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An evaluation of a family support programme in the southern Free State

First submission: 25 February 2011

Acceptance: 3 August 2011

This article details the evaluation of an NGO Family Support Programme (FSP) that was implemented in the southern Free State's Kopanong local municipality. The FSP is primarily aimed at strengthening Early Childhood Development (ECD) in what is a very socio-economically deprived environment for small children. The article argues for the critical importance of ECD within the human development paradigm. It then reports on the actual FSP assessment and advances a number of recommendations for how the initiative could be bolstered. It concludes that the FSP methodology is sound in principle and that it warrants replication at scale.

'n Evaluasie van 'n gesinsondersteuningsprogram in die Suid-Vrystaat

Hierdie artikel beskryf die evaluasie van 'n ontwikkelingsprogram vir 'n burgerlike organisasie wat gesinsondersteuning bied. Die program is in die Suid-Vrystaatse Kopanong munisipaliteit geïmplementeer. Die Family Support Programme (FSP) se doelwit was die bevordering van voorskoolse ontwikkeling in 'n agtergeblewe gemeenskap. Die kritiese belang van voorskoolse ontwikkeling binne die menslike ontwikkelingsparadigma word beklemtoon. Die artikel evalueer die FSP en verskaf verskeie voorstelle vir die versterking van die program. Die slotsom is dat die FSP se metodologie in beginsel goed ontwerp is, en dat die program op 'n groter skaal uitgerol moet word.

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Acta Academica
2012 44(1): 85-120
ISSN 0587-2405
© UV/UFS
<<http://www.ufs.ac.za/ActaAcademica>>

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BLOEMFONTEIN

There are at least 6 million children younger than six years of age in South Africa. Approximately 4-million of these children live in households with a gross monthly income of less than R1200 and, of these, 95% are black (Barnes *et al* 2007: 4-6). According to the New Partnership for African Development's (NEPAD) African Peer Review (APR) Panel (2007: 279-81), the prospects for South Africa's children are not good. Prior to the formal publication of the Panel's findings it was reported that:

South Africa is failing its children, the African Peer Review panel said in a blistering analysis of crime, education and healthcare for the young. The panel of eminent Africans painted a bleak picture of childhood against a background of violence and deprivation, with an education system that is failing to offer the youth a way out of the poverty that is their dominant experience [...] little or nothing is being done to replace disintegrating social-support institutions in South Africa, including the family, school, kinship structures, and public institutions, with new forms of effective socialisation and social control, the panel said (SARPN 2006).

In a context of reducing poverty, creating equality of opportunity, and engendering social upliftment, the APR's assessment amounts to a very serious, not to say ominous, indictment. None of this bodes well for the quality of Early Childhood Development (ECD) – something which educationist Eric Atmore states “far more attention needs to be paid to” in South Africa (*Business Day* 2007a: 10). Atmore claims that “if we want to get more children through from Grade One to Matric, Grade One is the wrong place to start [...] and that means providing facilities not only for small children but also for the mothers and other care givers tasked with looking after them”. Unfortunately, it was reported in June 2007 that “only 30% of children – of all races – aged between five and six are attending early childhood development centres, so that most have little foundation on which subsequent schooling can be built” (*Business Day* 2007b). These sentiments are confirmed by the South African Institute of Race Relations (SAIRR 2007: 1) who observed that it was “only belatedly” that the government came to treat ECD with the seriousness that it warrants. According to

Lake & Reynolds (2010: 84), although the National Integrated Plan for ECD supplied “a framework for the provision of services for children under five, delivery has tended to focus on formal grade R classes for older children”.

Yet, ironically enough, South Africa has been at the forefront of ECD research. To mention just one instance, the Human Sciences Research Council’s (HSRC) Child, Youth, Family and Social Development Research Programme has, since 2002, been instrumental in conducting and disseminating pioneering research focused on Orphans and Vulnerable Children (OVC).¹ Strebel (2004) provides some account of numerous smaller initiatives. These efforts have, since 1996, been in line with a number of World Bank-led international symposia focused on ECD. In addition, the Bank released two landmark publications (Garcia *et al* 2008, Young & Richardson 2007) that firmly positioned ECD as a critical pillar of the Bank’s developmental operations (World Bank 2011, Young 2007: 4). Figure 1 illustrates why this should be so.

It is evident that investments in human capital at the pre-school stage yield dramatically higher levels of return when contrasted with similar investments made in adults who have left school. The calculations that inform the curve represented in Figure 1 are provided in exhaustive detail in Carneiro & Heckman (2003), but the conclusion to be drawn is reiterated throughout the literature.² In a similar vein, Grunewald & Rolnick (2007: 17, 20) assert:

One of the most productive investments that is rarely viewed as economic development is early childhood development [...] the return on ECD programs that are focused on at-risk families far exceeds the return on most projects that are funded as economic development.

The implications should be obvious for a country that is experiencing a severe shortage of skills (SAIRR 2007: 1-10).

1 *Cf inter alia* Dawes *et al* 2007, Jooste *et al* 2006, Skinner & Davids 2006a & 2006b, Strebel 2004.

2 *Cf*, for example, Keeley 2007: 56, Miliband 2005: 50, World Bank 2010.

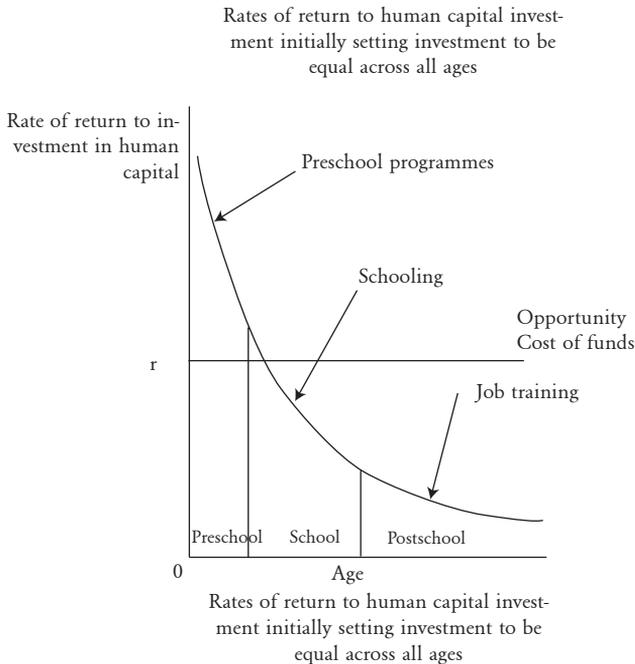


Figure 1: Rate of ECD (preschool) return to investment

Source: Carneiro & Heckman (2003: 93)³

Grunewald & Rolnick (2007: 30) mention that “in our view, the case is closed on why we must invest in ECD”, and indeed there are few issue areas within the developmental domain that exhibit as much unanimity in the scholarly literature as does the compelling need for ECD. As Keeley (2007: 40) remarks, “it’s such an obvious idea that it hardly seems worth stating”. That many of these arguments go beyond ECD’s economic attractiveness to embrace “child rights”⁴ and to stress the moral imperative of ECD, as a subset of human development, can

3 <http://www.ecdgroup.com/pdfs/heckman_article-20_05_2003-17_59_04.pdf>.

4 Cf, for example, Chung *et al* 2008, Dawes *et al* 2007, Ward 2007.

be taken as virtually axiomatic (McNeill 2007). But ECD also has other positive spin-offs. As Keeley (2007: 42) points out, research has shown that

... giving special support to under-fives from disadvantaged backgrounds reduced probation and criminal rates by up to 70% by the time children reached their mid-teens.

According to the World Bank (2010: 3),

... there is strong evidence that quality ECD interventions yield significant benefits in terms of school readiness and achievement, particularly among poor children. For example, Bangladeshi children who received center-based preschool education outperformed their peers in the control group by 58% on a standardized test of school readiness.

On that note, the saying “poverty begets poverty” seems to find expression not only figuratively, but also literally. Esping-Andersen (2005: 31), in a discussion of the “intergenerational reproduction of unequal opportunities”, investigates what one might call the obverse of the ‘Peter Principle’. The Peter Principle “reflects the possession of ‘cultural capital’” and states that “the higher one rises in society, the less likely statistically one is to fall back” (Sennett 2003: 31). By contrast, Esping-Andersen (2005: 32-4) attempts to uncover what it is that prevents children from transcending their parents’ station in life. She finds that “a large literature demonstrates that the income of offspring is strongly correlated with that of their parents” and that there is “mounting evidence that ‘cultural’ factors are also decisive” in the perpetuation of inter-generational poverty. In fact, cultural inheritance and overall socio-economic status seems to be a far better predictor of success in life than household wealth. This finding is reminiscent of the “culture of poverty” discourse that arose many years ago (Lewis 1959) but that was subsequently supplanted by other paradigms.

According to Esping-Andersen (2005: 31), the handicap imposed by culturally deficient social origins cannot be compensated for by “remedial programmes later on in life” (*cf* also Ward 2007 on “neighbourhood effects”). Along with Atmore,

Esping-Andersen (2005: 31) mentions that everything hinges on the development of cognitive skills acquired “before school age [...] Life chances are [...] powerfully determined by what happens in children’s life prior to their first encounter with the school system” [own emphasis]. Where the family’s “cultural capital” is found wanting, “universal and high-quality day care” for infants is a pre-condition for breaking the vicious cycle of poverty that perpetuates itself via sensory and material deprivation, and cultural impoverishment, in the very early years of life (Esping-Andersen 2005: 34).

A family’s “cultural capital” is measured by: “the quantity of books in the home, the frequency of discussing cultural issues, and a highbrow item related to frequency of attending concerts, theatre, etc.” (Esping-Andersen 2005: 33). Does this set too de-manding, or too inappropriately “eurocentric”, a standard for the average South African household? To aver that it does is arguably tantamount to saying that South Africans are condemned to poverty in the global village. It is therefore rather disturbing that a study commissioned by the Department of Arts and Culture reported in 2007 that “more than half of South African households don’t own a single leisure book” and that “there is a shocking lack of access to books” (*Sunday Times* 2007: 8). If that is the situation with regard to books, then one can only guess at how impoverished most South African households must be with regard to “frequency of attending concerts” (Esping-Andersen 2005: 33) and suchlike events.

If Esping-Andersen’s prescriptions are indeed the way to curb poverty and to create more equal life chances, then the damning APR pronouncement, cited above, suggests that South Africa is still some way from giving effect to them. A state which spends nearly R100 billion a year on welfare grants of often uncertain efficacy in terms of personal productiveness (*IOL* 2011) should have no difficulty in funding ECD which might, in many respects, prove to be a more sustainable and rewarding investment. Ideas in this regard have been advanced by September (2007) in her discussion of the Social Sector Plan

(SSP) component of the Expanded Public Works Programme (EPWP).

ECD may, of course, be approached using theoretical perspectives drawn from several different disciplines, not the least of which is the psychology of child development. Trawick-Smith (2000: 36-65) provides an overview of six such theories ranging from Piaget's cognitive-developmental theory to Bronfenbrenner's more contextually-based ecological systems theory. The general theoretical stance implicit within in the present case study is aptly reflected in an analytical framework articulated by Vegas & Santibanez (2010: xxii) which appears to have been foreshadowed by Bronfenbrenner's construct:

... child development does not take place in a vacuum. In any given country, the macro context (that is, the economic, political, and social context) affects the nature and extent of social policies, which directly affect children's well-being, the type of programs made available to young children and their caregivers, and the organizations that operate these. Simultaneously, the micro context - the interaction between a child and her or his primary caregiver during the early years - sets a child on a trajectory that affects her or his future development. In addition, the availability of programs, services, and policies directed at children, their caregivers, or both, affects this interaction and trajectory.

1. Background

The University of the Free State's Centre for Development Support (CDS) was commissioned to record and evaluate the developmental impacts of ECD interventions being performed by the Diketso Eseng Dipuo Community Development Trust (DEDI) which is based in Bloemfontein and which functions under the auspices of the Nelson Mandela Children's Fund (NMCF). The evaluation was part of a broader study to develop best practice interventions for working with OVC, their families and communities. The overarching study was directed by the Human Sciences Research Council (HSRC) and funded by the WK Kellogg Foundation via the NMCF. The results of this investigation slotted into a much wider five-year study

undertaken in South Africa, Botswana and Zimbabwe. The evaluation focused on four towns (Jagersfontein, Fauresmith, Philippolis and Trompsburg) within the southern Free State municipality of Kopanong.

DEDI is an NGO that was established in 1999. Since its inception it has implemented its Family Support Programme (FSP) in the Free State. The FSP is a child-centred, family and community development programme. The stated goal of the initiative is to strengthen the family environment such that it provides adequate support for children. Because the children contemplated in the FSP fall into the six years of age and younger bracket, the programme can be regarded as one functioning within the broad ambit of ECD. DEDI's approach would seem to be consonant with the general perception articulated by Strebel (2004: 14) that, for effective OVC ministrations, "there is widespread agreement that the intervention of choice (wherever possible) should be home-based community-supported care".

Given the age bracket of the children that DEDI aims to support, its primary point of ministerial contact within the state apparatus should be the Department of Social Development (DSD) and not the Department of Education (DoE) (September 2007: 12). Biersteker & Kvalsig (2007: 159, 190), however, point to the primary responsibility lying with the DoE:

A National Integrated ECD Plan for 0-4 year olds, developed by the departments of education, social services and health, will provide the framework for service delivery to the youngest children and fulfils the undertaking for this age group in [Department Of Education] White Paper 5 on ECD.

DEDI's intervention in Kopanong involved the screened selection of families in each of the four abovementioned towns. Each site was assigned a training facilitator who, *inter alia*, held morning, bi-weekly workshops with the community. The workshops, which were of variable length depending on the content matter and which were conducted in Sesotho, were complemented by a programme of ongoing home visits

of between 30 and 60 minutes each. Some of the home visits had defined objectives, for example child assessment, or to assist households in completing documentation to qualify for social grants. Apropos of home visits, Fraser Mustard (2007: 73) points out that

Home visiting is a widely used approach to help families with young children in industrialized and developing countries. This is an attractive strategy because it can bring support to socially or geographically isolated families, and the services can be tailored to meet the needs of individual families.

DEDI's FSP intervention also has a Local Economic Development (LED) component in that families are encouraged to form small savings societies (*stokvels*) and they receive basic guidance in establishing themselves as microenterprises. This dimension will not be explored in any depth in this article except insofar as it indirectly impinges upon the quality of ECD.

DEDI operates according to two primary dictates. First, it believes that development is something people should do for themselves. DEDI therefore makes a point of not fostering undue dependency among caregivers and parents. Secondly, DEDI aims to capitalise on already existing knowledge, and tailors its training to augment whatever level of accomplishment has already been attained by the caregivers it supports (*cf* Fraser Mustard 2007: 73).

It should be pointed out that, while DEDI is able to perform impressionistic child assessments that also involve checking for basic competencies, the NGO is not in a position to perform the rigorous series of professional medical and psychological assessments proposed by Biersteker & Kvalsig (2007). DEDI would, however, be well positioned to arrange for this kind of screening to be done by the appropriate agencies.

This article begins with a methodological overview and a short statistical survey including a breakdown of the number of people reached by DEDI's operations. It reflects on the outcomes of the interviews that were conducted with DEDI staff members and with the recipients of the services. These

findings are then analysed and a number of recommendations are offered for how the service could be improved. A few potential pitfalls are highlighted.

2. Methodology

The methodology included three main approaches (as opposed to the adoption of any formal programme evaluation model) and was both formative and summative in nature.

First, there were ongoing in-depth discussions with the staff of DEDI, namely the programme coordinator and his three training facilitators. These interviews focused on obtaining an idea of the services delivered, the processes followed, and their own impressions of the impact of the services provided. These interviews also incorporated an audit of DEDI's systems to extract baseline information.

Secondly, the tasks required an overview of basic demographics. Statistics were sourced from a number of government institutions and from the Free State Growth and Development Strategy (FSGDS). Obtaining information from government departments proved to be more difficult than had been anticipated. The DSD was unable to provide any information, while no response could be elicited from the Department of Health. This dearth of data, and lack of co-operation, is mirrored by the fact that, as Bray & Dawes (2007: 8) point out

The children's section of Stats SA is no longer in operation [...and] South Africa's second report to the Committee on the Rights of the Child was [as of November 2005] three years overdue.

Thirdly, interviews were conducted with the recipients of DEDI's services. DEDI provided a list of all the participants in the various towns, and the interviewees were selected at random from the list and according to actual availability. The interviews were conducted mainly in Sesotho by a multilingual, trained interviewer, and consequently no recourse was had to interpreters. Interviews were conducted with 22 DEDI

beneficiaries (10 of these were conducted one-on-one), and focus group discussions were held with seven savings societies and with six of the CBOs with which DEDI cooperated in the respective towns.

3. Statistical overview

The research team was of the opinion that a broad socio-economic overview of Kopanong would serve as valuable background to the research, as Kopanong's children count among the most deprived in the Free State (Barnes *et al* 2007: 31, Mfecane *et al* 2006a).

3.1 Kopanong municipality

Kopanong municipality is located in the southern Free State and accounts for 11.7% of the area of the Free State. At 15 200 km² it is half the size of Belgium (World Bank 2005: 42). The municipality forms part of the Xhariep District Municipality and is headquartered in Trompsburg. It consists of an additional eight small platteland towns, namely Edenburg, Reddersburg, Jagersfontein, Philippolis, Springfontein, Fauresmith, Bethulie, and Gariepdam, as well as the mainly commercial sheep farming area between the towns.

The municipality's total population is just under 56 000 according to the 2001 Census figures. While Kopanong contains 2.1% of the Free State's overall population, it contributes just 1.3% to the provincial economy (FSGDS 2006). Between 1996 and 2001, the annual population growth rate in the Xhariep District was 1.9%, which was considerably higher than the provincial figure of 0.6%. Kopanong's economy is based mainly on two sectors, namely agriculture and community services. According to the FSGDS, an estimated 22 000 people, or 40% of the total population, live in poverty. This percentage is slightly higher than the Free State average of 38.6%.

A number of comments are apposite with respect to Kopanong's small-town environment:

- There has been a considerable decrease in the number of skilled people in these towns over the long term (Mfecane *et al* 2006a).
- At the same time, a large number of unskilled workers - mainly former farmworkers - have migrated into these small urban areas (Atkinson 2007: 111-32).
- A significant percentage of households are dependent on breadwinners working in the cities (Krige 1995).

It is also fair to comment that the southern Free State, including Kopanong, has never been high on the development agendas of government agencies. Not only is the overall population small, but the economic contribution of the area is virtually nil when one takes the size of the Free State economy into consideration. In the view of the National Spatial Development Perspective (NSDP) and the FSGDS, the overall development potential, and therefore the development need, is extremely limited in the area.

3.2 HIV AIDS and malnutrition

Statistics on HIV and AIDS as well as malnutrition were not easy to secure. The FSGDS estimates that the HIV prevalence rate for pregnant women in the Xhariep District Municipality is 25.7%, with an actual infection figure of 12.3% for the population at large (the Free State figure is approximately 17%). Although DEDI's primary focus is families with young children, and not HIV as such, HIV prevalence rates would obviously have a profound effect on its operations (APR Panel 2007: 279, UNICEF 2006: 10-34). It is disturbing that no statistics could be sourced for malnutrition, given that malnutrition is reported as being the "main health problem" among OVC in the municipality (Mfecane *et al* 2006b: 37). Jooste *et al* (2006: 15) claim that in Kopanong "according to the data gathered 43% of the households had one day of the week where they would not eat any food".

3.3 Social grants

Requests for statistics in this regard were directed to the DSD and, on their advice, also to the Department of Health (DoH). The DSD claimed not to have any data on social grants being paid out and, although official permission was both applied for and granted, the DoH failed to produce any of the data it had undertaken to supply. In Jooste *et al*'s (2006: 14) 2003 survey of Kopanong households ($n=5254$) 8% of the households polled reported receiving a Child Support Grant (CSG) while this figure was only 1% for foster grants. These values are, however, likely to have increased fairly substantially over the intervening years.

4. Overview and evaluation of the DEDI intervention

This section deals with the information provided by the DEDI head office interviews. In terms of its NMCF Grant Funding Agreement, DEDI was committed, *inter alia*, to: train and empower vulnerable children in childhood learning, care and development within the family institution while also strengthening the family well-being; test and enhance livelihoods interventions; strengthen Group Saving Societies; research policy issues pertaining to OVC; document and share its findings with key stakeholders; empower 135 families to give appropriate care to children by the end of 2006; have 540 children benefiting from social security support services by the end of 2006, and ensure that the family support workers created partnerships with critical stakeholders including CBOs, local government, and donor organisations.

These envisaged outcomes can be grouped into three clusters, namely family support (which includes support for vulnerable children within the family context), support with respect to documentation in order to access various grants, and support for savings groups.

4.1 Implementation process

Implementation began with the creation of a community profile for each of the target communities. The community profile not only helped DEDI understand the different communities, but also served as an opportunity to introduce themselves and to network with the various role players and communities. A July 2006 progress report detailed the key challenges faced by families in the communities:

- Many families claimed that they could not afford to take their children to ECD centres and that they subsisted entirely on CSGs.
- A significant number of families did not possess the necessary identity documents to access CSGs. It appears that many of these families hailed from Lesotho.
- Both families and local institutions had limited knowledge about relevant government policies intended to afford children access to education.
- Some families were loath to have their children immunised.
- Families were not participating in local government planning processes to prioritise their children's needs.
- The foster care grant application process was being experienced as a very lengthy one, with the majority of applicants claiming to have been waiting years for approval.

Although DEDI's analysis might have been biased in favour of the more extreme cases, the identification of the existence of these problems, if not their actual extent, is to a large extent accurate and is common to all small platteland towns.⁵ This article will elucidate the manner in which DEDI addressed some of these needs.

4.2 Family support and training

The Family Support Programme was instrumental in providing training to caregivers. DEDI staff reported that in

5 Cf Mfecane *et al* 2006a for a comprehensive survey that includes Kopanong.

approximately half of the cases the training could not be delivered to the actual parents (who were absent), but involved grandmothers or other stand-in caregivers.⁶ This training was followed up by home visits to the individual caregivers. DEDI elected to classify all children in the lower-income families as vulnerable.

Table 1 reflects the number of caregivers who attended the series of workshop training sessions in each of the four locales. This information was verified and is useful in that it also reveals the topics covered. As expected, attendance was fairly erratic and no clear inferential trends present themselves. Attendance at such events is always contingent on a host of circumstances. Full attendance would have involved approximately 135 families/caregivers but not everyone always participated fully in the programme.

Table 1: Attendance at training workshops in Kopanong 2006

Month and description of service	Trompsburg	Philippolis	Fauresmith	Jagersfontein	Total
Milestones in the development of a child (April)	34	22	12	19	87
Developing the child through play (April)	16	18	20	22	76
Child assessment (May)	22	9	27	27	85
Grant applications and IDs (June)	13	11	25	30	79
HIV/AIDS (June)	29	16	19	14	78
Safety (July)	20	12	15	16	63
Nutrition (August)	27	30	23	20	100
Child resilience (September)	22	19	18	11	70
Total	183	137	159	159	638

The number of caregivers who attended any particular topic varied between 63 and 100. Assuming an average of two children

6 Cf Amoateng *et al* 2007 on “multigenerational living”.

per caregiver, this implies that each workshop topic had the potential to benefit approximately 160 children.

The manuals and the slides used to accompany the presentations were adjudged as being, for the most part, well suited to conducting the training sessions. The manuals were in English with a parallel Sesotho translation. A weakness was that not all the materials that were assessed had been developed to a commensurate depth, nor had they employed the same methodology. Although this should probably not feature as a compelling concern, it could prove problematic in terms of both replicability and the transmission of institutional memory. The manuals should not only set out the content detail, but also provide guidelines on how best to conduct the specific training sessions.

The evaluation, performed after the fact, obviously did not allow for sitting in on any of the sessions but, as the feedback from those who were subjected to the programme will later indicate, it appears that retention was quite high and that the training content was adequately presented.

4.3 Home visits

Home visits form an integral part of the programme. The rationale behind these visits was to assist caregivers with the practical implementation of the advice and information imparted during the training sessions. They also afforded the shyer, more reticent women who had attended the training an opportunity to ask questions. Table 2 provides a breakdown of the home visits.

Home visits in all the locations were performed over two consecutive days in any particular month. Between 57 and 82 house-holds were reached in this manner during any one month. As a more detailed assessment provided later in this article will show, home visits emerged as a key aspect of the programme. This is in line with Fraser Mustard's (2007) comments cited above. Home visits also served to cement

individual relationships, beyond the training sessions, and provided a space within which to demonstrate applied implementation at the household level.

Table 2: Number of home visits performed in Kopanong 2006

Month	Trompsburg	Philippolis	Fauresmith	Jagersfontein	Total
April	18	22	16	20	76
May	14	15	24	12	65
June	23	19	18	15	75
July	11	21	9	16	57
August	19	11	16	21	67
September	13	15	15	17	60
October	19	22	23	18	82
November	12	21	12	17	62
Total	129	146	133	136	544

In addition, DEDI staff were able to alert caregivers to the dangers of bare electricity wires; provide individualised advice on family matters, and determine the exact needs for IDs, birth certificates, and so on.

It should be noted that the number of caregivers visited at home was somewhat less than the number that attended the training sessions. Although this was mainly attributable to the non-availability of people during the two-day window period, facilitators also mentioned that the home visits were emotionally taxing.⁷ This suggests that attention should be paid to the psychological well-being of the facilitators at an institutional level, to prevent emotional burnout.

4.4 Assistance with documentation

DEDI was instrumental in assisting numerous people from the four towns to obtain identity documents and birth certificates and to access grants mainly directed at child support. According

7 Cf Mfecane *et al* 2006b: 35-7 for some account of the conditions they might have encountered.

to the DEDI staff, there is a pressing need for this assistance as some people are from outside South Africa, and have married South Africans, but cannot provide proof of their marriage; the offices of the Department of Home Affairs and the South African Social Security Agency are located in Bloemfontein, making access to these offices extremely difficult for many, and people are often ignorant of the specifics attendant on the grants that are actually available.

Operationally, DEDI first provided people with information on what they needed to do in order to obtain the necessary documentation or grants. They then arranged for officials from the Department of Home Affairs and the South African Social Security Agency to visit the towns and help with registrations and applications. Table 3 provides a profile of the number of people assisted in this way.

Table 3: Persons helping with documentation and grants

Type of assistance	Trompsburg	Philippolis	Fauresmith	Jagersfontein	Total
Identification documents	85	55	66	93	299
Birth certificates	110	67	105	76	358
Grants (child support, foster care, disability)	26	82	16	17	141
Total	221	204	187	186	798

The above figures clearly indicate that extensive assistance was rendered with respect to negotiating bureaucratic procedures. It should also be highlighted that DEDI often managed to induce government departmental staff to visit the various communities on Saturdays. As will be discussed later, this was highly appreciated and was a signal achievement in bringing service delivery to the poor. It appears that one such Saturday session was arranged per town during the course of 2006. Although this might be adequate for the moment, one would like to see this arrangement institutionalised.

4.5 Savings schemes

Savings schemes are intended to foment an ethos of self-reliance and to serve as a safety-net to benefit the children in times of family need. The savings scheme initiative was accompanied by extensive training (*cf* Table 4).

Attendance at these sessions was remarkably uniform. Ten savings schemes were established with the intention that these would make participants more financially independent as well as assist in paying for children's school fees or other needs in time of financial crisis. It was not at all clear from the interviews with the DEDI staff that any of these desiderata had been achieved. Difficulties mentioned were that the savings groups did not really assist in income generation; that membership of the groups fluctuated, and that they were never viewed as anything other than savings clubs, in other words there was no 'value-added' leveraged by virtue of the groups.

Table 4: Attendance at savings group training in 2006

Month and description of service	Trompsburg	Philippolis	Fauresmith	Jagersfontein	Total
Constitution (August)	47	54	20	20	141
Post banking (September)	47	54	20	17	138
Bookkeeping (October)	32	52	20	26	130
Budgeting (November)	47	54	20	20	141
Total	173	214	80	83	550

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5. Programme evaluation by the beneficiaries

Individual householders, all women, were canvassed for their views concerning the family training and the ECD skills imparted by DEDI. DEDI personnel were not present at these interviews and were not in a position to influence them. This section presents the women's feedback.

5.1 Training

All the respondents responded to questions about the content of the training at some length, indicating a high degree of retention and that the DEDI training had made an impression. Without exception they incorporated considerations pertaining to children into their answers. Although different interviewees naturally dwelt on different aspects of the training, the specific items that were mentioned can be clustered in terms of the following broad categorisations.

5.1.1 Domestic/nurturing issues

Children's nutritional needs – meal by meal; the importance of breakfast; the importance of play and tactile contact with small children; how to detect abnormalities or potential deficiencies in infants; basic health care; identifying stages of childhood development; the importance of stimulation for mental development; the correct way to handle babies; potential dangers of household appliances for small children; dangerous situations with buckets, baths of water, and so on; the need to keep medications away from infants; fairness and discipline in childrearing.

5.1.2 Practical

How to spend money effectively; industriousness (avoiding idleness) and small home industry; how to form small self-help societies (pooling of resources); the advantages of vegetable

gardens; how to make inexpensive toys; basic good house-keeping; how to go about securing birth certificates, identity documents and grants.

5.1.3 Interrelational skills

The importance of the family unit; how to get on with neighbours; the importance of communicating with children; the need for avoiding back-stabbing and gossip; conflict resolution; the need for open communications - not to harbour ill-feelings; respectful behaviour both towards and from children; respectful communication with children; how to behave in front of children.

It appears that a formidable array of life skills and basic competencies were imparted. Underpinning the iteration of these points by the interviewees, one discerned a marked yearning, and appreciation, for domestic harmony and order that seems to have made the respondents especially receptive to DEDI's training precepts. The fact that approximately 80 households benefited from these aspects in an area where no such service exists should be considered an achievement.

The women were unanimous in affirming that DEDI's training had had a favourable impact on their domestic situations and that they were able to put the training into practice. A number of respondents pointedly mentioned how they had implemented DEDI's advice, and invariably with favourable outcomes.

A woman from Philippolis stated:

[T]hey also taught us how to speak to your children and I can see the difference since doing what they told us to do, as you know to become a mother there is no school that prepares you as to how to become a good mother.

Another mentioned: "[S]ince the training I now live well with my children". A respondent from Trompsburg stated: "There has been a lot of difference in my home since practising the advice I get from them".

Such comments typify the interviewees' responses. More care was also being taken with nutrition, and one mother mentioned how she now made certain that her children ate before they left for school in the morning. Two women drew attention to their vegetable gardens, while others were pleased to produce tangible evidence of how they were keeping themselves occupied with sewing, baking and so on ("you are not supposed to just sit around and do nothing"). Others mentioned how they had been able to earn some money from baking and how they now had a better grasp of how to save money in small groupings.

Several women intimated that there were fewer rows in their homes ("my family is happier now") and that their children were better behaved as a result of the new ways they had acquired of communicating and dealing with conflict situations. Good neighbourliness appears to have increased. Many women pointedly commented on how they had spoken to their peers outside of the training about what they had learnt and they are hardly likely to have done so had they not found the training relevant to their circumstances. One may reasonably assume that the women's enhanced feelings about their circumstances find some resonance within the lives of their children.

5.2 Home visits

It was obvious from the interviews that this aspect of the DEDI programme was much appreciated and that it is of especial importance. Some women mentioned that there were matters they had been too ashamed, or too shy, to broach in a group setting, but that they had appreciated being able to talk about these in confidence. They seemed particularly gratified that someone was "looking out for them" even if they had not been at home at the time the DEDI worker called. According to one respondent,

When they come to your house, they bring you out of your misery with all sorts of advices like sometimes when you have

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a negative mind they will leave you feeling positive again. They even make people love one another.

Not everyone had been the recipient of a home visit. Only just over half the interviewees reported having been visited at home; the others seemed to imply that they could have had home visits had they requested them. They seemed content to meet in group settings. There was no sense of having been neglected. It also appears that smaller impromptu group get-togethers were held in homes on a rotating basis.

A respondent from Fauresmith neatly encapsulated the general feeling about home visits:

Yes, they always make a turn to my house, that is why you saw that they know where we all stay. The support helps a lot because when they come to my house then you form some kind of a friendship with them and you even learn more from them as at your home in a relaxed setting where you can ask them whatever it is you don't understand.

It was not clear that children derived any direct benefit from the home visits other than tangentially by, for example, the mother being relieved of stressful feelings, having her questions answered, or the dangerous use of electrical appliances being pointed out. However, these aspects in themselves are, in our opinion, sufficient justification for such a project.

5.3 Use of clinics

Nearly all the respondents mentioned that DEDI encouraged them to avail themselves of their local clinic's services, but the majority of them suggested that they needed no prompting to do so. One woman responded that "if we don't go to the clinics the welfare department will cut us out of the system" which if true, or *if believed* to be true, at least confirms that the message in respect of clinic visits had made an impression. Another mentioned that they were told that a child cannot get a birth certificate unless s/he has a clinic card – as stressed during the training sessions and home visits. The Mexican government has a similar CSG system to South Africa's, but with very strict

provisos requiring that mothers regularly attend health lectures, that they take their children to clinics, and that the older children attend schools (Keeley 2007: 40).

The necessity for children to be immunised had evidently been explained to the interviewees, but one gained the impression that DEDI was preaching to the converted in this regard and there was no evidence of resistance to immunisation (despite DEDI's having cited resistance as a problem). There was also no suggestion that respondents were using the clinics any more than they might otherwise have done. One woman, however, was so enthused by DEDI's advocacy of clinic services that she claimed to be now working at her local clinic as a volunteer. A number of people associated questions about the clinic with health-related bits of advice they recalled having heard from the DEDI facilitators.

5.4 Documentation

DEDI came in for considerable praise concerning the way in which it had facilitated the acquisition of identity documents, grants and so on. This praise was unanimous, with no local differences and no faintly dissenting points of view. The organisation had obviously done outstanding work in this regard, and interviewees marvelled at the way in which DEDI seemed to "push all the right buttons". DEDI had not only arranged for Home Affairs officials to visit the townships on Saturdays (thereby facilitating documentation for farmworkers among others), but they also took up difficult individual cases with the departments concerned and adhered to these cases until they were brought to a satisfactory conclusion.

Many respondents also commented on how courteously and considerately they had been treated by the officials and what a change this had been from what they were used to. It was also much appreciated that DEDI advised people in advance about what kind of information they should have with them when meeting the Home Affairs officials. Many mothers were able to access child grants as a result of DEDI's efforts, although it was

pointed out that some parents misused the grant money. It is interesting to note that the complainants remonstrated with the offending parents in this instance (they told them they should be using the money for school uniforms) which presumably is indicative of DEDI philosophy's knock-on effect within the communities. DEDI had obviously made a tangible difference (most immediately via access to state grants) in many people's lives by assisting them with documentation.

It was felt that, in addition to Home Affairs officials having come on Saturdays with a view to accommodating those working on farms and those who could not get away from work, they could still make extra efforts to see people outside normal working hours. DEDI can presumably only achieve so much in this regard – they probably cannot be seen to be trying to dictate these departments' overtime policies. It was also felt that different departments should synchronise their visits to Philippolis. While this would no doubt be the ideal situation, it is difficult to consider how DEDI can be expected to achieve this kind of logistical interdepartmental cooperation.

5.5 Unmet needs

Certain needs were expressed that are not within DEDI's mandate or ability to address. The stricter policing of drunkenness within the community was one such request. It was hoped that DEDI would “come with projects that give us work” and that DEDI would come to mediate conflicts at savings society meetings, but this is to misunderstand the nature of the organisation. This is to give people the resources to manage their own lives more effectively – not to do it for them. The only need expressed concerning children was curbing under-age drinking, but this is presumably not an ECD concern.

5.6 Service providers' attitude

There was never any suggestion of anyone having been treated inconsiderably – quite the reverse, and the DEDI personnel were commended for their compassion and friendliness. There

were, however, many complaints about Home Affairs and Social Welfare officials' uncaring attitudes when they were encountered *without* DEDI's mediation.

5.7 What beneficiaries valued most

It was apparent that it was DEDI's financially related interventions that sprang to mind when people were asked about the positive aspects of the programme. In terms of positives, household financial management scored most mentions, followed by help with documentation to obtain grants, and only then specifically child-directed training and advice. It is arguably a little disconcerting that those interventions designed *indirectly* to assist small children were more highly valued than those that focused *directly* on child welfare and development. This is a potential weakness that will be revisited in the recommendations that follow later in this article.

Although no negative elements to the programme were articulated, it was a little troubling that one interviewee intimated that there were no small children in her household (in fact, no children at all), which could suggest that not all DEDI's beneficiaries were necessarily being recruited with the organisation's particular child focus at the forefront.

5.8 Savings societies

Part of the DEDI manifesto is to support poor women in pooling their resources by encouraging one another to contribute to mutual savings societies. This helps to secure "critical mass" for the participants which can, for example, be leveraged to secure bulk discounts.

It must, however, be noted that the uninitiated find the dynamics of these societies somewhat puzzling. The accumulated savings appear to be used as a ready source of cash loans against which participants borrow at a higher rate of interest than the money would earn were it retained within

the savings account. Although it appears, on the face of it, counter-productive to “borrow” one’s own money which one is supposedly saving, perhaps it is inculcating the discipline of regular saving that is important – provided that the savings component is not whittled away to nothing in the face of the regular repayments of the loans incurred by borrowing such savings. In essence, these societies appeared to function as their own closed-membership banks. One trusts that the members have the arithmetical skills to keep track of the complexities that must inevitably arise with such an arrangement. In addition, there is the danger that a significant defaulter could wipe out any benefit that might have accrued to the society by way of interest, if not the society’s actual accumulated capital sum itself.

It was difficult to see that children had derived tangible benefits from the savings schemes. Perhaps the best one can hope for is a benign “trickle-down” effect. This situation, where one assumes that what is to the parents’ benefit is *ipso facto* to the children’s benefit, is closely paralleled by the issue of child grants.

In this regard, it was rather disturbing to learn from one respondent that, according to DEDI, a child grant was meant for the parent and not the child because “if it weren’t for you [the mother] they would not even get [qualify for] it”. This may well have been a misconception on the part of the interviewee and is an issue, the solving of which cannot be laid at DEDI’s door, save that considerable conceptual confusion does exist about who the child grant is for. Is it for the child, by virtue of whose existence the mother qualifies to collect the grant, or is it “for” the mother who qualifies by virtue of her having had a (grant-eligible) child? Ideally mother and child’s interests should be coterminous but it is not at all clear that the ostensible intention behind the child grant (the welfare of the child) is sufficiently appreciated. As it stands, some mothers seem to want to claim that their interests, or agendas, “trump” those of

their children. One trusts that DEDI could be instrumental in restoring parents' priorities in these instances.

Respondents mentioned that the disciplines of budgeting and savings had led to a "lot of differences" in their homes. One difference was that they were no longer making use of cash loans organisations ("loan sharks") but were borrowing from their savings societies instead. One hopes that monies "saved" are not in essence converted into loans. Another difference cited was that more children were attending crèches presumably funded by savings effected via more prudent household economies. Several respondents were of the opinion they were using their limited incomes more wisely.

Respondents cited broaching the notion of opening a savings account as a positive, and described it as "something we never thought of". That there are people to whom it has never even occurred to open a savings account must surely act as a "wake-up call" to those who wish to profit from the so-called 'unbanked' sector. The feeling of *communitas* instilled by the savings societies was evidently much appreciated, and one woman remarked on her group's much higher sense of self-esteem.

The main problem with the savings societies (which is not a negative reflection on DEDI's services as such) is that these groups, unless they are very closely knit, seem susceptible to conflict and disagreements about contributions and repayments, with resultant disagreements, and members opting out prematurely. Where the groups do actually work, they seem to work quite well, but their viability appears to be limited.

5.9 Community-based organisations (CBOs)

The CBOs proved, in general, to be the most critical of the three constituencies factored into the evaluation, despite their not having had much contact with DEDI. This is probably understandable for reasons of professional jealousy or envy, and because DEDI, being a Bloemfontein-based organisation, would

almost certainly be experienced as an interloper by the local CBOs.

The majority of the CBOs exhibited unrealistic expectations of DEDI in that they wanted DEDI to provide them with “counselling and related skills” (including “management skills” and, surprisingly, training in first aid). However, it is doubtful that DEDI has any particular competence (or desire) to act as an umbrella organisation and become involved with capacitating CBOs instead of working directly with people themselves.

It appears that DEDI had partnered with a crèche in 2003, helping them to secure funding from the Lottery Board. DEDI also helped the crèche with its finances. When the funding was abruptly terminated by the Lottery Board (after two years instead of the anticipated three years), the crèche appears to have held DEDI accountable for this instead of approaching the Lottery Board directly for an explanation. DEDI had apparently trained the crèche’s staff in child care.

Where there is clear overlap with DEDI’s operations there seems to be the tacit expectation that DEDI should take the local organisation on board and absorb it into its operations, but DEDI is no doubt correct in exercising caution about allowing its funding to be appropriated by potentially opportunistic CBOs insinuating themselves into its programmes.

6. Concluding comments and recommendations

It is obvious that the Family Support implemented by DEDI is not designed to cater for the broader development needs of the various communities. Although the organisation mainly liaises with adult caregivers, this is in line with the philosophy that attending to family dynamics should have positive “knock-on” implications for the development of the children. Although one must acknowledge that the “trickle down” effect (from caregivers to children) need not necessarily occur, the outcomes

of the alternative, to focus more on the children themselves, would seem to be equally uncertain.

It is only to be expected in a survey of adults that the adults' concerns will come to the fore (*cf* September & Savahl 2009). Yet, one is tempted to suggest that DEDI should occasionally rededicate its stated aims to ECD. DEDI must also not lose sight of the fact that it is not helping adults as an end in itself, but in order that these benefits trickle down to children. This often appears to be in danger of being obscured by the concomitants of the improved financial status that involvement with DEDI often bestows on families. In the final analysis, the children's welfare is key – the fact of children's existence is not meant to function as no more than a financial asset in the familial sphere, but this often appears to be what is in fact happening. Adults must not be allowed to leverage children to make money.

Another potential weakness in the DEDI programme is that, apart from their advocating the importance of creative play, there does not appear to be much emphasis on education. As Keeley (2007: 51) mentions, however:

Caring for preschoolers is sometimes regarded as an exercise in safety. If a tot doesn't throw up in the sand pit [...] or set fire to the kindergarten, then her day will often be regarded as a success. If she happened to learn anything that's a bonus. In reality, we should probably have higher expectations for what preschool children can achieve.

Biersteker *et al* (2008: 229-32) report promising developments in the direction of a “national norms and standards policy for grade R” in South Africa that would at least reach five-year olds, but the degree to which this has in fact been implemented to date is uncertain.

Despite these reservations, all indications were that DEDI was achieving good developmental results at grassroots level. This was real community development albeit on a necessarily restricted scale. Participants in its programmes exhibited a high level of retention of information, and professed to be genuinely

enlightened by what they had learnt. Criticism from the “client base” was virtually non-existent. Respondents were unanimous that DEDI had been instrumental in effecting tangible improvements in their lives and in their homes. Because its home visits are so valued DEDI should avoid the temptation to economise on these by “killing two birds with one stone”, and running training and home-based visits together. Although the home visits are resource-intensive and emotionally draining, this level of hand-holding, surveillance, and personalised individual attention seems critical to the success of the programme.

The only service that needs to be reconsidered - at least in terms of the intended outcome - is that of the savings groups. DEDI and the NMCF should acknowledge the fact that there appears to be very limited financial sense in the savings group schemes (given the amount of borrowing that takes place), although this should be weighed against the positive social capital created, and the feelings of ownership and solidarity often engendered among the group members. The self-esteem imparted by these savings societies is surely of inestimable value.

Major gaps in the programme were farmworkers’ families (for logistical reasons) and the non-participation of men. The reason for this latter omission was never clear. Although men were not pointedly excluded from participation, the tacit general understanding seemed to be that they would not want to participate. Indeed, the notion that men might get involved was greeted with slight bemusement. Yet fathering is a vital dimension of parenting (Richter & Morrell 2008). Perhaps the men’s reluctance can be explained by the fact that, insofar as infants are concerned, where women are present men tend automatically to “take a backseat” (Trawick-Smith 2000: 470-1).

The programmes on the whole considered the urban dwellers of the respective towns. Although it was mentioned that farm workers benefited from the documentation process, this is a seriously neglected constituency (Atkinson 2007); some kind of “outreach” initiative should be launched to extend DEDI’s

services to those farmworkers' families who still reside on the farms.

Although at the outset of the intervention individual child assessments were performed in the target families to compile a profile of needs, due to the fact that the programme was still ongoing it was not clear whether these assessments would be revisited to gauge individual progress.

The manner in which the acquisition of personal documentation was expedited, and the access to grants facilitated, should be regarded as an encouraging example of a partnership arrangement that could be replicated elsewhere. It would appear that DEDI have a special genius for cutting through red-tape in the processing of vital personal official documentation.

DEDI needs to regularise its relations with those CBOs working the same "turf" as it does, in order to avoid unrealistic expectations on their part and future misunderstandings. Where synergies are feasible, their implications should be clearly understood by all concerned.

The report back from the interviews with programme recipients suggests adherence to ethical considerations. The principle of building on existing knowledge meant that the already existing attitudes and cultures of the respective communities were respected and factored into the programme. In our opinion, the intervention proved to be operationally sound, simple to implement, and easily replicable. Although this was primarily a qualitative study, and the benefits to small children were not quantified, the consensus was that the children had derived benefit. In order for ECD to begin to realise its enormous potential for good in South Africa, what seems to be called for now is for many more DEDIs to come to the party.

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