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Mapping Knowledge Transfer in Early Childhood Education and Care in South Africa

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Abstract

This pilot study explores through participative methods the implicit models, situated understandings and processes of early childhood care and education in South Africa in the context of poverty. The intention is to expose and reconcile potential tensions between 'official' Western and classed child-rearing practices and indigenous beliefs and realities of poor communities in KwaZulu-Natal.

The research was undertaken as part of an international, inter-institutional and inter-cultural learning project. The research team consisted of: Professor Carol Aubrey, Dr Sarah Dahl and Mrs Angela Underdown, University of Warwick, UK; Dr Hasina Ebrahim and Professor Nithi Muthukrishna, University of KwaZulu-Natal, SA; and Professor Helen Penn, University of East London, UK. The study would not have been possible without the cooperation of the Early Childhood leaders and the communities and children they worked with.

Introduction

The pilot study to be reported here concerns on barriers to socio-economic development and quality of life in less-developed countries, with the potential for impact on policy and practice for poverty-reduction. The focus is on poverty in early childhood, and the nature of home-, centre- and community-based early experiences and other ameliorating factors that attempt to address such poverty, that is early childhood education and care (ECCE). The hope is to achieve better accommodation, co-operation and co-ordination among diverse ECCE stakeholders and increase the effectiveness and thus cost-effectiveness of their existing strategies. Two theoretical frameworks were used for the accompanying background paper: the first draws upon ideas about aid intervention from theories of globalization and knowledge transfer (eg Katz, 2004); the second upon cultural psychology (eg Nsamenang, 2004).

Rationale

Six *Education for All* goals (EFAs) of UNESCO (2000) Dakar Forum identified the need to provide learning opportunities at every stage of life, from infancy to adulthood, with a target year for achieving these by 2015. Pursuit of global co-operation is an essential part of fulfilling these goals. With the arrival of technologies that facilitate communication and connections among researchers and policy-makers across the globe, we are now in a better position to value and realise international collaborations that involve reciprocal learning and policy development. Starting with shared goals, backed by regular and rigorous research, we intend to begin a process of sharing ideas, actions and commitments among ECCE professionals, parents, community-leaders, academic and non-academic stakeholders, business and NGOs in all parts of society.

The first EFA goal is to expand and improve comprehensive ECCE, especially for the most vulnerable and disadvantaged children. Recent and ongoing studies in Southern Africa (Monson *et al*, 2006; Penn, 2005, 2007; Beirsteker, forthcoming) suggest that this goal is far from being met. Whilst ECCE is expanding, statistics are likely to be unreliable (*EFA Monitoring Report*, 2007), especially in their coverage of peri-urban and rural areas. In the absence of coherent national policies and funding, local ECCE projects are necessarily self-funding. In urban areas, ECCE provision can attract paying parents, and attain standards of provision and training that mirror those of the North. In rural areas and in townships and peri-urban areas, ECCE provision is more likely to be small-scale and improvisatory, with high turnover of projects. It is characterized by what

Haihimbo *et al*, (2006) describe as “benign neglect” towards the most vulnerable children.

There is considerable rhetoric about the importance of ECCE, its potential for tackling disadvantage and setting strong foundations for learning. Adherents argue that a “holistic” package of health, nutrition, care and stimulation will have far-reaching consequences in the amelioration of poverty (Grantham McGregor *et al*, 2007; Heckman, 1999). The evidence for health and nutritional interventions is powerful, although ideas about health and well-being are invariably locally contextualized and interpreted (Warren *et al* 1995, Rosaldo and Xavier, 2002). Care, stimulation and learning are even more so essentially cultural concepts. There is substantial anthropological and psychological evidence (Gottlieb, 2004; DeLoache and Gottlieb 2000; LeVine 2003; Hewlett and Lamb, 2005; Scheper-Hughes, 1993; Boydon, 2007) suggesting that patterns of care, stimulation and learning are intrinsically contextual. Yet almost all evidence informing the debate about early childhood interventions in the South is drawn from and framed within discussion about a relatively limited range of US studies, in which concepts of care, stimulation, learning and pedagogy are largely taken for granted and unexplored (Penn and Lloyd, 2007). The predominant model for ECCE used by development agencies is ‘Developmentally Appropriate Practice’, a model tried and tested in the USA that ascribes certain behaviours to certain stages of development, warranting particular responses from carers (Evans *et al*, 2004). Burman (1994) and Lubeck (1996, 2000) exposed the problems inherent in the creation of a ‘universal’ practice premised upon a universal theory of development and universal child-rearing practices to foster development, by distinguishing between appropriate and inappropriate practice. They maintain that such theories are social constructions and not enduring truths.

The Association for the Development of Education in Africa (supported by major donors and with high-level political support from ministers of Education and senior civil servants from most African countries) has a working group on ECCE that has produced a number of papers summarizing ECCE initiatives in Africa (Hyde and Kabiru, 2003). Similarly the World Bank has supported the Early Childhood Development Virtual University (ECDVU). This provides postgraduate training in ECCE, aimed at Africans working in senior ECCE positions, emphasising the cultural and ecological settings of children and drawing on African material. But these programmes tend to rely upon and produce broad advocacy documents, inevitably drawing on global arguments for supporting early childhood. Within a SA context, there has been considerable debate

about appropriate 'indigenous' models (SA Ministry of Education, 2005), and attempts to develop local standards. Nevertheless, models and understandings from the North tend to predominate, especially at the top end of the childcare market.

The need to intervene in early childhood is also argued from another perspective - that of Children's Rights. The UN Convention on the Rights of the Child (UN General Assembly, 1989), ratified by one hundred and ninety-five nations, guarantees the rights of all young children to protection, provision and participation. There has been subsequent work exploring the implications of the convention for young children and how it can be interpreted for the benefit of children living in conditions of chronic poverty (Committee on the Rights of the Child, 2007; Gordon *et al*, 2003) The most recent EFA monitoring document argues for a robust approach to children's rights within the EFA framework. This work also raises the question of how cultural contexts are interpreted, the nature of provision and what participation might mean in a situation where childhood is viewed as a developmental stage characterized by docility and respectfulness.

Aims

The study thus sought to:

1. increase understanding of socio-economic and cultural contexts in which ECCE programmes are delivered by specifying what such programmes might comprise in the SA context, their policies and objectives, their situated practices and target populations;
2. expose what competing and possibly contested 'official' frameworks are being brought to bear as well as informal theories in the preparation, training for, and delivery and evaluation of such programmes;
3. respond to methodological challenges posed by large-scale and quantitative international comparative work, by creation of qualitative datasets at local, district, provincial and national level, intended to stimulate participatory learning and action;
4. promote transfer and exchange of knowledge between social scientists, ECCE policy-makers, practitioners and local communities with a view to increasing inter-organisational co-operation, the effectiveness and hence cost-effectiveness of their strategies.

It has been argued that to make sense of current conceptions of early childhood learning, development, health and educational success, it is necessary to take account of the way these are influenced and even shaped by wider national and international as well as the local policy agendas.

Context

A nationwide audit of provision Department of Education, Republic of South Africa (2001) revealed that fewer than one-sixth of children attended Early Child Development (ECD) in South Africa, from birth to four years. At the community site concerned in the present study, the initial focus of practitioners had been on raising community awareness concerning children's rights and benefits of ECD, with home-based ECD activities planned for individual children in one community and with site-based provision available in the adjacent community. Such priorities were challenged by initial home visits that showed a community stricken by family breakdown caused by poverty and unemployment, migration in search of work, malnutrition, illness and death through HIV/AIDs.

Practitioners recognised the need for a more holistic approach to enhance the capacity of families and communities to address the more devastating challenges confronting them. Through social action learning, such programmes have expanded and evolved towards integrated community development intervention ...Broader based strategies were needed to create real sustainable and meaningful transformation of capacity of families, community, local leaders and the practitioners. (Lead professional)

The Family and Community Motivator (FCM)¹ approach used works in vulnerable communities. It has its roots in *ubuntu* and a human-rights approach building on local knowledge and resources to promote resilience amongst children and their caregivers. *Ubuntu*, based on traditional African values, is about tolerance, sharing and mutual co-operation. It puts children at the centre of community development and builds circles of

¹ Newman, M. (2007) Family and Community Motivators. The front line of support for vulnerable young children. Cape Town: Early Learning Research Unit.

support at family, household and community level. In a context of vulnerability, of family- and community-breakdown, these values are severely challenged.

Background

Caregiver engagement has been used broadly to represent several different forms of participation in education and with schools, and in the context of health and wellbeing. Epstein (1995) created a typology of six forms of parent involvement that included:

- parenting, or helping families establish a home environment to support children as learners;
- communicating, that comprised effective home-to-school and school-to-home exchanges concerning educational programmes and children's progress;
- volunteering, or recruiting parental help and support;
- learning at home, or providing help to children with curriculum-related activities;
- decision-making, or developing parents as leaders and representatives;
- collaborating with community, or identifying and exploiting strengths and resources in the community to strengthen educational programmes, family practices and children's learning and development.

The typology provides a framework for considering how caregiver practices may be mobilised to meet specific objectives. This drew on Epstein's (1987) school, family and community partnerships model based on a theory of family-school connections, in which overlapping and non-overlapping contexts of influence in which children learn and develop – the family, school and community and the complex social and psychological relations between individuals at home, school and community. Epstein (2001) emphasised the benefits of greater overlap among teachers, parents and children and, hence, increase in co-operative efforts.

This model resembles Bronfenbrenner's (1979; 1986) ecological model that locates the child at the centre of the model, surrounded by microsystems of family, peer group, classroom and neighbourhood which all influence the child's development. Meanwhile, interactions occur among the microsystems, for instance when caregivers and

educators attempt to co-ordinate their efforts to educate the child through the mesosystem, consisting of interactions among the microsystems.

Hoover-Dempsey and Sandler (1995; 1997) has offered a different model of parent involvement in their children's education, focused on parental role construction and beliefs, and drew upon studies designed to enhance parents' beliefs and self-efficacy (Bandura, 1977; 1986; 1993; 1995; 1997). Self-efficacy theory suggests that parents' behaviour is influenced by the outcomes that they anticipate from their actions, thus the stronger the sense of self-efficacy for a task, such as helping with a child's learning and development, the higher will be their goals and the stronger their persistence in reaching those goals. Parent involvement processes that influence their children's learning outcomes include modeling, reinforcement and instruction (Bandura, 1977). Moreover, if they feel themselves to have the resources or 'where-with-all' to help with their child's learning, they are more likely to become involved. Hence, personal self-efficacy depends upon the parents' beliefs, attitudes and skills or sense of personal competence. The greater extent to which parents hold positive beliefs about their efficacy to influence their children's learning, the more likely they are to be involved. There is a developing literature that supports the benefits of family involvement and the importance of building caregivers' capacity to support their children's learning and educational progress.

Similar holistic models of intervention to support and develop the health and well-being of young children and their families, underpinned by ecological approaches, can be found. For example, Olds *et al* (1998; 2004; 2005) developed a nurse-family visitor model drawing on the ecological theory of Bronfenbrenner (1979), attachment theory (Bowlby, 1969; 1973; 1979; 1980), epidemiological evidence and in particular the social learning theory of Bandura (1977). This model underpinned approaches offered to families as a means to increase motivation and generate behavioural change with respect to matters of health and well-being. Slade, Mayes and Sadler (2002; 2005a; 2005b; and 2005c) further developed such models and approaches in the context of addressing complex needs in high risk families by providing a pre- and post-natal 'web' of care (Lieberman 2003 cited Slade) that focused on developing parental reflective functioning or mentalization (Fonagy *et al* 1997; 2004 a; 2004b) capacities enabling parents to keep their infants 'in mind' physically, emotionally and developmentally (Slade 2002).

These approaches have much in common with the Family and Community Motivator (FCM) programme being used in the community observed, which places the child at the centre of community development (microlevel) but also aims to build circles of support at family, household and community levels (mesolevel). These levels are characterized by unemployment, poverty, illness and death and reflecting broader influences (macrolevel), requiring the establishment of social networks and building resilience so that primary caregivers can access basic services, housing, employment and hence income.

Based on the conceptual frameworks outlined above that represent multi-disciplinary communities practice (Wenger, 1998), there are good grounds to suppose that the earlier families and the community have opportunities to become more involved in their children's social, emotional and intellectual development and learning, the more powerful the support offered to their children may be. Moreover, by building the capacity of the family and community through enhancing their knowledge, skills and beliefs, the greater their confidence, sense of self-efficacy and positive involvement in their children's development will become and the more likely the positive impact on the child.

Accordingly, policies, practices and views of caregivers, professionals and representatives of the Provincial Department of Education were explored through document analysis, audio-taped interviews and video-taped observations, in order to uncover policy-to-practice concerns and possibly competing definitions, purposes, interests, ideologies and discourses.

Methodology

i) Data gathering methods included:

- analysis of relevant policy documents, including *Early Child Development* (South African Qualifications Authority, 2007); *Education White Paper 5 on Early Childhood Education* (Department of Education, Republic of South Africa, 2001); *Revised National Curriculum Statement Grades R-9 (Schools) Overview* (2005); and *Strategic Plan 2007-2011* (2006);
- initial meetings with the lead EC professionals at the sites concerned to investigate theories, beliefs and local policies related to ECCE;

- reflection-on-action following video-taping of practitioner-selected episodes in each setting, that sampled a range of activities, to discuss factors that mediated practitioners' intentions, facilitators and barriers;
- sharing of video highlights with educational officials at the Provincial Department of Education (Early Childhood Development section) at Pietermaritzburg to stimulate discussion about policy-to-practice concerns.

ii) Sampling

One week of intensive pilot data-gathering was planned, with visits to an NGO crèche and a FCM intervention in the rural KwaZulu-Natal Midlands region, and in the urban context a charity-based self-help community for destitute children and families in Marianhill on the outskirts of Durban, led by an Austrian nun. Finally, by way of contrast a visit was made to a private day nursery and preschool that also included local orphans, in the Chatsworth area of Durban.

iii) Procedures

At every visit, it had been explained to the leader that researchers were interested in observing their ECD provision and ethical clearance was obtained to video-tape what we observed and audio-tape what was heard. Conversations were digitally recorded and are currently in the process of being fully transcribed for analysis. On average, this amounted to 20 minutes for each setting.

iv) Materials

A broad set of exploratory questions was asked in order to elicit the perspectives of practitioners involved – what was it like to work there; how did they come to be engaged in this ECD work; what factors supported or inhibited their professional activities; and what anxieties and apprehensions had they had. For the visit to the Provincial Department of Education, it was felt that the prepared questions were inappropriate and the meeting took the form of an information exchange with the researchers explaining the nature of the research partnership and the Department of Education representatives identifying key emerging issues following a review of the video-highlights.

v) Analysis

Each leader chose what the researchers observed and when, and discussed the context of their setting as well as the provision made. Video-recording of every different activity observed on the visits to the four settings provided a sampling of events. It was

downloaded and stored both digitally and on DVDs and a copy of visual data was given to each setting. Through a process of data analysis and reduction a more condensed version of observed events was obtained that stripped out repetition but preserved the full range of observed activities. The video-highlights were presented at the Provincial Department of Education for representatives to observe.

By cumulative analysis from document analysis, initial meetings, individual interviews, observations and final discussions, the design allowed identification and cross-referencing of key themes to emerge in a grounded manner.

vi) Ethics

Research ethics attempted to go beyond compliance with formal British Psychological Society guidelines and relevant university research ethics, to adopt a situated-ethics approach mediated in socio-political contexts. This was intended to take account of ethics in a context of marginalisation, powerlessness and vulnerability and adopt culturally sensitive ways of working with diverse groups.

In the event, permission to obtain digital images was granted from participants in advance and checked again with participants at the time of data gathering. Images were shown to participants as work proceeded, with both adults and children expressing interest, curiosity and delight in the images of themselves shown, with no-one refusing or showing signs of reluctance. A fuller feedback of text data is planned once analysis has been completed in the appropriate language (English or Zulu).

Results

At the time of writing, transcription of audio-tapes had not been completed, thus this preliminary analysis focuses on the NGO crèche and FCM intervention in the rural Midlands of KwaZulu-Natal. The urban self-help community and urban private chèche, pre- and after-school offered a means of triangulation but also a comparison and contrast.

Examination of themes that emerged from document analysis, the audio- and video-recordings and the daily reflections of the research team revealed:

- ECD and play,
- community staff selection and training,
- the challenges of poverty, illness, death and bereavement,

- unemployment, apathy and domestic violence,
- absence of fathers,
- lack of food and pure water, and
- poor sanitation,

together with another set of themes associated with:

- community mobilisation,
- hope, aspiration and 'enthusiasm of youth',
- promotion of prevention,
- pooled resources and resilience.

As noted on the NGO's website:

If individuals have the self-confidence to define a purpose for themselves, they can rise above these circumstances no matter how impoverished those circumstances may be. (Wimble, 2000: 3)

In order to address broader structural issues, overarching and intersecting themes were identified. Striking, and cutting across this range of themes was the blending and intertwining of:

- official policy frameworks and international perspectives,
- policy texts and situated practices,
- aspirations of the new democratic Republic of South Africa and the provincial history, traditions and beliefs of the Zulu people.

i) Official policy and international perspectives

Official Guidelines for Early Development Services (Department of Social Development, 2006: 1) recognized that:

that the early childhood phase from birth to nine years is considered the most important phase for every human being ... Giving children the best start in life means ensuring them good health, proper nutrition and early learning. The well-being of children depends on the ability of families to function effectively. Children need to grow up in a nurturing and secure family that can ensure their development, protection, survival and

participation in family and social life. The aim of family and child welfare is to preserve and strengthen families so that they can provide a suitable environment for physical, emotional and social development of all their members.

At the same time the *Strategic Plan for 2007 to 2011* (Department of Education, 2006) has recognised the need to expand access to quality ECD opportunities by trained ECD practitioners (only 12% in 2004) and Grade R programmes by qualified teachers that precede Grade 1 (59.6% in 2005), especially for poor communities. As noted by the South African Qualifications Authority (2007: 1):

ECD is a priority area within the South African context and is supported by legislation, national policies and strategies. The development of babies, toddlers and young children forms the most critical foundation of further development into childhood and adulthood and it is critical that the field should be served by competent practitioners ... able to work in a variety of ECD contexts (National Qualifications Framework Level 4).

Further, international comparability for the Further Education and Training Certificate (FETC): Early Childhood Development had been examined not only by finding equivalent national qualifications in Kenya, India, Brazil and Honduras but also by benchmarks from what has been described as 'best practice in the field' in the UK.

ii) Policy texts, informal theories and situated practices

The Midlands area of KwaZulu-Natal was described by the lead professional in the NGO concerned as:

a land of fertile green hills and strong flowing rivers but also a land of barrenness and drought. Life is difficult. Families live in extreme poverty. Unemployment is high and the province has the highest rate of HIV/AIDS infection in South Africa. These conditions create suffering and hardship for all, but especially for young children who are most vulnerable.

There is a Zulu legend associated with the nearby mountain Ntunjabili that stretched back to the reign of King Shaka, in which a cannibal in the mountain took away all the children. As noted by the professional lead, the rural communities were making efforts 'to get on top of a mountain of poverty and tame the cannibal of AIDS'.

When the first trained family motivators visited hundreds of homesteads to facilitate play and early stimulation, they were 'astounded by the harsh conditions facing young children' as they were confronted with 'communities in turmoil and facing destruction'.

'AIDS had taken its toll on almost all families ... usually only one person was contributing financially, a large number were relying on welfare grants, many children were orphaned.' The stress of bereavement, illness and poverty had sapped the energy to care for young children by those older siblings or older relations who had responsibility.

Their work was informed by five key strategies of The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living with HIV and AIDS (UNICEF, 2004: 14) to:

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children, by prolonging the lives of parents and providing economic, psychosocial and other support.
2. Mobilize and support community-based responses.
3. Ensure access for orphans and vulnerable children, to essential services, including education, health care, birth registration and others.
4. Ensure that government protects the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

The community selected family and community motivators for training and these women recorded details, identified likely families to prioritise, helped them to obtain birth certificates and identity documents to obtain grants and pensions, and identified which children should be at school. Elderly caregivers needed help and support. Older siblings needed guidance in their new role. Their training enabled them to help children use play to deal with bereavement and loss. But the community was encouraged to join in and carry on after the motivator had left. The motivator became a 'confidante, friend and adviser, involved in typical early childhood activities'. The focus was still on young children and ECD and this 'dedicated group of women', would select a pack of toys from their kit and set off each day on foot. The lead professional recalled the oft-quoted Zulu proverb – 'touch a woman and you touch bedrock' – and, as she noted, this group of women 'had been touched. They would be the immovable rocks'.

They recognised that real change in children's lives occurred when the environment in which they lived changed too. If nurturing young children was to be achieved through a changed environment, food security and improved sanitation was a priority and the NGO's Integrated Technology Department worked with the community to create food gardens, food co-operatives, school food gardens and food gardens in private homes. Water was scarce. Women and children walked long distances to get water from rivers and communal pumps but 'quality was not assured' and contributed to the poor health of the community. Plans were implemented to improve and protect the quality of water – a vital step in improving the quality of life.

All young children enjoy energetic games with older siblings and the project trained 'buddies to play with younger children, to develop skills as peer counsellors and to relay concerns to a trusted adult'. The buddying scheme provided an additional link in the communication chain in the community that needed to support child-led households. As one young buddy declared:

I was angry ... my mother had died. They made me happy. I was heart-broken and I didn't know what I would do.

Indeed, the translation of the name of the project – 'our children' – is in keeping with the African adage – 'every child is my child' that encourages collective responsibility for all children, 'an aspiration to ensure that all children are protected and cared for that transcends historical and political divides'.

Other activities, not part of the original plan, added considerably to the quality of life of other sectors of the community – motivators for the physically disabled and the deaf children, and home carers for the elderly to ease the burden of the main caregiver. Self-governing self-help groups of 15 to 20 members each agreed to save a set amount that in time could form the basis of a start-up loan for a business.

In the end, of course, the future lies with the community not the professionals, whose role is to develop capacity in the community and phase themselves out. In the meantime, they have helped create a 'nurturing environment where every one is cared for and can look forward to a better future'.

- iii) Aspirations of the new South African democratic republic and the provincial history, traditions and beliefs of the Zulu people

From an ECD focus the intervention quickly broadened to include community development with the aim to strengthen families and communities to care for their vulnerable children. Through responsiveness to local needs, the action-learning techniques expanded to incorporate an integrated community development intervention. A partnership was formed between the NGO and the rural community to increase the capacity of families and communities to care for their vulnerable children through ECD. A priority was thus active engagement with the community, its existing structures and traditional leadership and training community-identified volunteers to work with children and their families in home-based ECD to secure sustainability. Selection criteria for families to be identified were also defined by the community and based on these criteria, specific children and families were identified for inclusion in the baseline selection procedure. The baseline survey provided information about particular needs of children and caregivers in the local setting and was useful for planning programme inputs. However, ECD as an educational programme is limited in scope unless it incorporates fully physical, emotional and social as well as intellectual development. Thus comprehensive primary health care/health promotion principles and strategies were also needed to co-create environments that could nurture healthy development (Jager, 2006). The *Road to Health* card recorded children's immunization to date and, indeed, the lead professional described parents as being better at keeping up-to-date than at seeking ante-natal advice which they tended to do only in the later stages of pregnancy.

Food garden enterprises contributed to nutritional development and self-help co-operatives to financial choices. Above all, the project provided an opportunity for the participation and contribution of traditional Zulu leadership in the rural community, recognised in the South African Constitution but in practice having little opportunity to contribute to the 'Integrated Development Plans' that have constituted the mandatory planning process for local government.

In terms of aspirations, what do the Zulu participants, children and adults, wish for? A young motivator in site-based ECD, when asked about her role, thought that what was most important for the children to have was love and trust. Indeed, before they went to play outside, each child was given a cuddle. Affectionate hugs were an important part of the day. What was most disliked was 'children having no food in their tummies'. Children for their part, described liking 'everything' at site-based ECD and disliking

'nothing'. These sentiments were very much echoed by the facilitator who had gathered together children from nearby homesteads in the village on the following day, who regarded herself as the most important figure in the lives of children she worked with. As well as cognitive development, she stressed the need for children 'to have personal hygiene because they're not getting that at home' but the hardest thing was 'when the children come and they haven't eaten'.

Sometimes they just go to sleep when they're playing because they're hungry.

Her children agreed that they also liked 'everything' at the ECD group and disliked 'nothing'.

They like everything here in pre-school, the food, the toys ... They said they like it because they just get food ... She likes very much to write and to draw ...

The young motivator wanted to stress that her role was not to teach writing and numbers though the elders wanted this.

Yeah, some parents complain, they expect the children to learn and learn and learn. When they are playing they think it's just a waste of time. They prefer that I teach them English but they do that in stages and then it's not so bad.

Children too recognized the importance of pre-school education, a Zulu translator reported back the children's views:

She (another child) said she likes very much here in pre-school because they write. ... because they are preparing for going to school.

The facilitator saw her role as 'basic education for children ... playing, talking and listening, moving and climbing ... using traditional games'. At the same time, there was evidence of counting and alphabet chanting in English at the ECD group, as well as colouring sheets and visual-motor worksheet exercises at the poor urban setting, particularly for those children likely to move before long to 'Grade R'. Puzzles, block play and role play were available inside and swings, slides, balls and hula hoops outside. Perhaps most pervasive at the sites visited, however, was the power and importance of Zulu singing, dancing, clapping and swaying, that brought all ages together in communal activity, including the researchers, and, at the same time, provided an opportunity for children to display their physical prowess. The so-called

'ring' formation brought children together for group discussion, stories and learning letter sounds, as well as the dance or movement ring and the music or 'song ring', such as a vigorous stamping song observed in which children stressed that 'they were going to beat this learning thing, the 'a', 'e', the 'i' ...' and so on. ²Much emphasis was placed on traditional games, songs and rhythms. Perhaps most poignant was the drum accompaniment to singing, the pattern and rhythm in children's dance and, in particular, the Zulu song 'I do not know my father... I have never seen him... My uncle is bringing me up.' The response to this was ... 'Do not cry my child, God will provide a father'.

Notable was the absence of fathers, and mothers for that matter, with the migration of adults of working age to the towns to seek employment, especially so since the local shoe factory had closed down. Parents might return only periodically at festival times but many found a new partner in the town and created a second family. One little girl, touchingly had a band placed round her neck, wrist and waist, so that her parent could tell if she had grown and been fed in her absence.

Poverty, migrant labour and HIV/AIDS have dislocated the social structure in South Africa, often resulting in fathers being unable to fulfil their social and economic responsibility to children (Morrell, 2006; Richter, Morrell and Manegold (2004). Increasing unemployment in KwaZulu-Natal has resulted in a decline in Zulu men's ability to meet acceptable social norms of fatherhood (Richter and Morrell, 2006).

On a much smaller scale and without the extensive ECD training brief of the NGO, the urban self-help community nevertheless had similar aspirations, goals, activities and impact in the locality. Depending more heavily on voluntary fund-raising, the Austrian nun who had originally set it up and a founder Zulu grandmother who, though untrained, organized the preschool, the community was more vulnerable in terms of long-term sustainability. It offered practical help to jobless and homeless people, focusing on providing for basic needs like food, shelter and education to its members; operated workshops for training and work and offered crèche, nursery and after-school activities for its workers.

² The daily programme consisted of: free play; tidy-up time; ring 1 group discussion, toilet, snack and tidy-up; ring 2 song ring and movement ring and activities; tidy-up time; outdoor activities; tidy-up and rest time; departure.

By contrast, the private crèche served professional working parents from 6. 30 am till 5. 30 pm. It catered for babies from three to months and under six years, pre- and after-school care for children under twelve years, and included children from the local orphanage. It offered a holistic curriculum with:

Qualified and experienced staff, balanced meals, well-equipped outdoor and jungle gym facilities, extra curricular activities – computers, speech and drama classes, girl guides, educational outings, balls, concerts and family ‘fun days’. (Publicity leaflet)

Indeed it provided for every conceivable need of an affluent, aspiring and upwardly mobile professional class, including a Mini Debs (and escorts) Ball for children graduating to school and would compare favourably with similar provision in the developed world..

Discussion

The meeting with Department of Education representatives established that the proposed the research project would yield information valuable to ECD policy implementation strategies for children of birth to four years. It was agreed that any ECD provision had to be seen in the context of broader social issues and would have to intersect with poverty alleviation, job creation and other programmes for community and family upliftment. Provision for birth to four years fell under the auspices of the Department of Social Welfare and the research team at some stage would need to meet with representatives from this department. Clearly there were a number of training challenges, a lack of qualified teachers for Grade R and below, lack of equivalence between occupational standards and general education and training, and lack of job status for those working in Grade R and below. The issue of inadequate resources in community-based and rural ECD centres needed to be addressed, along with and accreditation for practitioners working towards local, ‘culturally appropriate’ and indigenous models.

But what, if anything, does this mean in a context of community fracture under the strain of poverty, HIV/AIDS and crime? Where does this leave the concept of *ubuntu*? Perhaps the findings indicate that ‘culturally appropriate’ means based on indigenous realities, values, belief systems and other resources. It may be some time before we attain ‘global’ models through an indigenous approach. But if different classes, genders or ethnic groups each seek development of culturally appropriate models, in the end it may be economic resources that decide which indigenous models are developed.

In the meantime, to return the original aims, the study set out to increase understanding of socio-economic and cultural contexts in which ECCE programmes are delivered in South Africa, what they comprise, their policies, objectives, situated practices and target populations.

The focus of the study was poverty and it is clear that children's socio-economic rights are affected by the high levels of poverty in South Africa, where 66% children are living in 'income poverty'. But there is great disparity between provinces, with 54% children living in under-developed rural areas with is a lack of access to services, infrastructure and opportunities (Monson *et al*, 2006).

Poverty needs to be understood as multi-dimensional, and encompassing not just lack of money and material resources, but also various other deprivations such as access to schooling, health care and a conducive living environment. (Ndebele in Monson *et al*, 2006.)

Poverty impacts on children's rights: insufficient and inadequate diet that impacts on health, growth and development; inadequate and overcrowded houses; lack of access to safe drinking water and sanitation for nearly half of the country's children that can cause health problems, lack of access to electricity that leads to safety hazards in the form of paraffin or coal fires for cooking and heating. Where children are in school it can mean a 'long walk to school – often on an empty stomach' (*ibid*). The experience of poverty is compounded by HIV/AIDS which affects the community in different ways. (Highest prevalence rates for birth to five years is KwaZulu-Natal at 3.2%.)

Most young children are either living in KwaZulu-Natal (21%) or the Eastern Cape (17%) provinces. A third of children (33%) are younger than six years. 18.6% children are orphans. Half of the orphans reside in two provinces (23% in KwaZulu-Natal and 25% in the Eastern Cape). The proportion living in child-headed families is small (0.7%), 13% of these live in KwaZulu-Natal. The increase in children receiving the foster child grant in KwaZulu-Natal increased 42% between 2005 and 2006. In terms of proportion of children (aged 7 to 17 years) attending school, nearly one half (44%) out of school at the time of the survey were in the Eastern Cape or KwaZulu-Natal. 34% of children in KwaZulu-Natal walk long distances to reach their schools. In KwaZulu-Natal, 37% in 2005 were living in traditional dwellings, with 24% in crowded households; 53% children live in households with inadequate sanitation; 53% are without drinking water on site, 40% do not have electricity on site (Monson *et al*, 2006).

The policy target is to move the overall current 12% of children in ECD and 59.6% in Grade R to 100% (Department of Education, South Africa, 2006). In the context of rural poverty in particular ECD services through FCM have provided:

a strategic and systematic way forward for including local people in the development of a comprehensive ECD programme in a variety of ways – as primary caregivers or parents, as volunteers and elected members of the community-based management committees, as stakeholders, as trained facilitators and as trained family and community motivators. (Newman, 2006: 6)

This is a social action model based on prevention with emphasis on empowerment. The structural inequalities of society – poverty, lack of schooling, poor health and living conditions and powerlessness – are recognised and challenged. It aims to mobilise the community as a collective, using indigenous para-professionals to share programme-planning and implementation. Their shared social background with the community enables them to interact with greater trust and effectiveness. The NGO professionals require community involvement, education and training and a proactive role from the community in promoting health and education and in preventing illness and illiteracy. To ensure sustainability, there has to be an exit strategy.

Secondly, the study attempted to expose ‘contested’ official frameworks, as well as informal theories brought to bear in the preparation, training and delivery of such programmes. Official frameworks for ECD are considered in the light of other developing countries – Brazil, Honduras, India and Kenya – and do *not* privilege Western perspectives, instead using them as a benchmark or measure. The community development approach adopted does actively seek to engage traditional leadership, train local people and incorporate indigenous practices in the services provided. The dissemination strategy for the community intervention of the ECD lead incorporates Zulu history, legend and culture. The use of ‘ring’ singing dancing and storying that characterises site-based ECD again blends indigenous ways with prescribed practices.

Thirdly, the study aimed to respond to challenges posed by large-scale quantitative work by the creation of qualitative datasets at local, district, provincial and national level, that are intended to stimulate participatory learning and action. This process has already begun, as this pilot study demonstrates. This has begun to capture the voices of children, professionals and provincial decision-makers and in so doing reflects the various measures that are crucial to planning for ‘our children’ and their future and the

role of inter-sectoral collaboration between official government departments and NGOs in contributing to children's well-being. In terms of situated ethics in a context of marginalisation, powerlessness and vulnerability, it has become clear that adopting sensitive ways of working with diverse groups is only the start of the process. Respect for and value of their perspectives in the long-term can be judged only by the extent to which their individual 'stories' reach a wider and more politically powerful audience.

Fourthly, and leading directly from the third aim, the study aimed to promote transfer and exchange of knowledge between social scientists, ECCE professionals and local communities, with a view to increasing co-operation, effectiveness and cost-effectiveness of strategies. FCM interventions originated in the Western Cape and the model is spreading to other urban and rural areas and other provinces in which community-based programmes are intended to promote positive child outcomes. This paper represents a first if partial attempt at knowledge transfer and exchange, others will follow and other dissemination opportunities have been sought. Despite its inequalities, South Africa is on the ascendant in terms of overall social and economic development and in turn provides a powerful model for other less fortunate Southern African nations. FCM provides one such model and a response to childhood poverty.

Conclusions

The study started out with a focus on barriers to socio-economic development and quality of life in less-developed countries with a potential for impact on policy and practice for poverty-reduction. The context was ECD in conditions of poverty. Inevitably this spread to the examination of a number of other social and economic factors and solutions that chime well with Sen's (1982) concept of 'capability' which focuses on positive freedom or ability to be or do something in the face of structural challenges. He has argued that governments should be measured against the capabilities of their citizens' rather hypothetical 'rights' that can be judged only in the context of 'functionings' such as the availability of education. Only when barriers to functioning are removed can a citizen be said to act out of personal choice. In order for economic growth to be achieved, he argued, social reforms, such as improvements in education and public health, must precede economic reform.

FCM does build on indigenous knowledge and local resources to promote resilience among children, their caretakers and the community. This increases their personal freedom's or capabilities. It is culturally relevant and pragmatically useful.

So, to what extent were our original assumptions founded in cultural psychology challenged? Berry *et al* (1992) maintained that a goal of cross-cultural psychology is a universal psychology that incorporates both Western and indigenous psychologies. Cultural psychology, he argued, reflects power relationships between Western and non-Western countries and modernisation of non-Western academics. With better communication, pursuit of global co-operation involving reciprocal research is a real possibility with potential to create knowledge-exchange and transfer of effective indigenous practice to other poor parts of Southern Africa.

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