about child nutrition, health, immunization and birth registration. Furthermore, the facilitators may do follow up home visits to those children, parents and families who need additional support.

The *Ntataise Network*, which the Sithuthukile Trust is a part of, grew out of the need to “strengthen delivery of quality ECD services to disadvantaged, rural communities.” Beginning with eight organizations in the Free State and Mpumalanga, the *Network* has now grown to 18 independent organizations across seven of South Africa’s nine provinces. The *Ntataise Network* Support Program provides accredited training programs; learning and resource materials; assessment and moderation systems; program development that includes daily learning programs for children; and a capacity building, mentoring and support program for leaders in ECD (*Ntataise*, 2013). The special training and mentoring program provides practitioners with essential skills support, which in turn strengthens the delivery of service. In addition, the mentoring program supports and examines the programs that are offered and how they are implemented. The purpose of the support program is to improve the quality of services as well as to “adapt to the changing needs of the communities in which they work.” One of the most valuable aspects of the support program is that it gives members of the organization an opportunity to “learn from each other; share ideas;” participate in professional development and to

maintain the lines of communication between the numerous groups that are a part of the larger organization (*Ntataise, 2013*).

The main overarching goal of the *Ntataise Network* Support Program is to address the need for “sustainable, independent, capable organizations which deliver quality, accessible training and development programs and ongoing ECD support to disadvantaged” communities. Later on in this paper, I will share several experiences from my time with the Sithuthukile Trust that demonstrate just how passionate and dedicated the NGO is to fulfilling this goal and supporting young children, families, and the women who work in ECD as well as the improvement of quality and establishing sustainability for ECD in general.

ECD in South Africa

History and Policies

In 1997, the Department of Social Development (DSD) created the White Paper on Social Development that addresses provisioning of the welfare of children birth to 9 years old (Department of Social Development, 2005). The policy takes a developmental approach and focuses on how to address the needs of children according to specific ages and milestones. It also emphasizes a family approach to childcare that targets support for parents, caregivers and social service professionals. In addition to the White Paper, the DSD also instituted the Children’s Act (2005), which provides regulations and guidelines for childcare facilities as well as subsidies for registered centers. The DSD also oversees the provision of care for children who are orphaned and “vulnerable” as a part of the National Integrated Plan for Children Affected and Infected by HIV/AIDS. The

Children's Act (2005) is perhaps the most important overarching legislation as it provides guidelines and the regulatory framework on the rights and protection of children and families. It clearly defines the various types of ECD settings that are available for children and families including those that are a part of prevention and intervention programs. The Act defines ECD as the "process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school going age" (*The Children's Act*, DSD, 2005). Some of the program types described by the Act include full or half day education care provided by a nursery school, a pre-primary school, kindergarten, crèche or day care center; a community based play group; a child minding service, which has fewer than six children; home-based programs that offer support and appropriate educational stimulation to both children and parents; parent support and education programs; programs that support the emotional and social needs of young children and their families; and early childhood development programs that are provided at partial care facilities as well as child and youth care centers" (*The Children's Act*, DSD, 2005).

In 1995, the Department of Basic Education (DBE) first established the White Paper on Education as a means to protect a child's right to develop his or her full cognitive, emotional, social and physical potential. Over the past few years, policies have been amended in ways to convey the worldwide policy trend toward an integrated approach to child development, which means considering a child's health, nutrition, education, psycho-social and environmental factors within the context of family and community (Britto, Yoshikawa & Boller, 2011). The main purpose of the DBE's White Paper on Education is to establish a national system of provision for the Reception Year,

or Grade R, for children aged 5 years and to serve as the primary guide for implementation for universal access to Grade R (*White Paper on Education*, 2001). The Reception Year is similar to the western Kindergarten., i.e. preschool age children, 4-5 years old, and is provided in both primary schools and community based-sites, or informal settings. The main focus of White Paper 5 is on the education and care of children birth to age six and to ensure that all primary schools with a Grade 1 program offer a Grade R program as well. In addition, the policy also includes norms for curriculum implementation, practitioner to learner ratios, target provisioning, admission age and standards. While the policy framework proposes a clear plan for implementation and meeting standards, the problem lies in monitoring and supporting the actual implementation in classrooms and centers (*White Paper 5*, Department of Education, 2001).

The National Learning and Development Standards for Children birth to age four (NELDS) is a curriculum related policy initiative established in 2009 by the Department of Basic Education. While it is still a work in progress, it's main purposes include monitoring the national progress of 0-4 learning programs; improving early learning and teaching experiences; designing and improving parental skills and programs; assisting with caregiver preparation; improving public knowledge of child development; creating school readiness tools; developing curriculum; and evaluating early learning programs.

South Africa's National Integrated Plan for Early Childhood Development (NIP) (2005-2010) aims to build upon existing programs to ensure that children aged 0-4 years old have access to range of a quality services (Biersteker, 2011). The National Interdepartmental Committee for ECD, which consists of the Department of Education,

the Department of Health and the Department of Social Development, oversees the program. The NIP builds on existing programs such as, free healthcare for children 5 years of age, pregnant and lactating women, social assistance in the form of child support grants, and poverty-targeted per-child subsidies in non-profit community-based ECD centers for children under school age (Biersteker, 2011). In addition, the NIP casts a wider net in terms of what is considered to be a part of the realm of ECD services. For example, it goes beyond crèches and preschools and includes sites of care including homes, formal ECD centers, community childcare settings, informal ECD settings, prisons, child and youth care centers and places of safety. All of these settings have been categorized as home, community and formal ECD services with 50% of service delivery at the home level, 30% at community level and 20% in formal settings (Biersteker, 2011). The main purpose of the NIP and the National Interdepartmental Committee for ECD is described as the “relationships and links that are being developed between government departments, NGOs and communities in order to provide comprehensive ECD programs to the children of South Africa” (Departments of Education, Health, and Social Development, 2005:16).

In an article for the publication *Child Gauge*, Bathabile Dlamini, the Minister of Social Development, discusses the ways in which the South African government has been working towards adopting a considerably more progressive constitution, which contains a Bill of Rights that specifically outlines the rights of children, highlighting education as one of the most important rights for the country’s youngest citizens (p. 9, 2013). As a part of the National Development Plan for 2030, the Department of Social Development has approved a five-year Integrated Program of Action for Early Childhood Development.

Issues surrounding ECD are taking the spotlight at the moment and it is important to recognize some of the most recent achievements that have been made. The Department of Basic Education identifies some of their key achievements in the *South African Child Gauge 2013*. They include the development of the National Curriculum Framework for children birth to four years old, the training of 13, 742 ECD practitioners towards qualification, and the development of the Integrated Program of Action for Early Childhood Development (2013-2018) by the Department of Basic Education and the Department of Social Development (2013). This policy intends to adopt a more integrated approach that aims to increase access to ECD programs, correct existing imbalances in ECD provision, improve the quality of ECD programs and plan and deliver ECD services in a coordinated way

(http://www.gov.za/sites/www.gov.za/files/educ179_1.pdf).

An Integrated Approach to ECD

The framework behind the NIP as stated by the World Bank, identifies five approaches for supporting the development of young children. This includes delivering services to children, training caregivers and educating parents, promoting community development, strengthening institutional resources and capacity building, and public awareness and enhancing demand (UNICEF, 2005). This requires the collaboration of several departments in order to achieve its target of reaching 2.5-3 million children in a multi-service approach. It is important to note that these services are not and should not be considered mutually exclusive; an integrated approach is best achieved obviously when all parts are combined and work together.

The first approach, delivery of service, involves government provision of a variety of services directly to children in public centers, community centers and homes. This concentrates on the immediate and basic developmental needs of young children. Next, the training of caregivers and educating parents entails improving parental and caregiver knowledge and skills in interacting with young children. This approach recognizes the importance of parents' and caregivers' roles in informal settings as well as the training of parents and caregivers as facilitators and mediators of ECD services when access to formal ECD centers is not available. The third approach, promoting community development, is best supported through the collaboration between the government, NGOs and community-based organizations and a key to the success of this approach is the recognition and support of women as the "main players" in ECD in communities. For example, the World Bank states that through community development, this could potentially provide opportunities for women to earn a living by setting up childcare facilities in communities. The fourth approach, strengthening institutional resources and capacity building, generally aims to improve the availability of resources, such as infrastructure and learning and teaching support materials as well as the skills of those involved in public ECD centers. Finally, the fifth approach, building public awareness, entails disseminating the necessary information to parents and members of the community with the goal of increasing the demand for ECD services.

According to UNICEF's report on the National Integrated Plan for Early Childhood Development in South Africa (2005 – 2010), programs and initiatives have been implemented across various departments creating a fragmented and uncoordinated approach to provision and therefore, children's and families' needs are not being met.

The three main governmental sectors that develop and implement ECD policy and legislation are the Department of Social Development, the Department of Education, and the Department of Health. The collaboration of these three sectors demonstrates the recognition of the needs for and the benefits of ECD services and the establishment of the White Papers suggests that the role of the government is to act as a key agent in “leveling the playing fields” for those who are “historically disadvantaged.” However, “leveling the playing fields” is not only a matter of increasing access to ECD programs but more importantly, it is about improving the *quality* of the programs. Also, because the current ECD policy situation is so complex, with different departments all working on developing new policies and legislation, the challenge becomes even greater.

One of the main challenges of the integrated approach is the fact that it is extremely difficult to coordinate and integrate all of the services offered by several departments and Biersteker goes on to speculate that the national and provincial interdepartmental coordinating structures may not have achieved more than if the departments were working on their own. In addition, another complication is the lack of legislative clarity on the role of local authorities in terms of early childhood services. So in order for integration to work, there must be a clarification of roles, leadership and coordination and of the funding responsibilities of different departments and levels of government; budgetary commitment from each department that is involved to support the joint inter-sectoral planning and monitoring process; and these joint programs that involve inter-sectoral collaborative planning and service delivery must provide a platform and culture of integrated service delivery. Unfortunately this has not been the case and has only been seen at a limited extent in terms of the joint planning for ECD practitioner

training at the provincial level by the Departments of Education and Social Development (Biersteker, 2011).

It is clear that the government is working towards finding a solution to creating better programs and services that address not only the issue of education for infants and toddlers, but also the mental health of families and communities. The first step for improving the quality of education for young children is community outreach and family support. It is difficult to build without a strong foundation, however the challenges of fragmented infrastructure and lack of clarity in terms of roles of services creates several barriers to progress.

The Status of Young Children and Plans for the Future

The *South African Child Gauge* 2014 edition and the *Children Count – Abantwana Babalulekile*, (Hall, Meintjes & Sambu, 2014) a data and advocacy project of the Children’s Institute, have published the most recent statistics that monitor the progress and livelihood for children living in South Africa. Described as a “rights-based approach,” *Children Count* provides reliable and accessible child-centered information that can and should be used to inform the design and implementation of policies, programs and interventions as well as a tool for tracking progress in the “realization of children’s rights” (Hall, Meintjes & Sambu 2014). In 2012, there were 18.6 million children in South Africa and 56% of these children lived below the poverty line. Nineteen percent of children are orphans who have lost a mother, father or both parents; 23% do not live with either of their biological parents and .5% of children live in child-only households. Thirty-two percent of children lived in a household where no adult was

employed. In March 2013, 11.1 million children received the Child Support Grant (an unconditional cash grant paid to the caregivers of eligible children), 121,000 children received the Care Dependency Grant (a non-contributory monthly cash transfer to caregivers of children with severe disabilities who require permanent care, about R1270 per month) and as stated previously, 512,00 children received the Foster Child Grant. Each of these social assistance grants are an important source of income for caregivers to meet their children's basic needs, however even with this support, over 13 million children still live in poverty, on less than R604 (\$50) per month and 14% of children live in households that reported child hunger (*Children Count – Abantwana Babalulekile*, 2014).

UNICEF's Annual Report from 2013 states that the South African government will continue to make the well being of young children a priority through the implementation of the National Development Plan through 2030. As of 2012, the under-five mortality rate has decreased to 41 deaths per 1,000 live births and the infant mortality rate has decreased to an estimated 27 deaths per 1,000 live births (*Child Gauge* 2014). Although the rate has indeed dropped over the past few years, there is still an uneven distribution of quality care when it comes to infant and maternal health. The leading causes of death for newborns include AIDS, neonatal causes, diarrhea, pneumonia and other injuries. One of the main factors in the drop of the infant mortality rate is that there have been significant gains in prevention of mother to child transmission of HIV. 29.5% of pregnant women were estimated to be HIV positive in 2012 yet nearly 25% of children must travel great distances to reach their health care facility. According to UNICEF's 2013 annual report that while there have been great improvements and the

infant mortality rate has dropped, there is still a lot of work that needs to be done to improve the lives of infants and very young children. UNICEF states that through better care of the mother before, during and after birth in addition to better neonatal care as well as follow up visits and check-ins with the mother and baby postpartum, the infant mortality will continue to decrease.

Children Count – Abantwana Babalulekile and the *South African Child Gauge* present statistics for children's access to education but the focus is mostly on "school-aged children" and does not account for children under the age of five. The statistics for children aged 5 – 6 years old who are reported to attend an ECD center or "educational institution," includes any out-of-home care and learning center as well as those settings within primary schools. The report, based on the Department of Basic Education's (DBE) administrative data, states that as of 2012, there were 265,105 children attending 3,961 ECD centers. More importantly, the report indicates the challenges facing quality and equality in terms of ECD in South Africa and describes the Action Plan of the DBE. The authors identify education inequalities that are "strongly associated with structural socio-economic (and therefore also racial) inequalities in South Africa." Furthermore, the authors argue that these inequalities can be reduced through preschool exposure and developmentally appropriate activities and programs that support children's cognitive development. They believe that quality early learning programs are one of the most important ways to stop the "cycle of inequality by reducing socio-economic differences in learning potential between children" *before* they enter more formal schooling (*Child Gauge*, 2014).

The DBE, which funds and monitors community-based grade R centers as well as school-based Grade R classes, originally established a 2010 deadline for the Action Plan. While this is still a work in progress, the purpose of the plan is to “improve the access of children to quality early childhood development below Grade 1” and to improve the quality and achieve universal access to grade R by 2014. In a final point of this section, the authors state that the statistics of young children’s attendance to ECD settings does not tell us anything about the quality of these services - “it is a lost opportunity if the service is of poor quality” (*Child Gauge*, 2014).

Poverty and Infant Mental Health

The Impact of Poverty on Infant Mental Health and Families

Poverty and underdevelopment have a great impact on the quality of early experiences of life for infants, toddlers and young children. It is essential to understand and address the issues around infant mental health in order to develop programs and services that support and meet the needs of young children and families who are most vulnerable. Children who suffer emotionally as much as they do from a range of deprivations makes them less able to cope with daily challenges and poses serious threats to their development (Richter, 2004). In addition, the disparities in socioeconomic status within a society create a lower quality of health and well being for those people (Keating & Hertzman, 1999; Richter, 2004). These pervasive gradients in health and well-being can be attributed to the impact of early developmental experiences in the quality of children’s physical and social environments that are associated with variations in social status. Therefore, it is critical to focus on and make early childhood development a

priority specifically in underdeveloped, or resource-poor, countries. In order to improve the overall well being of a society, we must aim to improve quality of services and programs and decrease disparities in the structures, processes and opportunities that support and build children's early development (Richter, 2004).

The effect that poverty has on a child's development can put them at a greater developmental risk in terms of the direct physical consequences of deprivation as well as the indirect consequences of the severe stress that is placed on the parent-child relationship (Richter, 2004). Direct consequences of poverty, such as inadequate health care and nutrition are easily seen from the outside however; the indirect consequences can be more difficult to see from the surface. Indirectly, children may face discrimination because of their social status which could lead to poor self-esteem as well as a lack of "positive role models" to support children's development. In addition, maternal depression is one of the most prevalent issues facing parents and young children experiencing extreme poverty. When these mothers are feeling depressed, it makes it more difficult to provide nurturing and responsive care to their young children. They are less able to establish and maintain positive interactions between themselves and their child. Parenting is so vulnerable to the effects of stress, related to poverty or otherwise, because it is an "emotionally driven activity" that requires specific emotional states and expressions. Certain emotions may be suppressed or may in fact, never be activated for the "child-rearing emotions necessary for effective parenting" (Richter, 2004). When economic pressure, household challenges and various other issues divert parents' attention, they are less able to demonstrate responsive, patient, and nurturing care to a child's individual needs (Dix, 1991; Richter 2004).

In South Africa, up to 70% of women are unmarried with small children and they assume the responsibility for the financial and socio-psychological needs of their children, with or without support from relatives, partners, older children or the community (Richter, 2004). In addition, the burden of work is placed onto these women in order for them to provide for their families. The chronic stress experienced by these women can deplete their capacity to cope and makes it difficult to provide sensitive, responsive, and stimulating care for their children. For the children living in these circumstances, the “poorer child outcomes” they may experience as they get older can cause psychological distress and impairment as well as have detrimental effects in the long term on their emotional, intellectual and social capacities (Richter, 2004).

As discussed earlier, many of these women open crèches in their own homes as they take care of their children and offer care for those children whose mothers’ work outside of the home. For example, as described in “Beyond Feeders and Growers: Changing Conceptions of Care in the Western Cape,” (Casper, 2005) one mother-child play group had around 106 children registered with 9 “volunteer mother-caregivers-in-training” conducting the program. Through a western lens, this ratio is hard to believe, perhaps even feel comfortable with. Casper went further to state that in order to “change the concept of care,” she “needed to understand how the program was working, what the women had to overcome to have gotten that far, and why served them so well.” During my time in South Africa, I came to learn this concept fairly quickly – I needed to let go of context and perception of care in order to understand an unfamiliar context.

Addressing the Challenges of Poverty and Infant Mental Health Through Improving Quality and Establishing Sustainability in ECD

There is no single mechanism by which poverty affects children; it is an overall impact that can build and concentrate over time. ECD programs that address the challenges and issues facing young children should address the issues of families as a whole. It is important to understand how these challenges impact individuals as well as groups in order to understand how to support them and to create “quality” programs.

Richter describes an approach to intervention that was implemented in parts of rural South Africa through the International Child Development Program. The program’s main intentions were to help build and support the relationship between parents and their children as well as to promote mediated learning through elaboration of the child’s vocalizations and behaviors. Some of the main components of the intervention included, creating a positive image of the infant or child in the mind of the caregiver; improving the caregiver’s conception of themselves as a needed, competent and caring support for the child; activating the child’s emotional and behavioral responsiveness; raising the caregiver’s awareness, sensitivity and responsiveness to the affective and communicative needs of the child through appropriate marking and interpretation of the child’s behavior and through demonstrated responsiveness; developing a mutually rewarding relationship, and improving the quality of the caregiver’s mediation of the child’s learning experiences in everyday situations so that the child experiences a shared system of cultural meanings and values, and finally reactivating and supporting sound indigenous childcare practices that help caregivers value their everyday activities and that give caregivers meaning and hope in difficult circumstances (Richter, 2004).

By addressing one of the most important parts of an infant's life: the relationship and attachment between parent and child, interventions such as this could help improve the quality of ECD services within a specific context and would have a profoundly beneficial effect on extremely vulnerable children. The challenge, of course, is developing a program on a wider scale so that it is able to benefit all of the infants and young children made vulnerable by poverty and underdevelopment (Richter, 2004). While it would be difficult to create programs on a wide scale to address this issue, programs like Sithuthukile that use a local and community based approach are able to conduct outreach services that support families, early childhood services and children. So rather than casting a wide net, working from the ground up may prove to be more effective. In addition, these programs work closely within local communities, which leads to an improvement of quality of services that understands and meets the needs of the children, families and practitioners within a specific context.

Quality and Sustainability: How Are the Difference Important?

What is Quality?

It has been stated that quality early childhood programs impact both early and later human development and that services and programs for young children and families can be seen as the most promising ways to alleviate poverty and establish social and economic equity. Equity in terms of services can be defined as access to programs in combination with the opportunity for quality programs. In recent years, the issue of access has been addressed whereas there has been less focus on establishing or improving the quality of ECD programs and services, which includes areas of health, early learning

and education, family support and attention to social protection and child welfare.

Although *access* to ECD services has increased, equity of ECD services cannot exist until the *quality* of those services improves across the board. For the purpose of this paper, Britto, Boller and Yoshikawa's definition of quality will be used (2011). The authors define quality as "the critical ingredient of programs linked with child outcomes; a dynamic, flexible and adaptable construct that contours itself across cultures, settings, time and types of intervention" (p. 4) however the dimensions of quality vary by setting of service provision and world regions. For example, in high-income countries characteristics of quality are based on safety and adequacy of physical environments, the nature of teacher- or caregiver-child interactions, the pedagogical and content knowledge of staff, staff education and training and a comprehensive approach that addresses multiple domains of family and child functioning. In low and middle-income (LAMI) countries, characteristics such as cultural feeding, caregiving practices and survival issues (disaster and non-disaster situations), training of health service providers and combination of physical growth and psychosocial interventions are included in the assessment of quality (Britto, Boller & Yoshikawa, 2011).

The issue with discussing quality of early childhood services comes when it is broadened across varying contexts and settings. In recent years, quality has come to be understood as an attribute of services that ensures the "efficient production of predefined, normative outcomes, typically developmental or simple learning goals" (Moss & Dahlberg, 2008). One study identified seven factors that contribute to quality early childhood education. Those factors were: responsive, affectionate and readily available adult-child interactions, well-trained staff who are committed to their work with children,

environments that are safe and sanitary, ratios and group sizes that allow for appropriate interactions between staff and children, consistent supervision, staff development that supports the improvement of quality and a developmentally appropriate curriculum with educational content (National Audit Office, 2004; Moss & Dahlberg, 2008). The issue with all of this is that this definition and these characteristics ignore context and values as well as subjectivity and plurality. It does not include multiple perspectives of different groups within different contexts who have different views of what quality is as well as a different interpretation of the criteria of quality. Moss and Dahlberg argue that the definition and use of the term “quality” itself derives from universal and objective norms and therefore is an evaluation of conformity to those norms. Quality itself becomes a governing or management tool when it really should be about allowing for reflection, discussion of practices, and integration of varying perspectives that best serve a community and its families and young children (Moss & Dahlberg, 2008).

So, determining quality should take into account local perspectives regarding the purposes, intents, and desired outcomes of early childhood care provision as well as forms of care that would appropriately address such desires (Britto, Boller & Yoshikawa, 2011). This concept of quality establishes the foundation for creating sustainable programs that are locally run that adhere to cultural needs, contexts, goals and services and hopefully allows for collaboration between community members, NGOs and governmental sectors.

Sithuthukile

In “Waiting to be three: A model of training, care, support and advocacy for infants, toddlers and twos in rural South Africa” (Casper and Lamb-Parker,2008), the authors identify that one of the main challenges facing the improvement of quality of ECD programs is the lack of professional development of practitioners working with children birth to 3 years old. During a visit to South Africa, the authors found that as most children ages 5 and 6 were attending school for Grade R, parents were bringing their infants and toddlers to the local preschools for care. The women working in the preschools felt strongly about their need for more knowledge about working with children under the age of 3. In addition, Casper and Lamb-Parker observed that the environment in which the “under-3s” were being cared for looked very different from the environment for the children attending preschool. There were “few materials, children sat closely together with little to no interaction with each other...and caregivers sat, perhaps holding a baby, looking at the group without attempting engagement” (Casper & Lamb-Parker, 2008).

Now, several years later, this work continues and is implemented through local NGOs such as the Sithuthukile Trust, a branch of the *Ntataise* Network, which was described earlier. My experience was working primarily with the Sithuthukile Trust, which operates in urban and rural areas of the Mpumalanga Province. The NGO provides professional development for practitioners working with infants and toddlers as well as preschool age children in Grade R classrooms. As discussed earlier, there have been great improvements in regard to Grade R curriculum and environments but there is still a tremendous need for support in the care of infants and toddlers. This is why the training that Sithuthukile does with practitioners who work with infants and toddlers is so

significant. The program is a basic curriculum that is sensitive to the educational level and culture of rural and economically disadvantaged communities and integrates the guidelines and standards from the national government's work in birth to 3. The curriculum focuses on basic health, nutrition, care and comfort of children birth to 3 years old. The Trust's mission, as stated on their website, is to train and support practitioners to (*Sithuthukile Trust*, 2014):

- Develop and maintain well-run early childhood development centers
- Support the holistic development of children, and
- Include families and community members in early childhood development programs.

During the summer of 2014, I had the opportunity to travel to the Mpumalanga province in South Africa to work with Sithuthukile based in the township of Middelburg. In discussions with Virginia Casper and a colleague, Melissa Aives, who joined me in the visit to South Africa, we began to formulate what our purpose was for the trip. I had read much of the literature discussed in this paper before going as a way to begin thinking about the issues facing ECD globally and in South Africa and more specifically, what this NGO was doing to support children, practitioners and communities. The director of Sithuthukile, a woman named Sophie Masilela, welcomed us warmly at the airport on the day of arrival and drove us to where we were staying. Operated by a friend of Sophie's named, Thandi and her husband, Felix, the Tulimelila Guest House quickly became our home away from home where we spent our evenings cooking with our hosts and reflecting on each days events.

Before we got to Middelburg, Melissa and I imagined we would be spending everyday in various ECD settings, working with children and getting to know practitioners. However, when we arrived, we found out the schools would be closed for three of the four weeks we would be there. At first, this seemed to be extremely problematic and we were nervous about how to proceed. But, that is the nature of international work – you must be ready for the unexpected. For me, this unexpected change of events gave space for new discoveries, more time to reflect on the system behind the issues of ECD and to focus on understanding how the women of Sithuthukile dedicated themselves to supporting the women and children in the centers. During our time, we visited various ECD settings, observed a training session, shadowed the director on outreach missions to register several crèches for funding and collaborated with the training facilitators on several projects. I quickly learned that ECD in South Africa is a complex world that faces many challenges when it comes supporting schools and practitioners. Many times, Sophie would be faced with a roadblock. However, she never allowed it divert her from her path. She understood that this kind of work takes patience and time; that it is an ongoing process. I came to understand the way Sithuthukile approached improving quality was by establishing sustainability in local preschools, settings and crèches through practitioner training and outreach support.

To understand the meaning behind “sustainability” in this context, the Developing Families Project-South Africa (DFP-SA) provides an example of a program that aimed to establish sustainability through a community-based model of education and training for the care, support and education of vulnerable birth-to-three and their caregivers and families (Casper & Lamb-Parker, 2012). The basis of the model includes features whose

purpose was to increase the potential for sustained practice even after the project ended. These features included building local capacity to conduct research to identify needs in their community and to seek solutions, creating ownership that ensures greater accountability during the implementation and after outside support is withdrawn, fostering community strength and unity through championing common goals and empowering people to continue to make important decisions concerning all areas of their lives and those of their children and families (Casper & Lamb-Parker, 2012). The work that *Ntataise* and Sithuthukile do is the realization of the goals outlined by the DFP.

We spent the first days getting to know all of the people working with Sithuthukile. The facilitators were busy in the office preparing for site-visits, grading practitioner assessments from previous training sessions, and preparing for future training weeks. We spent a lot of our time with Sophie, the director, and the practitioner-facilitators, Joyce, Sibongile, Iris, Linky and Bongzi. These women became our guides and our mentors. They taught us some Zulu that we could use as we accompanied them on site visits and shared their experiences from their former years of experiences. I took the times we were in the office to ask questions on how they felt about the current status of ECD, how they began working in the field and why they joined Sithuthukile. There were a lot of grievances and they faced a lot of obstacles when it came to supporting schools, communities and practitioners in the best way they could.

When observed through a western lens of quality, the environments we visited may not quite fit the definition that has been prescribed. While it is important to recognize certain standards of “quality” (i.e. safety, hygiene, and basic needs), it is even more important to understand the context that we are in before placing judgment. At first,

this was a challenge. We visited many centers that forced me to change the way I think about education and the care of young children. We enter new situations with perspectives colored by our previous experiences. The moments that encourage us to put those constructs aside are sometimes the richest experiences. I began to see how limited I was in my definition of quality because my definition is relevant to my context; I needed to broaden and adapt my context in order to redefine quality. It was essential to see each setting for what it was, not for what it wasn't. In addition, I came to learn that "when one is trying to understand children's lives in an unfamiliar context, one must both bring, yet also suspend one's prior knowledge about children (Casper, 2002)." Furthermore, I needed to suspend various parts of my educational philosophy in order to make room for new ideas. Ultimately, this is why I embarked upon this Teach Abroad experience. As an early childhood educator at a private preschool in New York City, my view had become limited; I needed to give new meaning to the work I was doing at home by learning abroad.

On our second day with Sithuthukile, we visited an ECD center called Rise and Shine. There are 6 – 7 classes, each with 30-40 children ranging from 2 – 6 years old and with one or two teachers per room. Because of the reading and orientation we had done before we arrived in Middelburg, I was prepared for this type of child-adult ratio but I was still interested in how a class such as this functioned. There are two toddler classrooms, a few 3-4 year old classrooms and one Grade R classroom for the oldest children. The rooms were decently sized, the Grade R classroom being the biggest, and each room had what I, in my Bank Street mind, deemed "age-appropriate" materials available for the children. It was difficult to get a sense of the school on this particular

day because there were no children present and it was merely a tour. A few weeks, later we had the opportunity to revisit Rise and Shine and spend an entire day with the children and practitioners. While Melissa was in the toddler room, I spent my day in the Grade R classroom. I had become curious about curriculum in the Grade R classrooms and how it was being implemented in various settings. Also, the toddler room was small and adding another adult would have been a tight fit.

The day at Rise and Shine began with breakfast for each child and while the children eat, the teacher checks messages in the children's home books. The sharing of the meal that was then followed by a song and prayer created an immediate sense of togetherness and community. The children had a chance to check in with each other as well as with the teacher, making the large class of 46 feel a bit smaller. During morning ring, or circle time as we know it, the children sat on the rug facing the teacher who sat on a small bench in front. She led them in open discussion and invited the children ask questions and give comments. Later during story time, the teacher read a book integrating both Zulu and English.

The walls were decorated with children's art and each child's name was clearly labeled with a space dedicated to their work. There were more academic posters including number and letter charts, a calendar, months, days of the week, shapes, colors, seasons, weather, birthdays etc. Needless to say, the walls were covered with these posters. It was a vibrant, busy classroom that was also well organized in terms of play areas. There were seven table top areas and activities including one for books, one for puzzles, one with play dough, one with peg boards, and three for a themed activity called "My Country," in which the children were decorating their own South African flag. The

instruction for the activity was: “What comes to mind when you think of South Africa?” There was also a block area with wooden blocks and Duplo’s as well as a dramatic play area. As it goes during free play in a preschool classroom, there was not a lot of structure. It struck me how often the teacher needed to leave the room because if I hadn’t been there, there wouldn’t have been an adult present. There was a lot of running around, wrestling and only a few children chose to sit down and do an activity. However, once the teacher returned, she assisted the children in getting settled into an activity and checked in on them. At this point, I had come to terms with the fact that each classroom is overcrowded and the space is too small but what matters most is what happens in the classroom; the relationships made, the skills practiced and for a child to have the opportunity to be in an environment that their well being and development.

Siyabuswa, a township that Sophie described as “a homeland for black Africans during apartheid” has an overwhelmingly high HIV/AIDS population and within this community, many families don’t want their children to associate with children who are positive for HIV/AIDS. Sithuthukile is working towards establishing more ECD centers as well as training caregivers how to care for those children who have been stigmatized. The training includes skills for hygiene, sex education and general health. We visited the Senzokuhle Home-Based Center Program, a drop-in center for children and families who have been impacted by HIV/AIDS. Many of the children who come to the center are victims of rape and abuse and the program specializes in providing services for children who are “vulnerable.” Attendance is free and the children are given two meals a day as well as full school day program. As more and more children began to come to the center, Rose, the director, felt that a preschool program for children under the age of 5 was

needed. Sithuthukile began working with Senzokuhle a few months before we arrived and one of the first steps was registering the program so that they could receive additional funding. The two classroom teachers would attend a two-week training session with Sithuthukile and a facilitator would make outreach visits to help set up the environment and curriculum.

The first time we visited the setting, we found out that there were 34 children registered for the program that was beginning on Monday but Rose and the practitioners were expecting 50 to arrive. I was curious about the room was going to be adapted to fit the needs of 34, potentially 50, children. It was encouraging that Sophie, Rose and the classroom teachers did not question that this was indeed going to work. After all, it was a decent sized room that could accommodate a large number of children and there was an outdoor space that could be utilized. We visited this center several times throughout our work with Sithuthukile and each time I began to see more positive aspects to it. Sithuthukile provided the center with child sized tables and chairs, soft mats made from weaved recycled plastic shopping bags, art materials, building materials made from painted toilet paper rolls, and several books for their library. On the days we spent there, we helped the classroom teachers create the daily schedule poster, nametags for each of the children, labels for areas of the classroom as well as to set up the environment. One morning a few days before the first day of school, Melissa and I were dropped off at the center to help the practitioners, Busi and Thabo, set up their classroom. Perhaps it was because we are a little awkward in the new situation or perhaps it was the language barrier but for the first hour, there was very little “chit-chat” among the four of us. There was some nervous laughter and some directions were given to Melissa and I but we really

started talking until it was lunchtime and they offered us tea and “fat cakes,” delicious donut-like pastries. We talked about being teachers – Melissa and I in New York, Busi and Thabo in Siyabuswa. We talked about our experiences with young children; mostly how challenging it can be at times. Thabo was nervous because it was his first year teaching. Busi expressed that she was nervous because there were going to be so many children in the class, including a 10 month-old infant. This moment felt like a key component to establishing quality programs; give practitioners opportunities to reflect with peers and to share similar as well as diverse experiences. In addition, what helped to establish the quality of this program was the support that came from Sithuthukile. The facilitator helped the practitioners establish their curriculum and environment as well as to understand the *purpose* behind the curriculum and the way the environment was set up. This is sustainable early childhood education in action; practitioners supporting each other and community programs with the purpose of building strong foundations.

It is important to note that there were many environments that the facilitators from Sithuthukile felt discouraged by but this did not stop them from continuing the outreach programs and training sessions. Sithuthukile works with the whole spectrum of environments; those who are well established and on a good path as well as those that are in great need of funding, curriculum training and practitioner support. Many of the settings were over crowded with few resources and many of the practitioners expressed a need for change in terms of governmental standards and funding. There were several reoccurring themes that connected each of the settings. One being that the youngest children, those birth to age three, were in great need of resources, materials and practitioner support. For example, we briefly visited one larger school that had an

incredible amount of resources for the Grade R classrooms but in the infant and toddler rooms, the children had few materials and there was little interaction between the caregiver and the children. We often heard practitioners express feelings of frustration, exhaustion and they all echoed the demand for improvement. The dialogue around these issues occurred often and in many settings between the practitioners and facilitators, which to me is the first step to action and change.

In addition to visiting crèches and other settings, I had the opportunity to work with Sophie as she recruited practitioners for training, then later attend and observe a training session in Siyabuswa. Each session began with tea, breakfast and a prayer or song, which could be started by any member of the group. Once everyone had settled in, there was a group discussion about the day's topic, which ranged from curriculum planning for infants and toddlers to safety and hygiene. On the day I visited, the topic was art activities with young children and the Sithuthukile facilitator led the discussion that became brainstorming session that allowed for collaboration and the sharing of new ideas. After the exciting and motivating discussion, several stations were set up throughout the room for the educators to try examples of art activities. Some of the demonstrations included a nature collage with leaves, seeds, and branches, watercolor painting, paper weaving, play dough and crayon drawing. The educators explored the materials while also engaging in conversations about what they thought the children would gain from experiences like this.

Another aspect of the training sessions is resource making. After lunch each day during the training weeks, the practitioners are provided with materials such as poster boards, markers, labels and images that can be used in their classrooms. It is up to them

to organize and create the materials, posters and resources in whatever they feel is best for their particular setting. Sithuthukile provides most of the materials but also encourages the participants to bring recyclable materials, such as empty bottles, boxes and cartons that can be used to create learning materials. This is another example of the way Sithuthukile is establishing quality through sustainability – providing practitioners with professional development experiences that they can bring back to their schools and settings and share with their colleagues.

At the end of many meetings, Sophie often shared a song called “We are Here for the Children” with groups of practitioners whether in schools or during training sessions. The sentiment resonated with me throughout my time in Middelburg and reinforced the concept of quality in ECD as providing emotional, developmental, and physical support and care for young children, families and caregivers. I observed first hand facilitators going into communities, making connections and establishing relationships with practitioners and children that created a foundation of respect, reciprocity and support. I had a difficult time saying goodbye to Sophie, Sibongile, Linky, Joyce, Iris, Thandi, Felix, Rose, Busi, Thabo and everyone we met during our time in Middelburg but it wasn't until I arrived back in New York that I realized how great of an impact the experience had made. I was given so much during this experience, one of the things being an enlightened view of what it means to establish quality care for young children. Sophie once told a practitioner, “You cannot quit. Once you are in, you're in.” There are challenges to be faced when it comes to improving quality of ECD services and Sophie explained those challenges succinctly; NGOs like Sithuthukile need “manpower, time and funding.” The field of ECD also needs leaders like Sophie who say, “My passion in

life is to care for those who cannot care for themselves. If I feel I am making a difference, then that is a celebration.”

Conclusion

Quality cannot be universally defined but in fact requires a more contextual framework that is environmentally, developmentally and culturally meaningful. Local and community based programs such as the Sithuthukile Trust as a part the *Ntataise* network provide a solid example of how to go about supporting young children, families and early childhood development services in a way that is culturally relevant. The more programs there are like this, the wider the outreach can be and therefore more infants, toddlers and families can benefit. In addition, it is important for ECD programs to have the resources to be able to take into account infant and mental health as well as parent, nonparent and caregiver mental health as a way to positively impact the earliest years of a child’s life. Furthermore, as NGOs become more vocal about the importance of supporting young children and families, the more legislators will begin to take them into account as a priority in terms of developing meaningful policies that can make a difference.

The way Sithuthukile supports communities is by meeting them where they are; the NGO identifies the work that programs are already doing to care for young children and then they determine how they can build from there. It is similar to the way educators of young children meet a child where they are developmentally then scaffold further through play and social-emotional relationships. With *Ntataise* leading the way, ECD in South Africa is making strides towards creating services that operate on a more

community based level that in turn will improve the quality by establishing sustainability of programs for families and their very young children. Quality of programs can be improved through both specific and broad means, but always from a local level. The specific measures includes practitioner training and ongoing outreach support to ECD programs whereas the more broad measures include establishing a platform for communities to identify their needs and create solutions and embedding these practices as a way to empower those who are most vulnerable. There is no universal definition of quality because each person's and each community's needs are different and therefore the way in which their needs are addressed should be meaningful and relevant to them.

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