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Chapter 5

Early Childhood Development in South Africa: Inequality and Opportunity



Michaela Ashley-Cooper, Lauren-Jayne van Niekerk, and Eric Atmore

5.1 Introduction

In South Africa the majority of young children are adversely impacted by a range of social and economic inequalities. Apartheid, along with the resultant socio-economic inequalities, deprived most South African children of their fundamental socio-economic rights, including access to health care, education, social services and nutrition.

Available evidence indicates that access to quality early childhood development (ECD)¹ programmes play a critical role in offsetting inequalities by protecting children against the effects of poverty, poor nutrition, inadequate health care and lack of education (Van der Gaag and Putcha 2015). Early and appropriate provisioning and interventions make it possible for children to grow and develop to their full potential, resulting in increased primary school enrolment, enhanced school performance, lower repetition and drop-out rates, as well as reducing the need for costly remedial interventions to address developmental lag and social problems later in life (Atmore et al. 2012; Heckman et al. 2010; Department of

¹For the purposes of this chapter, Early Childhood Development (ECD) refers to the physical, cognitive, and socio-emotional development of a child from conception up until the age of six.

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Education 2001). The importance of early childhood development opportunities is thus profound.

More than one third (36%) of the 19.5 million children in South Africa are under the age of 6 (Hall et al. 2016). Of the children below 6 years old, approximately 4 million live in the poorest 40% of households, with the gap between rich and poor widening (Hall et al. 2016; Aubrey 2017). It is these children who live in the poorest conditions that have the least opportunities for growth and development. Poverty often limits a caregiver's ability to engage with their children, with the result that many children in poorer households receive less stimulation and parent-child interaction. These caregivers are also less likely to send their children to centre-based early childhood programmes (Hartinger et al. 2017). Income poverty is critically linked to reduced access to a range of services, compromising the child's right to education, nutrition, health care, and a safe environment.

5.2 Inequality in Early Childhood Development Opportunities

For young children in South Africa there is no equitable access to quality ECD provision and resources, and there is not equitable expenditure on ECD across geographic areas. The South African Early Childhood Review 2017 reveals stark inequalities that exist across the country, with children being exposed to considerable variation in the delivery of essential services based on the area in which they live (Hall et al. 2017). These services include healthcare, social security and education, the absence of which could lead to serious long-term consequences in the well-being, academic ability, and earning potential of South African children (Hall et al. 2017). Consequences of poor access to quality services results in poor maternal and child health (including maternal depression, stunting, and increased HIV rates), lack of nutritional support as well as social support, resulting in poor health and educational outcomes. This variation in service delivery is particularly prominent for children living in rural areas who are more severely marginalised than those living in urban areas.

Studies investigating early learning programmes in South Africa indicate that vulnerable communities most in need of high quality ECD programmes, have the most difficulty in accessing the resources required to realise this (Aubrey 2017). Remoteness of geographic location of many early learning programmes as well as affordability are key contributors to inequality. Striking inequality within the country is further illustrated in the finding that two-thirds of Black African² children

²In South Africa there are generally five racial categories by which people can classify themselves, the last of which is "Unspecified/Other". The other four categories comprise Black African; White; Coloured; Indian/Asian. Population estimates in 2016 showed that of the total South African population (55.9 million people), 80.7% were Black African, 8.8% were Coloured, 8.1% were White, and 2.5% were Indian/Asian (Statistics South Africa [StatsSA] 2015).

live below the poverty line, compared with only 2% of White children (Aubrey 2017).

5.3 Child Outcomes

International research has consistently illustrated the effects of various forms of ECD programming on child outcomes, including significant gains in cognition (Woldehanna and Gebremedhin 2002; Barnett 1995), language development and communication skills (Burchinal et al. 2000), numeracy, health (Barnett 2008), and socio-emotional development (Love et al. 2003). Children who receive a high quality ECD programme score higher across these domains compared to children who receive poor quality or no ECD programme interventions (Burchinal et al. 2016). South African research, although less prolific, shows comparable patterns of effect on child outcomes (Dawes et al. 2012; Gustafsson et al. 2010), including effects on literacy and numeracy (Southern and Eastern African Consortium for Monitoring Educational Quality [SACMEQ] 2011).

International research has also shown the effects of income level and socio-economic background on child outcomes (Rubio-Codina et al. 2015; Davis-Kean 2005; Aughinbaugh and Gittleman 2003). For example Rubio-Codina et al. (2015) found significant disparities in cognitive and language performance between children in the highest and lowest income quintiles³ in their large scale study of young children, and found that these disparities became larger with age. In South Africa, most recently, researchers found similar effects of income levels on outcomes in young children. For example Dawes et al. (2016) found that performance on all domains, across all developmental areas, was poorest by children in the lowest quintiles and highest for children in the wealthiest quintile. These children from the poorest of backgrounds are thus set to enter formal schooling on significantly unequal footing when compared to their wealthier counterparts.

The interplay between income levels and quality ECD programming on child outcomes is key to understanding the current inequalities in South Africa, and understanding how to reduce these inequalities before the gap is widened in later years. The consequence of this inequality is that children enter the formal school system on an unequal footing with huge discrepancies in their development and school readiness levels. Following this, children go through a dysfunctional formal schooling system in South Africa, where differences in child outcomes in the early years are not remedied, but amplified, thus widening the inequality gap (for example, see Van der Berg et al. 2013; Spaul 2013).

³Income quintiles refer to the classification of household income according to five quintiles; with Quintile 1 being the poorest 20% of the country's population and Quintile 5 being the wealthiest 20% of the country's population.

Whilst access to ECD provision is crucial, it is generally agreed that “access must be coupled to quality if early childhood programs are to improve child outcomes, particularly in low-income settings.” (Biersteker et al. 2016, p. 342). International and local researchers have shown that the quality of an ECD programme significantly affects child outcomes, including better performance on various developmental domains (such as cognitive, language, mathematics and socio-emotional development) and school readiness, with higher quality predicting better school outcomes (Biersteker et al. 2016). As such, it is important to explore those key features within ECD programmes specifically that produce positive child outcomes.

Research shows that, in terms of timing, a higher dosage of quality ECD services is “associated with greater cognitive gains, particularly for children from low-income communities.” (Hall et al. 2017, p. 34). Moreover, for optimum child outcomes, a minimum of 15–30 h per week in ECD programmes is required; two years in an ECD programme is better than one year; and children benefit the most if they are enrolled in a quality programme before the age of 4 (Hall et al. 2017).

South African research has also identified which specific interventions are most effective at specific times in a child’s development; providing the greatest probability of improving school readiness (Biersteker 2017). Specifically, it was found that non-centre, home-based programmes (including health, nutrition, welfare, protection and psychosocial support) for caregivers and children are effective from birth to 5 years of age. Quality ECD centre programmes are most effective from 18 months to 5 years of age; playgroup programmes with high-dose inputs aligned to school readiness are most effective from 3 to 5 years of age; and ECD practitioner and whole centre/school training and support are most effective for the beneficiary children from 3 to 9 years of age.

For ECD centre and Grade R programmes specifically, research has found that a quality programme should include: qualified and competent staff (a principal and/or supervisor, teachers, assistant teachers, and support staff); a functioning and effective governing body; oversight and support from relevant departments and/or facility managers; a safe and secure building of sufficient size; sufficient and age-appropriate education resources; and sufficient outdoor space for outdoor play. It is important to note that teacher qualification training is not enough to produce effective ECD practices; teachers require practical hands-on training, on-site support by external ECD experts in the field, and fair working conditions as well (Biersteker 2017). The classroom setting should include:

a wide variety of age-appropriate activities to support development across domains: a focus on language; a balance of free choice and teacher-directed activities; warm teacher-child interaction that promotes learning... the acceptance of cultural diversity and the inclusion of local as well as global materials and content in the programme... and, as far as possible, mother tongue as the medium for learning and teaching. (Biersteker et al. 2016, p. 335)

More specifically, in terms of curriculum that best stimulates child outcomes, ECD learning programmes should utilise curricula that: promotes school readiness by focussing on specific school readiness skills (such as numeracy and literacy

skills) as opposed to a more general approach; focuses on specific age-groups and ensures age appropriate content; and provides a balance of large group, small group and free choice activities (Biersteker 2017).

Quality elements of non-centre-based ECD programmes are specifically dependant on the aims and format of the programme itself.⁴ Programmes such as playgroups, require similar features as ECD centre programmes. Family outreach home-visiting programmes, on the other hand, require their own set of specific quality elements. For these programmes the following is required: strict recruitment processes; intensive training (including pre-service, in-service training and on-going coaching and support); on-going programme monitoring and evaluation; administration and resource support (Fixsen et al. 2005); structured content and curricula; and fidelity to programme models and structure (Shonkoff et al. 2016). Programmes that work with caregivers directly should also specifically include: regular contact over an extended period of time (for at least a year in duration); a focus on transforming caregivers' attitudes and skills (as opposed to only transforming their knowledge on a specific topic); a focus on practical, hands-on exercises; working with both the caregiver and the child, independently and together; and a focus on building social support (with other caregivers and externally with local social support systems) (Richter and Naicker 2013; Zafar et al. 2014).

Across all ECD programmes, the most important feature in offering quality ECD programmes that produce the best child outcomes, is the quality of the interpersonal interactions between the child and the ECD practitioner, whether this is a teacher, family child care worker, or similar. For best results, practitioners need to engage children in a way that promotes a positive association with learning. This should include: tailoring interactions to fit the needs of each child; using responsive language; fostering independence; proactively preventing and redirecting challenging behaviour; and responding to a child's needs with warmth and respect. It is clear that ECD programmes that do not feature these aspects of quality in their programming do not, and cannot achieve the positive child outcomes promised by high quality ECD programmes.

⁴Due to low levels of access to ECD centres across South Africa, for vulnerable children, different types of ECD programmes have been designed to fill the gap. Non-centre-based programmes, as the name suggests, comprise "any ECD programme, service or intervention provided to children from birth until the year before they enter formal school, with the intention to promote the child's early emotional, cognitive, sensory, spiritual, moral, physical, social and communication development and early learning" (Republic of South Africa [RSA] 2015b, p. 13). These programmes include informal playgroups, toy libraries, as well as family outreach programmes that are specifically designed to support and guide parents and caregivers on early learning stimulation and development of their young children. These programmes are cost-effective in reaching the most marginalised children who cannot afford to access formal centre-based ECD interventions (van Niekerk et al. 2017).

5.4 ECD Programmes in South Africa: Enduring Inequalities

The current ECD landscape in South Africa is fraught with inequalities. Despite progress in expanding some ECD programmes and interventions, with children's access to ECD programmes in South Africa having increased over time (Hall et al. 2017; Statistics South Africa [StatsSA] 2017a), children in this country are still exposed to significant variation in the distribution of ECD programmes, including vastly different levels of access and exposure to ECD, different levels of quality in ECD programmes, and different levels of funding from government. These variations are clearly evident in terms of the age, race, gender, disability, socio-economic status, and home language of a child, as well as where a child lives, with stark differences across provinces in the country and across the urban/rural divide.

This section reviews data on the current inequalities in ECD in South Africa, in relation to age, race, gender, location, and income quintile (where applicable and available).⁵ It explores data on three areas within ECD: early learning group programmes; Grade R provision; and ECD centre programmes; and examines current provision rates and explores differences in quality.

5.4.1 Early Learning Group Programmes

Table 5.1 presents the current available data on all early learning group programme provision rates for South Africa. These rates are inclusive of children in the 0–5 age cohort in any form of early learning programme outside of their homes. This includes children in all forms of out-of-home care including Grade R, ECD centres, and non-centre-based group learning programmes.

Whilst access to early learning programmes have increased in recent years, from 22% of children (in the 0–6 age cohort) in provision in 2002 (Statistics South Africa [StatsSA] 2003), and 29% of children (in the 0–4 age cohort) in provision in 2009 (Statistics South Africa [StatsSA] 2010) Table 5.1 shows that current enrolment in early learning programmes in South Africa varies according to the age of the child. It is clear that the older a child is, the more likely that child is attending a programme; with an estimated 17% of children 0–2 years old attending an early learning programme, and 63% of children in the 3–5 age cohort attending an early learning programme in the country.⁶ This 63% includes children enrolled in Grade

⁵It is important to note here that figures reflecting averages can mask disparities within groups, but are presented here in order to assess the performance of the country and the inequalities that currently exist in the ECD field.

⁶In most countries across the globe, fewer than half of children in the 3–5 age cohort attend an early learning programme (United Nations Children's Fund [UNICEF] 2016), and as such, whilst 63% is not high enough, it is in the upper percentiles, globally.

Table 5.1 Enrolment in early learning group (ELG) programmes, by age group (2015)

Indicator	South Africa	Source
Number of children aged 0–2	3,151,000	Adapted from Hall et al. (2017, p. 38). Based on StatsSA 2015 GHS data
Percentage of children 0–2 attending an ELG programme	17%	
Number of children aged 3–5	3,083,000	
Percentage of children 3–5 attending an ELG programme	63%	
Percentage of children 0–5 attending an ELG programme	40%	
Percentage of children 0–4 attending an ELG programme	32%	

R, and as such it is important to look at the 0–4 age cohort figures as well, which show an enrolment rate of 32% of children for early learning programming, in the country. Significantly, there are currently approximately 3,756,040 children under 6 in South Africa not in any form of early learning provisioning (Hall et al. 2017). It is also clear that, at a provincial level, children are exposed to significantly different levels of access to early learning programming across the country according to the area in which they live. For example, access for 0–2 year old children is at its lowest in KwaZulu-Natal, at 9%, and at its highest in Gauteng, at 28%.⁷ For more on this provincial inequality, see [Appendix](#).

Looking at access across income quintiles, it is clear that the wealthier a child’s family is, the more likely that child is to attend an early learning programme. Figure 5.1 presents the General Household Survey data for early learning group programme attendance for 3–5 year old children by income quintile. As can be seen in Fig. 5.1, 58% of children (3–5 years old) in Quintile 1, the poorest quintile, attend an early learning programme, compared to 83% of children in Quintile 5, the wealthiest quintile (Hall et al. 2017). For four year olds specifically, this inequality is even starker; a four year old in Quintile 1 has a 50% chance of being enrolled in an early learning programme, whereas a four year old from Quintile 5 has a 90% chance (ibid). This data is broken down by age in Fig. 5.2. Figure 5.2 shows that attendance in early learning group programmes increases with age, and is consistently unequal across income groups in the early years of a child’s life, from birth, with some interplay between the two variables. From birth to the age of 1, children in Quintile 4 are most likely to be in an early learning programme, with children in Quintile 1 least likely to be in a programme.⁸ Starting from the age of 1, a significantly higher percentage of children in the wealthiest quintile access an early learning programme

⁷This finding is expected, as high service uptake is not generally expected in the 0–2 age cohort unless day care needs are high, such as in urban provinces, where caregivers are more likely to be working outside of the home.

⁸This could be due to various reasons including need for day-care, employment and affordability.

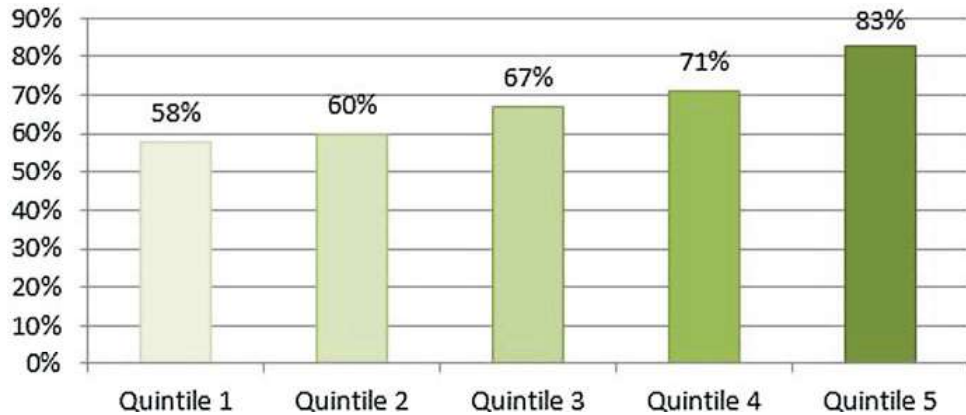


Fig. 5.1 Early Learning Group Programme Attendance for 3–5 year old Children, by Income Quintile. (Source: Hall et al. (2017, p. 36). Based on StatsSA 2015 GHS data. Reproduced with permission)

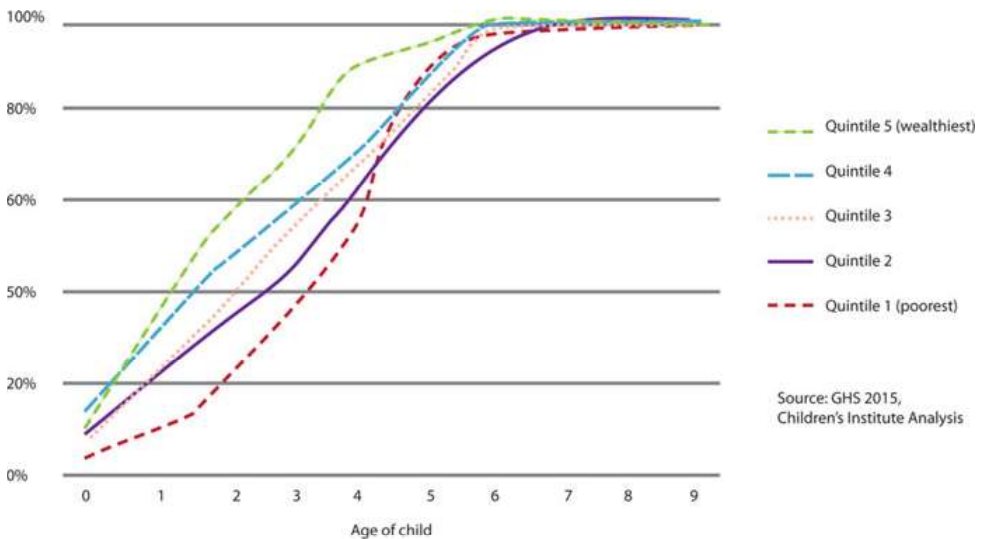


Fig. 5.2 Early Learning Group Programme Attendance, by Age and Income Quintile. (Source: Hall et al. (2017, p. 35). Based on StatsSA 2015 GHS data. Reproduced with permission)

compared to the children in all other quintiles. The inequality gap between Quintile 1 and Quintile 5 is particularly stark and concerning, with an average percentage point difference of over 20%. These findings show that those children most at risk and in need of intervention (those in the poorest quintiles), are currently the least likely to access an early learning programme, whereas those children who might require less intervention are currently receiving the highest level access (of greater quality); thereby widening the inequality gaps. It is clear that equality in terms of access between income groups is only achieved from about age 7; when children enter Grade 1; “the point where education becomes widely available, free, and

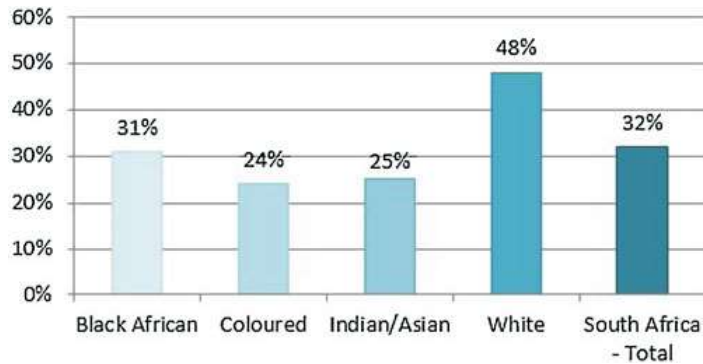


Fig. 5.3 Early Learning Group Programme Attendance for 0–4 year old Children, by Population Group. (Source: StatsSA 2016a, 2015 GHS data)

compulsory” (Hall et al. 2017, p. 35). These are important findings as this pattern depicts the inequality that is currently present during the early years. Access can also be viewed across population groups. Figure 5.3 presents this data for early learning programme attendance, for 0–4 year old children specifically. The data show that access to early learning programming varies greatly according to population group; with a much larger proportion of White children accessing an early learning programme compared to any other population group; with the percentage of White children in provision (at 48%) being double that of the percentage of Coloured children in provision (at 24%).

5.4.2 *Grade R Provision*

Grade R provision has increased substantially since its inception in 2001; arguably one of the South African schooling system’s most significant developments since 1994 (Gustafsson 2017). Starting with 242,000 Grade R children in ordinary schools in its first year (2001), this had increased to approximately 813,000 Grade R children in ordinary schools in 2016 (Gustafsson 2017) of which 748,000 were first time Grade R learners (not grade repeaters). This figure is based on reliable enrolments rates calculated by the Department of Basic Education (DBE) and takes into account an 8% Grade R learner repetition rate (as estimated by DBE; Gustafsson (2017)). In addition to the 748,000, the number of children in Grade R classes at community ECD centres also needs to be added. There is currently no reliable information system that captures this data for Grade R classes at community based ECD centres, however there is reliable data on the number of children in registered Grade R classes at ECD centres. According to Van der Berg et al. (2013), utilising information gathered from DBE, in 2012 there were an estimated additional 55,000 children enrolled in registered Grade R classes in ECD centres in the country (Van der Berg et al. 2013). According to current information obtained directly from

Table 5.2 Grade R enrolment numbers

Year	2012	2015	2016
Learners in ordinary schools ^a	768,000	792,325	813,000
First time learners in ordinary schools	706,560 ^b	728,939 ^b	748,000
Learners in registered Grade R classes in ECD centres ^a	55,000	69,296	74,827 ^c
First time learners in registered Grade R classes in ECD centres	50,600 ^b	63,752 ^b	68,841 ^b
Total number of learners in Grade R in South Africa ^a	823,000	861,621	887,827
Total number of first time learners in Grade R in South Africa	757,160 ^b	792,691 ^b	816,841 ^b
Source	Van der Berg et al. (2013)	DBE (2015) and sourced from DBE directly ^d	DBE (2016) and Gustafsson (2017)

^aThese figures include grade repeaters

^bFigures in italics are estimated, accounting for an 8% repetition rate (as suggested by Gustafsson (2017)) and are not in the original source. As such these figures correspond to 92% of the original figure

^cThis figure is estimated using the 2015 figure and incorporating an 8% growth rate. It assumes the growth rate is currently constant

^dData supplied in November 2017 on special request by the Department of Basic Education from their Education Management Information System (EMIS)

DBE, this has since increased to 69,296 children, in 2015, showing an estimated growth of 8% per year.⁹ If one applies the same 8% repetition rate (as suggested by Gustafsson (2017)) to the 2015 numbers, it can be estimated that roughly 63,752 first time registered Grade R learners were in an ECD centre in the country in 2015. This equates to an approximate 792,691 first time learners in registered Grade R provision across South Africa in 2015. These figures are presented in Table 5.2.

To determine the provision rate for Grade R, the 2015 mid-year population estimates by StatsSA can be used. These figures show that there were 5,537,225 children in the 5–9 age cohort in 2015 (Statistics South Africa [StatsSA] 2016b); equating to about 1.11 million children in the 5 year old age cohort. This would mean a provision rate of 71.6% of all 5 year olds accessing a registered Grade R programme in 2015. Alternatively one can use the 2016 Grade 1 enrolment figure as a marker, given that the Grade 1 provision rate is virtually 100% in South Africa. The Grade 1 enrolment rates for 2016 show that 1.21 million children entered Grade

⁹The data for 2016 and 2017 were not finalised at the time of writing, and as such were not available.

1 in 2016 (Department of Basic Education (DBE) 2016). DBE suggests that this figure includes a 15% Grade 1 learner repetition rate (Gustafsson 2017). Using a first-time learner Grade 1 figure of 1,027,643 then (85% of 1.21 million), this would equate to an approximate provision rate of 77% of all current Grade 1 children having been part of a registered Grade R programme in 2015.¹⁰

It is also clear that children are exposed to significantly different levels of access to Grade R across South Africa, according to where in the country the child lives.

Of most importance, when looking at Grade R programmes in South Africa according to income quintiles, Van der Berg et al. (2013) found virtually no measurable positive impact of Grade R for child outcomes for school children in Quintiles 1 to 3, on later school performance. This finding could be due to various reasons, including class size, limited resources, and a lack of qualified teachers in the sector.¹¹ Instead, researchers have only found “some impacts” for schools in the higher quintiles (Van der Berg et al. 2013, p. 2). As such “instead of reducing inequalities, Grade R further extends the advantage of more affluent schools.” (ibid). This variation in child outcomes is likely due to the quality differences in Grade R programmes across the country, with the quality of a programme being correlated to the quintile level of the community in which it is based and the consequent access to resources and qualified teachers.

5.4.3 ECD Centre Programmes

The ECD sector and government currently have inadequate data with regard to ECD centres. With this in mind, Table 5.3 presents our estimates on ECD centre enrolment rates for South Africa based on the 2001 audit of ECD centres in South Africa, as this is the largest audit conducted in South Africa, achieving almost complete coverage of ECD centres in the country. These rates are inclusive of all children in the 0–6 age cohort, in both registered and not-registered ECD centres and includes children in Grade R programmes in ECD centres.

Table 5.3 shows that, assuming a modest annual growth rate of 2.5%, and an attrition rate of 0.5%, there should be an estimated 29,798 ECD centres in the country, with approximately 1,3 million children (0–6) in provision. This would equate to a provision rate of 21.8%.

It is evident that children’s access to ECD centre programmes varies significantly across the country, according to the geographic area in which they live. For example, there are marked differences in enrolment rates across provinces in South Africa;

¹⁰It is important to note here that Grade R provision rates in South Africa are set to increase over the next few years, with the aim of reaching full provision by 2019; an admirable objective, but according to the data this is highly unlikely.

¹¹Researchers have found that Grade R teachers are relatively un- and under-qualified, with only two-thirds of teachers in Grade R classes in ordinary schools having obtained a Grade 12 certificate, and only around 20% holding a degree; (Gustafsson 2017)

Table 5.3 Number of children in ECD centre provision in South Africa

Year	2000	2016
Number of ECD centres in South Africa	23,482	29,798 ^a
Number of children enrolled in ECD centres in South Africa	1,030,473	1,307,655 ^b
Number of children (0–6) in South Africa	5,600,000	6,012,000 ^c
Provision rate	18.4%	21.8%
Source	DOE 2001	Estimates

^aThis figure is estimated utilising a 2.5% growth rate and a 0.5% attrition rate. The growth rate is based on the authors analysis of the General Household Survey from 2002 to 2016, showing a net growth rate of 0.9% for the total number of children (0–4) in provision from 2009 to 2016, and a net growth rate of 1.9% for the total number of children (0–6) in provision from 2002 to 2008, and adjusted to account for the growth in provision for older children

^bEstimate based on 2001 Audit finding of number of children per ECD centre (43.9). This figure excludes children in Grade R in ordinary schools, but includes children in Grade R classes in ECD centres

^cEstimate based on the General Household Survey 2016 (Statistics South Africa [StatsSA] 2017b)

with enrolment at its lowest in KwaZulu-Natal, for the 3–5 age cohort, at 12%, and highest in the Free State, for the 3–5 age cohort, at 41% (a 29% percentage point difference).¹²

Unfortunately, limited data exists exploring the quality of programmes according to indicators such as income quintiles or race categories. However, of the data that is available, a few examples of quality measures are provided here to illustrate the variation in quality of ECD centre-based programmes.

The *Tracking Public Expenditure and Assessing Service Quality in Early Childhood Development in South Africa* study by the DBE, the Department of Social Development (DSD), and UNICEF in 2011 (referred to as the PETS study) found a statistically significant difference in infrastructure quality of ECD centres between quintiles across South Africa; with children in the poorest quintiles attending ECD centres with unsafe infrastructure that do not meet the standards required by law to register as a Partial Care facility with the DSD (a requirement of all ECD centres operating in South Africa). They also found a statistically significant correlation between infrastructure quality and the quality of the ECD programme. The researchers note that this is a not necessarily a causal relationship, but rather that the underlying factors of income poverty levels and the quality of management at the ECD centre influences both the ECD programme and the quality of infrastructure (DBE, DSD and UNICEF 2011).

An unpublished study conducted by Biersteker and Hendricks in 2012, examined the educational resources at unregistered centres in one specific province in South

¹²This is based on data obtained from the 2014 Department of Social Development (DSD) and Economic Policy Research Institute (EPRI) 'Audit of Early Childhood Development (ECD) Centres' report, and as such reflects an underrepresentation of ECD centres in the country. As such, it is important to look at the differences in enrolment rate figures and not at the raw percentage data.

Africa; namely, the Western Cape. This study found significant discrepancies across socio-economic status (SES) levels, with more affluent areas significantly outperforming their lower SES counterparts in terms of resourcing (including blocks, books, concept toys and puzzles). Whilst this is not surprising, it speaks to the on-going perpetuation of inequality and the resulting poor child outcomes. The 2011 PETS study found that registered ECD centres more often had better levels of age-appropriate learning and teaching support materials (LTSM) compared to Grade R classes in public schools (DBE, DSD and UNICEF 2011). The study also found a statistically significant correlation between LTSM quality and ECD programme quality. Once again, this was not determined to be a causal relationship.

Unsurprisingly, the 2011 PETS study found huge variations in ECD centre fees across quintile groups (DBE, DSD and UNICEF 2011). Specifically, the report found that monthly centre fees for 2009 were an average of R143 per child per month, ranging from R58 per month per child in the Quintile 1 (the poorest quintile), to R531 per month per child in Quintile 5 (the wealthiest quintile). Biersteker et al. (2016) have shown that monthly fees strongly predicts ECD centre quality, acting as a “proxy for other factors that contribute to quality including the ability to employ and retain suitably effective staff, purchase materials, and provide facilities and infrastructure”. As such, whilst this disparity in centre fees is not surprising, it is unfortunately contributing significantly to inequality in ECD in the country.

The 2014 DSD and EPRI ‘Audit of Early Childhood Development (ECD) Centres’ report provides extensive data on various indicators of quality of 17,846 ECD centres in their study. Key quality indicators included in the report were analysed to examine the inequalities that exist at provincial level. According to our own analysis on key areas of quality (including, for example, teacher qualifications, registration status, environment standards, and access to education resources), the ranked order of the provinces, from top performing province, to poorest performing province was: Western Cape, Free State, Gauteng, Northern Cape, KwaZulu-Natal, Limpopo, Eastern Cape, North West, and lastly, Mpumalanga. It is not surprising that the Western Cape and Gauteng were, overall, two of the top performing provinces, as these are largely urban provinces, with increased job opportunities for its inhabitants, and as such provide increased demand for access, with increased wealth for resources and quality ECD programming. Conversely, the three poorest performing provinces, Eastern Cape, North West, and Mpumalanga, are largely rural provinces.

5.5 Overcoming Inequality in ECD

Internationally, ECD is viewed as one of the most cost-efficient investments in human capital which leads to the sustainable development of a country (United Nations Children’s Fund [UNICEF] 2014). Over recent years, the South African government has acknowledged the socio-economic potential of investing in ECD. Through the efforts of government and non-profit organisations, progress has been

made in improving access to and the condition of early education for young children in their preschool years. These improvements have contributed to increased enrolment rates to ECD programmes, particularly in the provision of Grade R, however issues of inequality and access to ECD facilities in the most under-resourced areas continues to lag behind considerably (van Niekerk et al. 2017). In this regard, it is noteworthy that access to Grade R is highest in poorer areas across the country, however it lacks quality.

Moreover, since 2003 the number of children living in income poverty has decreased (Hall et al. 2017), which is largely attributed to the expansion of a government initiative during this time, namely the child support grant (CSG).

Despite progress in providing access to early childhood programmes, there remain too many children not able to access this form of early education, the majority of whom fall within the poorest quintiles. For those children that do have access, quality of these early learning programmes is evidently variable, and there are no reliable data sources that support national monitoring of quality (Hall et al. 2017).

In terms of policy initiatives, in December 2015, the South African Cabinet approved a new National Integrated Early Childhood Development Policy, which introduces a comprehensive and integrated package of ECD programmes that would be universally available so that all children enjoy an equal opportunity to access them (Republic of South Africa [RSA] 2015b). In this policy ECD is recognised as a universal right of children, a national priority and a public good to which all young children are equally entitled. The policy targets all children from conception until the age of 5 years and includes children with disabilities up to the age of 7 years (Hall et al. 2014). The prospects of this new policy are promising; however, ways in which it will be implemented are unclear. In fact, although the Department of Social Development has stated that it is in the process of finalising the 'National Integrated Plan for ECD', more than two years after approval of the policy by the Cabinet this implementation plan has not materialized.

While ECD has been taken more seriously by national government, South Africa has not managed to make a substantial dent in reducing inequality in the ECD sector for a number of policy and systemic reasons, including the following.

Firstly, there is a lack of government support for ECD policy implementation, with insufficient political will to make ECD a political priority and consequently insufficient government funding to achieve current policy objectives. (Currently South Africa's government prioritizes transforming the formal school system and higher education, with a mere 1.6% of the total education budget allocated towards ECD; Republic of South Africa [RSA] (2015a)).

Secondly, there are currently ineffectual government institutional arrangements in place for effective ECD programme implementation, with a lack of ECD policy and programme cohesion between different government departments responsible for ECD (namely, the Departments of Basic Education and Social Development).

Thirdly, there is currently a significant lack in ECD non-profit organisation capacity and resources to provide ECD programmes under the ECD policy and to impact on the numbers of children who are in need of comprehensive and integrated ECD programmes (Biersteker and Picken 2013).

For ECD policy to be effective it must be implemented comprehensively, in line with the policy vision and goals. If policy is not implemented the result is that young children do not receive the ECD programmes to which they are constitutionally entitled and the policy could be seen as 'symbolic'. Policy will not be implemented optimally without adequate financial resources to implement it.

The experience in South Africa is that despite the release of an excellent National Integrated ECD Policy in 2015, the political will and budget allocations did not support policy implementation which has been lacking. Jansen (2001, p. 275), following a study of policy-making and policy implementation in post-apartheid South Africa, sums it up as: "In most cases, however, implementation was never on the policy agenda at all."

To sum up these challenges and constraints, Jansen and Sayed (2001, p. 196) encapsulates this reflection when he writes: "... a consistent feature of educational policy is that symbolic commitments to overcome the legacy of apartheid inequities are not always realised in the crucible of practice."

5.6 Key Recommendations to Reduce ECD Inequality in South Africa

From the range of challenges facing the ECD sector, several recommendations are described here which would contribute to reducing ECD inequalities in South Africa. In order to achieve equity across the country, the following specific actions are required:

- Significant government political will and support of ECD policy is essential. For ECD policy to work it should be driven at the highest political level and should be part of the relevant government department's strategic focus. Government should take the lead in ECD policy-making through the relevant Cabinet minister who should lead policy-making as a 'political champion'. If there is no significant political will at the highest level, the policy is less likely to be a success. Supporting the political champion should be committed and competent government officials shaping ECD policy implementation.
- ECD should be positioned on the political agenda so that each child's right to quality ECD programmes, as set out in various ECD policies, is assured.
- International reporting commitments such as the Sustainable Development Goal 4.2 "By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary";

(United Nations [UN] 2015, p. 19) should be leveraged to drive the ECD agenda in the country.

- Government as the custodian of policy should create an enabling environment and conditions for policy to be made and implemented to achieve the goals set out in the policy.
- Government should lead the ECD policy implementation process given that it has the political mandate, institutional infrastructure and could acquire the necessary funding to achieve the policy goals. To this effect, the 'National Integrated Plan for ECD' should be finalised and released urgently.
- For an ECD policy to be implemented, sufficient financial and other resources must be provided by government to ensure that the ECD policy is implemented. In a country such as South Africa, equity can be an issue, and disparities in resource allocation are a problem. These resources should be provided equitably so that all children throughout the country benefit. Funding mechanisms to support the ECD policy and implementation should be put in place.
- Implementing ECD programmes requires government to enhance the skills and capacity of government officials to a level where they can effectively implement the National Integrated ECD Policy. National DSD should have dedicated ECD staffing in place.
- To realise ECD transformation and equity in the ECD sector in South Africa, the leadership skills and capacity of ECD non-profit staff needs to be developed and enhanced, to support communities to provide quality ECD programmes for young children.
- To maximise ECD impact and reduce inequalities, ECD non-profit organisations across South Africa should collaborate and partner with each other, with the private sector, and with government; sharing knowledge, skills and resources. By collaborating in a strategic way, working towards the implementation of the National Integrated ECD Policy, a holistic package of quality interventions and programmes can be implemented on a large scale, throughout the country. This collaboration is likely to result in cost savings, increased provision and improved quality.
- Data collection systems for the ECD sector are in the process of being developed, however progress is slow, and should be improved quickly. Being poorly informed on the needs of young children, the programmes they require and the current level of provision, limits our ability to ensure equitable distribution of services to children through population-based planning. This needs to be rectified if South Africa is to provide universal access to quality early learning programmes to its children. With better data collection systems and reporting in place, the ECD non-profit and civil society sectors should monitor ECD policy implementation to ensure that government meets the commitments made in the National Integrated ECD Policy.

If implemented, these actions will contribute towards reducing ECD inequalities in South Africa and towards meeting the early childhood development needs of young children and their families.

5.7 Conclusion

This chapter explores the current inequalities which exist in ECD in South Africa, the consequences of this inequality, why this inequality persists and offers recommendations for the future of ECD in the country. From what has been set out in this chapter, it is clear that young children are severely impacted by social and economic inequality. The reasons for these inequalities are many, including South Africa's Apartheid (segregated) history; resulting in gross infringements on the basic and constitutional rights of South Africa's children. Global evidence shows ECD interventions can protect children against the effects of poverty, poor nutrition, inadequate health care and a lack of early education; and that investment in quality ECD programmes for young children, particularly for vulnerable young children, has a significant effect on reducing poverty and inequality across society. This is a window of opportunity to support vulnerable young children to enter formal schooling school-ready, competent and confident. To bring about equity for children entering formal schooling, a number of government and national actions are recommended in this chapter. What is needed now, globally, is a prioritisation of ECD programming by governments, alongside sufficient financial investment. In a country with high levels of poverty and inequality, such as South Africa, prioritising ECD must be understood as a powerful social investment with a social and economic return, building human capital and enabling future participation in the labour market.

Appendix

Table 5.4 The status of children under 6 living in South Africa in 2015, by Province

Population	Indicator	South Africa	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West	Northern Cape	Western Cape
	Number of children under 6 years	6,235,000	884,000	304,000	1,185,000	1,316,000	756,000	528,000	463,000	144,000	655,000
	Households with children under 6	4,785,000 30%	582,000 34%	288,000 32%	1,142,000 24%	874,000 32%	561,000 37%	422,000 35%	354,000 29%	112,000 35%	449,000 25%
Area type	Urban Children <6 in urban areas (formal/informal)	3,528,000 57%	350,000 40%	258,000 85%	1,152,000 97%	515,000 39%	127,000 17%	186,000 35%	224,000 48%	97,000 67%	620,000 95%
	Rural traditional Children <6 in rural former homeland areas	2,439,000 39%	524,000 59%	27,000 9%	19,000 2%	688,000 52%	614,000 81%	305,000 58%	222,000 48%	41,000 28%	– 0%
	Rural farms Children <6 in commercial farming areas (old RSA)	267,000 4%	11,000 1%	18,000 6%	14,000 1%	114,000 9%	15,000 2%	36,000 7%	17,000 4%	7,000 5%	35,000 5%

Service access	Inadequate water Children <6 without piped water on site	1,972,000	529,000	24,000	82,000	539,000	370,000	167,000	159,000	37,000	69,000
		32%	60%	8%	7%	41%	49%	32%	34%	25%	11%
		1,504,000	151,000	65,000	97,000	375,000	372,000	196,000	141,000	32,000	75,000
Poverty	Poor sanitation Children <6 without a toilet or ventilated pit-latrine on site	24%	17%	21%	8%	28%	49%	37%	30%	22%	11%
		3,875,000	701,000	195,000	456,000	984,000	581,000	335,000	298,000	83,000	242,000
Poverty	Child poverty Children <6 living in poor households (<R965 in 2015)	62%	79%	64%	38%	75%	77%	63%	64%	58%	37%
		1,855,000	419,000	89,000	161,000	480,000	325,000	152,000	134,000	35,000	60,000
Poverty	Food poverty Children <6 living in food poor households (<R415 in 2015)	30%	47%	29%	14%	37%	43%	29%	29%	24%	9%

Source: Statistics South Africa: General Household Survey 2015. Data analysed and compiled by Children's Institute, University of Cape Town as cited in the South African Early Childhood Review 2017 (Hall et al. 2017). Reproduced with permission

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