

**THE DEVELOPMENT OF GUIDELINES FOR SOCIAL WORKERS  
INVOLVED IN EARLY CHILDHOOD DEVELOPMENT WITHIN  
THE DEPARTMENT OF SOCIAL DEVELOPMENT**

Badroonesa Govender (nee Salie)

Student Number: 8720814



A thesis submitted in fulfillment of the requirements for  
the PhD Degree in the Department of Social Work,  
Faculty Community and Health Sciences,  
University of the Western Cape.

**Supervisor: Dr. Marcel P Londt**

**Date: December 2015**

## ABSTRACT

Social workers employed by the Department of Social Development in South Africa are tasked with the provision of a broad spectrum of social services and may specialise in fields, such as welfare planning, which involves the capacity building, support and monitoring of welfare organisations. Early childhood development services fall in this category, as these services are monitored by social workers. Social workers employed by the Department of Social Development are the only group tasked with the mandate to capacitate, register partial care facilities and programmes, as well as monitor unregistered and registered facilities, on an on-going basis. Social workers adhere to these mandates amid many challenges.

The aim of this study is to develop guidelines for social workers, who render services to Early Childhood Development (partial care) facilities. The objectives of this study are to explore the needs of social workers in the Early Childhood Development field in the Department of Social Development, identify challenges related to effective service delivery, explore the current methods of service delivery, develop guidelines and refined the draft guidelines, through a Delphi study. The Intervention Research design was used in this study, as it best suited the development of a tool; however, it was adapted to use only certain phases that were suitable for implementation for this study. The adaptation involved the use of the first four phases of the Intervention research method, combining of phase 1 and 2 to form a new phase 1 of the modified phases that linked to objectives one and two of the study. Therefore, this study only has three operational phases.

A qualitative methodology was employed in this study to achieve the intended outcomes. Data collection occurred through semi-structured and telephonic interviews. Purposive sampling was used to select twenty (20) social workers from the Department of Social Development in the Western Cape and five (5) in the Eastern Cape. These participants engaged with Early Childhood Development facilities and interviews were conducted with them, while five (5) telephonic interviews were conducted with social workers in the Eastern Province. Conclusions from the analysed data were used to develop guidelines for DSD social workers within ECD settings. Two rounds of a Delphi study were employed to refine the proposed guidelines.

## KEY WORDS

Early Childhood Development (ECD)

Guidelines

Norms and Standards

Social Work

Quality Programs

Unregistered Facility

Partial Care

Early Childhood Development (ECD) Programme



## LIST OF ACRONYMS

<b>ASCF</b>	– After School Care Facility
<b>CHW</b>	– Community Health Worker
<b>CRC</b>	– Committee on the Rights of Children
<b>DD</b>	– Design and Development
<b>DBE</b>	– Department of Education
<b>DR &amp; U</b>	– Developmental Research and Utilization
<b>DSD</b>	– Department of Social Development
<b>ECD</b>	– Early Childhood Development
<b>ECCE</b>	– Early child care and education
<b>ECEC</b>	– Early Childhood Education and Care
<b>IASSW</b>	– International Association of Schools of Social Work
<b>IFSW</b>	– International Federation of Social Workers
<b>IR</b>	– Intervention Research
<b>NASW</b>	– National Association for Social Workers
<b>NDS</b>	– National Department of Social Development
<b>NIP</b>	– National Integrated Plan
<b>NGO</b>	– Non Governmental Organization
<b>MDG</b>	– Millennium Development Goals
<b>OSD</b>	– Occupation Specific Dispensation
<b>PCF</b>	– Partial Care Facility

- SA** – South Africa
- SACSSP** – South African Council for Social Service Professions
- SAPS** – South African Police Service
- SR & D** – Social Research and Development
- SW** – Social Work
- UNICEF** – United Nations Children’s Fund
- WCED** – Western Cape Education Department



## DECLARATION

I declare that “*The Development of Guidelines for Social Workers involved in Early Childhood Development within the Department of Social Development*” is my own work that has not been submitted for any degree or examination in any other university, and all the sources, I have used or quoted, have been indicated and acknowledged by complete references.

Full name: Badroonesa Govender nee Salie

Date: December 2015

Signed: .....



UNIVERSITY of the  
WESTERN CAPE

## ACKNOWLEDGEMENTS

First and foremost, I thank the Almighty for giving me the strength, wisdom and good health to complete this research project.

To Dr. M.P. Londt, my supervisor and source of motivation. Thank you for your valuable guidance, support and belief in me, throughout my studies.

To my amazing husband, who supported, encouraged, motivated and took over my duties, a very big 'shukran' for your unconditional love.

To my remarkable children, Miekael and Shazia, who had to share me with my computer for the past few years, and for still loving and understanding me. Shukran, my babies.

To my mother, siblings, extended family and friends, for your constant support, encouragement and prayers.

To my manager and colleagues at the Department of Social Development, Metro North Region, for allowing me to pursue my dreams. Your inspiration and belief in me was a huge driving force for me to be complete this research project.

To the Division for Post Graduate Studies, Dr. Nasiema Allie and Peter John Smith, and their writing coaches, your assistance is greatly appreciated.

To the participants in my study, I am eternally grateful for your assistance in sharing your valuable expertise.

The Erica Theron Scholarship for their financial assistance.

**TABLE OF CONTENTS****CHAPTER 1****BACKGROUND AND PROBLEM STATEMENT**

1.1. Introduction	1
1.2. Statement of the Research Problem	2
1.3. Aim and Objectives of the research	3
1.3.1. Research Aim	3
1.3.2. Objectives of the research	3
1.4. Research methodology and design	4
1.4.1. Research Design	5
1.5. Significance of the Study	7
1.6. Limitations of the Study	7
1.7. Definitions of the Key Concepts	7
1.8. Ethical considerations	9
1.9. Outline of the thesis	10



## CHAPTER 2

### LITERATURE REVIEW

2.1. Introduction	11
2.2. Definition of Social Work	11
2.3. History of social work	12
2.4. History of social work in South Africa	13
2.5. Structure of the Department of Social Development	15
2.6. The declaration of social work as a scarce skill in South Africa	16
2.7. Some Challenges faced by social workers in South Africa	17
2.8. The need for social workers	20
2.9. Working Conditions of Social Workers	20
2.10. The role of the social worker	21
2.11. Summary	23



## CHAPTER 3

### EARLY CHILDHOOD DEVELOPMENT AND CHILD PROTECTION

3.1. Introduction	25
3.2. Background of ECD	25
3.3. ECD in developed and developing countries	26
3.4. Definitions of ECD	28
3.5. ECD as a child protection mechanism	30
3.6. National context of ECD in South Africa	31
3.7. The Role of National, Provincial and Local Government in ECD	33
3.8. Overview of ECD in the Western Cape Province	33
3.8.1. Access to quality ECD	34
3.8.2. Community-based ECD provision	35
3.8.3. Resourcing ECD provision in South Africa	37
3.9. Challenges in ECD sector in South Africa	37
3.10. Legislative and policy context of ECD in South Africa	38
3.11. The Children's Act 38 of 2005, as amended	43
3.11.1. Partial Care	46
3.11.2. Early Childhood Development	48
3.11.3. Child Protection	50
3.12. The norms and standards	52

3.13. Funding	54
3.14. Specific roles and functions of the ECD social worker	55
3.15. Summary	56



## CHAPTER 4

### THEORETICAL FRAMEWORK

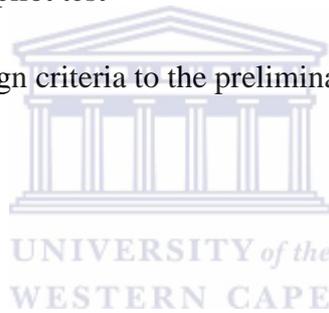
4.1. Introduction	58
4.2. Theoretical Framework	58
4.3. Theoretical research approaches	62
4.4. Theoretical research designs	63
4.5. Intervention Research	64
4.5.1. Phases and Operational steps in Intervention Research	65
4.6. Ethical Considerations	69
4.7. Trustworthiness	70
4.8. Summary	71



**CHAPTER 5****METHODOLOGICAL OVERVIEW**

5.1. Introduction	73
5.2. Research Methodology	73
5.2.1. Research Setting	73
5.2.2. Aim & Objectives	74
5.2.3. Population and Sampling	74
5.3. Implementation of Intervention Research	77
5.3.1. Phase 1: Problem Analysis and Information Gathering	77
5.3.1.1. Identifying and involving clients, as well as gaining entry and cooperation from the setting	79
5.3.1.2. Gaining access to the population and recruiting participants for the study	81
5.3.1.3. Identifying concerns of the population and sampling for exploring the problem	81
5.3.1.4. Methods of data collection	82
5.3.1.5. Analysing concerns or problems identified	84
5.3.1.6. Setting goals and objectives	87
5.3.1.7. Using existing information sources	88
5.3.1.8. Studying Natural Examples – Visits	89
5.3.1.9. Identifying functional elements of successful models	89
5.3.1.10. Problem formulation	89

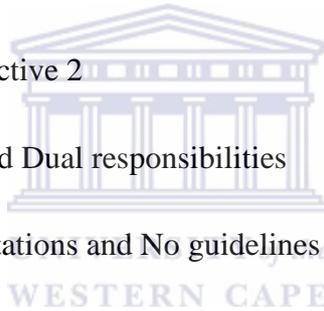
5.3.2. Phase 2: Design	90
5.3.2.1. Interviews	90
5.3.2.2. Delphi Study	91
5.3.2.3. Participant Selection: Delphi Study	92
5.3.2.4. Data Analysis: Delphi Study	94
5.3.2.5. Data Verification of all data collected	96
5.3.3. Phase 3: Early Development and Pilot Testing	97
5.3.3.1. Development and Piloting	97
5.3.3.2. Conducting a pilot test	98
5.3.3.3. Applying design criteria to the preliminary intervention concept	98
5.4. Summary	99



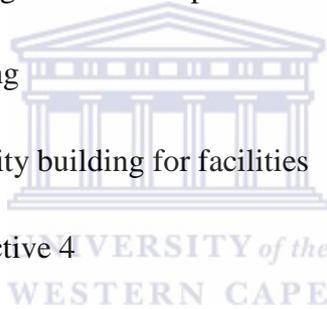
## CHAPTER 6

### ANALYSIS OF FINDINGS

6.1. Introduction	100
6.2. Findings and analysis of objective 1	100
6.2.1. Safety Issues	101
6.2.2. Lack of resources	102
6.2.3. Simplification of legislation	103
6.2.4. Lack of supervision	105
6.3. Findings and analysis of objective 2	106
6.3.1. Vast experiences and Dual responsibilities	107
6.3.2. Aware of job expectations and No guidelines	108
6.3.3. Lack of training	109
6.3.4. Little or lack of supervision	109
6.3.5. Aware of legislative mandate	110
6.4. Findings and analysis of objective 3	110
6.4.1. Simplification of all legislative requirements	110
6.4.2. Knowledge of all relevant stakeholders	111
6.4.3. Procedural steps	112
6.4.4. Norms and standards	112
6.4.5. Roles and responsibilities of the social worker	113



6.4.6. Tips for best practice models	113
6.4.7. Fit for purpose social workers	113
6.4.8. Monitoring of all facilities (registered or not)	113
6.4.9. Highlight the needs of disabled children	114
6.4.10. Municipal bi-laws	114
6.4.11. Training required	115
6.4.12. Link to early intervention and prevention services for children & families	115
6.4.13. Managing databases	115
6.4.14. Conducting investigations of complaints	116
6.4.15. Governance training	116
6.4.16. Provision of capacity building for facilities	116
6.5. Analysis of findings for objective 4	117
6.6. Summary	118



## CHAPTER 7

### DISCUSSION

7.1. Introduction	120
7.2. Discussion of research findings for objective 1.	121
7.3. Discussion of research findings of objective 2.	122
7.4. Discussion of findings of objective 3.	124
7.5. Discussion of findings for objective 4.	126
7.5.1. To seek out information may generate a consensus on the part of the respondent group.	127
7.6. Summary	127



**CHAPTER 8****RECOMMENDATIONS AND CONCLUSION**

8.1. Introduction	129
8.2. Goal and objectives of the study	129
8.3. Summary of the research methodology	130
8.4. Summary of the findings	130
8.5. Recommendations	132
8.6. Limitations of the Study	133
8.7. Significance of the Study	133
8.8. Recommendations for Future Studies	134
8.9. Concluding remarks	135



## REFERENCES

A – Z

136-149



## LIST OF APPENDICES

A. National Minimum Norms and Standards for Partial Care Facilities	150
B. National Minimum Norms and Standards for Programmes	154
C. Ethics Clearance Letter	157
D. DSD, Directorate of Research, Population & Knowledge Management Permission Letter	158
E. Research Information Sheet	160
F. Research Consent Form	162
G. Research Interview Schedule	163
H. Early Childhood Development Policy Documents	164
I. Early Childhood Development Assistants Performance Agreement	169
J. Guidelines for ECD social workers in DSD	175
K. Organogram of DSD Metro North Region	180
L. Editorial Certificate	181

## LIST OF FIGURES

Figure 1: Different phases and the operational steps of the Intervention Research	66
Figure 2: Four phases of the Intervention Research model modified into three phases	68

## LIST OF TABLES

Table 1: Themes identified from Phase 1 – Part 1	101
Table 2: Themes identified from Phase 1 – Part 2	107
Table 3: Themes identified from Phase 2	111
Table 4: Themes for objective 1: Needs of social workers	121
Table 5: Themes of objective 2: Experiences, training and supervision of social workers	123
Table 6: Themes of objective 3: Themes to be included in guidelines for social workers	124
Table 7: Adapted IR Research model and operationalization	130
Table 8: An outline of the main threads that emerged from the study	131

# CHAPTER ONE

## BACKGROUND AND PROBLEM STATEMENT

### 1.1. Introduction

Early childhood development has become a top priority of the South African government. Besides, it has been reported that, if a country adequately invests in young people, it can reap the economic rewards in later years (Human Sciences Research Council, 2008 November).

According to a recent nationwide audit report that targeted 19 971 Early Childhood Development (ECD) facilities, preliminary findings show that only 50% were duly registered (News24, 2014). Further findings in this audit report reveal that 91% of the centres offer an unauthorised curriculum, while the Children's Act (38 of 2005) prescribes a developmental programme, which meets the emotional, cognitive and physical needs of children. In addition, more than 17% of the centres operated from houses, parts of houses or the garages of houses, and 10% of the centres operated from shacks, of which 43% required urgent maintenance.

In the Western Cape, many early childhood development facilities were launched at an alarming rate, and questions were raised about the quality of services that were being rendered (South Africa, Department of Social Development [DSD], 2011, Circular). The Department of Social Development (later referred to as DSD) was severely challenged, when two toddlers died at two separate facilities in the province, during 2010 (Dolley, 2010; Meyer & Capazorio, 2010). The DSD launched investigations into the incidents, but no conclusive negligence could be proved or any blame apportioned. However, the facilities were not registered in terms of the legislation, as required.

The DSD, therefore, implemented a strategy to increase the number of registered facilities, by declaring an amnesty period of six months, during which time, facility managers could apply for registration (SA, DSD, 2011, Circular). This proved futile, as other challenges, such as municipal requirements and adherence to the National Minimum Norms and Standards for facilities and programmes (Children's Act, 2005), emerged, which complicated the adherence to the registration criteria for these centres. However, the Children's Act (2005) prescribes

the services that must be rendered, and the DSD, as the custodian of this Act, has to ensure that early childhood development practitioners implement the requirements of the legislation.

The DSD social worker, therefore, has a vital role to play, which is to implement and monitor the prescripts of the Children's Act (2005), to, ultimately, ensure that these unregistered facilities become compliant. Social workers also have specific statutory obligations, to ensure the safety and protection of all children (Children's Act, 2005). In the ECD field, this refers to all children under the age of five years, especially those enrolled at ECD facilities.

The irony is that the DSD social workers are expected to implement the Children's Act (2005), as well as monitor legal compliance, without manuals/guidelines, or adequate training. While managing large caseloads of foster care and fieldwork, the social worker is inundated and, therefore, needs guidelines on the implementation of the legal prescripts and the compliance monitoring of these unregistered facilities. In-service training is provided on an *ad hoc* basis, but the rapid turnover of trained social workers, results in an assemblage of untrained, inexperienced workers, tasked with the responsibility of overseeing the registration and the monitoring of all these facilities (Viviers, Biersteker & Moruane, 2013).

## **1.2. Statement of the Research Problem**

Early childhood development (ECD) services are currently reflected under Outcome 1: Quality Basic Education, in terms of the 12 government focus areas (South African Inter-sectoral Forum for ECD [SAIF-ECD], 2014). The DSD, in collaboration with all the relevant stakeholders, endorsed amendments to the Children's Act (2005), which regulate the establishment, management and monitoring of ECD services in South Africa, on 01 April 2010 (SAIF-ECD, 2014). The DSD is the leading department that provides ECD services for children from birth to four years, in partnership with the Departments of Basic Education (DBE), Health (DOH) and other relevant governmental departments.

Research (Montie, Xiang & Schweinhart, 2006; Human Science Research Council, 2010; Biersteker, 2012) indicate that the most effective way to provide children with the sound start in life, is through an integrated approach to ECD. The South African Inter-Sectoral Forum for ECD (SAIF-ECD, 2014) concurs with the research evidence, and is of the opinion that an

integrated approach to a child's development ensures that the child's needs are met, which results in holistic development.

The DSD monitors all ECD facilities, while the Provincial offices focus on the funded, registered facilities, subsidised by the DSD. The unregistered facilities are the responsibility of social workers at the local offices, mandated to inspect these facilities on a regular basis and to capacitate them until they comply with most requirements, in order to be registered and qualified to access subsidies (Viviers *et al.*, 2013).

The role of social workers in the Department of Social Development is under-estimated, as the mandated functions are a huge responsibility. Many social workers do not have the expertise to execute the monitoring and inspections, because of minimal resources and a lack of expert training. Training is only provided by the head office on an *ad hoc* basis, and it is debatable whether this is sufficient, or whether all social workers undergo the training. The researcher is aware of existing guidelines, developed by the WC DSD, for the registration of ECD programmes; however, these are outdated and not comprehensive. In addition, whether these guidelines are used by all ECD social workers is undetermined (Viviers *et al.*, 2013).

Therefore, the researcher in this study proposes uniform guidelines for ECD social workers in the DSD. It is envisaged that these guidelines will ensure that social workers know how to implement their various job functions, in a uniform manner, initially in the Western Cape Province, as this study's findings are based on research in the Western Cape. The researcher further envisages introducing the proposed guidelines to all the other provinces in South Africa, after successful implementation in the Western Cape.

### **1.3. Aim and Objectives of the research**

#### **1.3.1. Research Aim**

The aim of this research study is to develop guidelines that will assist social workers to render effective early childhood development services and enhance the implementation of legislation in early childhood development, partial care facilities.

#### **1.3.2. Objectives of the research**

The following objectives were identified:

- To explore and assess the needs of early childhood development social workers in the Department of Social Development;
- To explore the current methods of service delivery by early childhood development social workers;
- To develop guidelines for early childhood development social workers; and
- To refine the guidelines, with the use of a Delphi study.

#### 1.4. Research methodology and design

The theoretical framework that underpins this study is the model of Rothman and Thomas (1994), which is considered a problem-solving method of searching for applicable interventions and tools that can assist with real human and social problems. The problem-solving model of Rothman and Thomas (1994), referred to as the Intervention Research (IR) model, is different to other types of problem-solving models, as it provides a process that is systematic in research procedures and techniques. Within the Intervention Research (IR) model, Rothman and Thomas (1994, pp. 3-8) identify three core parts, which could be used for the following purposes:

- **Knowledge development (KD):** the empirical research adds to the knowledge base about human behaviour;
- **Knowledge utilisation (KU):** the attained knowledge is used to improve or change an individual's understanding or practices linking to populations, problems relating to human behaviour and interventions in human services; and
- **Development and Design (D&D):** literature and empirical research are used in designing and developing new human technology, namely, guidelines.

Intervention Research: Intervention Design and Development, is mainly aimed at the human science profession, due to the intention of directing results that can be put into practice, specifically in the human services area (De Vos, Strydom, Fouche & Delpont, 2011). Due to its crucial place in bringing new practice technology into being, Intervention Research: Intervention Design and Development is the focus of the discussion presented in this current study. Intervention Research: Intervention Design and Development, therefore, is typically conducted in a field setting, where researchers and practitioners work together to design and assess interventions.

This model is suitable for a specific discipline, such as social work, because it derives its methods largely from behavioural sciences and employs these to examine questions relevant to social work. It is also suited to this study, as it is referred to as the behavioural science model, since its objective is to contribute to knowledge of human behaviour. It has an easy to follow, systematic method, which is deliberate and abundant in research processes.

It remains a challenge that ECD social workers, employed at the DSD, are still not aware of any existing guidelines and, therefore, perform their job functions without any. Attempting to obtain new strategies, or enhance current strategies, is the crux of Intervention Research (Rothman & Thomas, 1994), as it is the aspiration of this current research study. Intervention Research, therefore, is best suited to provide structure to the process of this study and to, eventually, produce guidelines for ECD social workers in the DSD. This model provides six phases to achieve the outcomes and the main goal of this study. Each of these phases comprises of a series of operational steps (Rothman & Thomas, 1994).

#### 1.4.1. Research Design

The Intervention Research model aims to develop novel interventions and, therefore, is suitable for this study (Rothman & Thomas, 1994). Its various phases, as well as operational steps are described by Rothman and Thomas (1994) as follows:

- **Phase One:**  
**Problem Analysis and Project Planning** – Identifying and involving clients; Gaining entry and co-operation from the settings; Identifying the concerns of the population; Analysing the concerns of the problems identified; and Setting goals and objectives.
- **Phase Two:**  
**Information Gathering and Synthesis** – Using existing information sources; Studying natural examples; and Identifying functional elements of successful models.
- **Phase Three:**  
**Design** – Designing an observational system; and Specifying procedural elements of the intervention.

- **Phase Four:**  
**Early Development and Pilot Testing** – Developing a prototype or preliminary intervention; Conducting a pilot test; and Applying design criteria to the preliminary intervention concepts.
  
- **Phase Five:**  
**Evaluation and Advanced Development** – Selecting an experimental design; Collecting and analysing data; Replicating the intervention under field conditions; and Refining the intervention.
  
- **Phase Six:**  
**Dissemination** – Preparing the product for dissemination; Identifying potential markets for the intervention; Creating the demand for the intervention; Encouraging appropriate adaptation; and Providing technical support for adopters.

The researcher will not be utilising all the phases in the Intervention Research model. Phase 5 and 6 requires the advanced implementation of the proposed guidelines; however, this will not part of the scope of this study. The researcher will be testing the proposed guidelines by employing a Delphi study. This will provide the participants and the experts with an opportunity to contribute further to the research study, by assisting in the refining of the guidelines.

The researcher is of the opinion that the goal of this research would be best achieved by using a qualitative research approach, as qualitative methods describe social realities from the points of view of the subjects within the system under study. The goal is to understand each person's unique experience, in-depth and with a richness of detail, in a personal way (Babbie & Mouton, 2001). The applied research methodology also provides opportunities to remedy social problems and situations that practitioners are confronted with in their interventions, according to De Vos *et al.* (2011).

The Intervention Research (IR) model is an easy to follow guide that best assists in achieving the objectives of this research study, and has been used by Van Breda (2004), Londt (2004) and Kemp (2014), yielding positive results, to which these examples attest.

### **1.5. Significance of the Study**

The significance of this study is that it highlights the importance of early childhood development, which should be implemented in a developmental manner, in the best interest of young children. This study will contribute to the field of social work by creating an understanding of the significant role the social worker in the DSD fulfills, with specific reference to early childhood development.

As clearly outlined by the Children's Act (2005), it is mandatory for social workers, employed by the DSD, to ensure that the implementation of the legislation is adhered to. In summary, this study will contribute to the development of social work expertise in South Africa, by highlighting some of the challenges experienced by social workers in the DSD, working in the ECD sector.

### **1.6. Limitations of the Study**

Local research and literature pertaining to social work services by the DSD, particularly in the Western Cape, is limited. There appears to be a scarcity of human resources, which may adversely affect the study. The situation in other provinces is unknown; therefore, representivity can be viewed as a limitation. This study will investigate the Western Cape only, since limited responses were received from the Eastern Cape Province, and no responses were received from the Gauteng Province.

It will not be possible to conduct a comprehensive evaluation of the proposed guidelines for early childhood development social workers in the DSD, during this study, however, it will be recommended to the department, for the management to consider the implementation of the proposed guidelines that could be accompanied by a parallel evaluation process.

### **1.7. Definitions of the Key Concepts**

- **Early Childhood Development**

Early Childhood Development (ECD) is an umbrella term, which applies to the processes by which children from birth to at least nine years old, grow and thrive physically, mentally, emotionally, spiritually, morally and socially (South Africa, Department of Education, 1995, p. 31).

- **Guideline**

A guideline is a suggested way of performing a task with a product or service scope. It is visible to those using or supporting the use of a particular product or service, has no rigorous approval mechanism, and there are no sanctions, if the guideline is not followed (Massachusetts Institute of Technology [n.d]).

- **Norms and standards**

Standards are defined as limits or rules, approved and monitored for compliance by an authoritative profession or recognized body as a minimum benchmark. Standards are generally accepted principles for the best, or most appropriate, way to provide a service, referring to the criteria or set rules that describe the expected levels of a service (Davis, 2010). A norm is a standard or average type, amount, level, etc., according to Hawkins (2003).

- **Social Work**

Social work is a practice-based profession – an academic discipline that promotes social change and development, social cohesion, and the empowerment, as well as liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities, are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life's challenges and enhance well-being. Social work is a professional activity that utilizes knowledge, skills and processes to focus on issues, needs and problems that arise from interactions between individuals, families, organisations and communities. It is a holistic and integrative response to people's relationship needs. Social work is embedded in legislation and is a service sanctioned by society, to improve social functioning (International Federation of Social Workers, 2014).

- **Quality programmes**

It is a recognised developmental programme, approved by an Educational authority, for implementation in an ECD facility (Children's Act, 2005).

- **Unregistered facility**

A facility that does not comply with all the requirements set out by the DSD (Children's Act, 2005).

- **Partial care**

Partial care is “provided when a person, whether for or without reward, takes care of more than six children, on behalf of their parents or care-givers, during specific hours of the day or night, or for a temporary period, by agreement between the parents or care-givers and the provider of the service” (Children's Act, 2005).

- **ECD Programme**

Is a programme, structured within an ECD service, to provide learning and support, appropriate to the child's developmental age and stage (Children's Act, 2005).

## 1.8. Ethical considerations

The researcher is a registered social worker, who ascribes to the SACSSP code of ethics (Earle, 2008), of which confidentiality is an important standard that will be upheld, in conjunction with all other ethical standards, when engaging with the research participants, specifically the following:

- **Informed written consent** in which the goal of the study and all relevant information will be made available to the participants. The ethic of informed consent will be upheld and the participants will be required to provide their written consent to voluntary participation. The participants will be advised that they could withdraw from the research study at any stage during the research process, with no negative consequences or harm to them.
- **Confidentiality** The researcher and the study supervisor will be the only people to have access to the participants' personal information. The identities of the participants will be protected, as no names are required and this agreement will be confirmed verbally and in writing.
- **Debriefing sessions** for the researcher will be arranged with an appropriate professional to ensure burnout does not occur. Should the participants also require

debriefing; details of the Employment Assistance Programme will be provided to them.

- **Ethical clearance and approval** have been obtained from the University of the Western Cape Senate Higher Degrees Committee. Permission to conduct the study has also been obtained from the management of the identified Government Departments.

## 1.9. Outline of the thesis

This research report consists of eight chapters.

**Chapter One** offers the general background and problem statement of the topic under investigation in this research report.

**Chapter Two** provides a review of the body of literature as an academic rationale for the study being conducted. It initially focusses on the history of the social work profession and thereafter explores the historic development of early childhood development.

**Chapter Three** flows from the previous chapter, describing Child Protection, how it is linked to the ECD field, as well as the responsibility of governments across the world. This chapter also explores the South African arena of child protection and the laws that govern it, in particular the Children's Act.

**Chapter Four** explores the chosen theoretical framework that underpins this research study, as well as the research design, best suited to the study.

**Chapter Five** presents an overview of the methodology of the study, with its main focus on the implementation of the selected first four phases of Intervention Research methodology.

**Chapter Six** describes the data analysis and findings from the different phases of the research methodology.

**Chapter Seven** imparts a discussion of the findings as aligned to the objectives of the study.

**Chapter Eight** submits the conclusions and suggests recommendations of the overall research study.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Introduction

In this chapter, the researcher provides definitions for social work from different perspectives, as well as a discussion on the historical development of social work, internationally and in South Africa. The researcher also reports on South African social workers' challenges, concerns and the working conditions in which they operate. A description of the roles of the different levels of government, namely, national, provincial and local governments, is provided by the researcher, as well as an overview of ECD in the Western Cape Province, and a discussion on the role of the social worker.

#### 2.2. Definition of Social Work

The current and most recent global definition of social work, as reported by the International Federation of Social Work [IFSW] (2014) and the International Association for Schools of Social Work [IASSW] (2014) reads as follows:

*Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance well-being*

The previous definition was reviewed by the Joint Definition Committee of both international bodies, as the definition had been criticised since its adoption in 2001. Some of the aspects of the criticism were that the definition represented a western impartiality and it focused on individual rights and social change. Additional critique of the previous definition was that it did not include indigenous knowledge, social work theory, as well as research, and did not acknowledge social work as an academic discipline (IASSW, 2014).

In addition to the existing definition of social work, the IFSW describes social work as “a professional activity that utilises knowledge, skills and processes to focus on issues, needs and problems that arise from interactions between individuals, families, organisations and communities. It is a holistic and integrative response to peoples relationship needs. Social work is embedded in legislation and is a service sanctioned by society, to improve social functioning” (International Federation of Social Workers, 2014).

A definition of social work can only be a guideline for social workers, and can only be meaningful, if it is actively practiced. Social workers should commit to the values and vision of the definition. The current definition is very comprehensive, as it covers the different fields of social work, which includes ECD settings, the focus of this study.

### **2.3. History of social work**

Social work has its roots in the struggle of society to deal with poverty, as well as its problems, and is consequently connected to the idea of charity work, which goes back to ancient times and the practice of providing for the poor. This charity is portrayed as direct relief, such as giving money, food or other material goods, to alleviate a particular need, as opposed to trying to transform the root causes of poverty (Barker, 1998; Cherry, 2012; Kuther, 2012). Currently, social workers continue to focus on the needs of society and bring a nation’s social problems to the public’s awareness, since early social workers witnessed deprivations, as well as injustices, and took action, inspiring others along the way (Boise State University, 2008).

Social work originated in the 19<sup>th</sup> century as a profession, predominantly in the United States and England. At that stage, the poor and underprivileged were perceived as a vulnerable group. The state, consequently, organised a system to care for the poor, by dividing them into different categories of poverty (Boddy & Statham, 2009). This system developed diverse responses to these different groups. Throughout this century, the industrial revolution resulted in the migration to urban areas, throughout the Western world. This led to numerous social problems, which, in turn, contributed to an increase in social activism (Boddy & Statham, 2009). Several protestant denominations attempted to solve poverty and related problems in large cities. In the United States too, workers received a stipend from the church and other charitable bodies, worked through direct relief, prayer and evangelism to alleviate these

problems (Boddy & Statham, 2009). In Europe, chaplains or almoners were appointed to administer the church's mission to the underprivileged (Boise State University, 2008).

In America, the various approaches to social work led to a fundamental debate on whether social work was a profession. More and more schools of social work opened and a formalised process for social work began to develop. This contributed to the evolution of the professionalization of social work, concentrating on casework and the use of scientific method. By 1929, there were ten university courses in medical social work. Social work, as a profession, developed later in Australia (where the first professional social workers were only appointed in the 1920s), than in America (Boise State University, 2008).

#### **2.4. History of social work in South Africa**

Social work in South Africa was initially practiced by churches and charity organisations, using laypersons to care for poor communities. The discovery of gold and diamonds in South Africa, in the late 19th century, led to widespread socio-economic problems, which gave rise to the establishment of charitable organisations by white women (Kuther, 2012). The profession of social work was developed, during the twentieth century, as a body of theory, with its practice methods (Kuther, 2012). The profession spread from individuals to families, groups, communities and organisations (Maleka, 2010; National Association of Social Work, 2012; Rocher, 1977). Through organisations, social work sought to address the needs of the people and promote social justice and social change (Earle, 2008).

During 1948, with the implementation of the apartheid laws and policies, a system of separate development and racial discrimination was developed. This resulted in the establishment of 18 social service government departments (Potgieter, 1998). These departments were mainly situated in urban areas and rendered therapeutic services. This proved to be expensive to maintain and coordinate, due to a lack of funding or too little funding from the government (McKendrick, 1987). The development of non-profit organisations (NGOs) assisted in relieving the needs of people, where the Constitution suggests the role of the organisation, the vision and mission, objectives to be achieved, as well as categories of membership. The existence of these NGOs is further supported by legislation (Children's Act, 2005).

After the first democratic election in South Africa, in 1994, these apartheid structures, legislation and policies were reviewed, and one national ministry, the Department of Welfare, came into existence (Maleka, 2010). This ministry is currently called the Department of Social Development (DSD), with nine (9) provincial departments forming part of the National structure. Change was inevitable, due to the apartheid discriminatory service delivery, disintegration of services, as well as services that failed to meet the needs of the people. South Africa's welfare system, therefore, was transformed into a social development framework (Maleka, 2010).

The White Paper on Social Welfare criticised tertiary training institutions that trained social workers mainly in therapeutic and restorative work, implying that they were not equipped "to respond appropriately to the most important social development needs in South African communities" (South Africa, Ministry for Welfare and Population Development, 1997, p. 32). This condemnation of the profession was a blow and social work, being a divided profession at the time, was ill equipped to respond to this attack. Retraining of their staff was prioritised by the then Department of Welfare (Gray & Lombard, 2008).

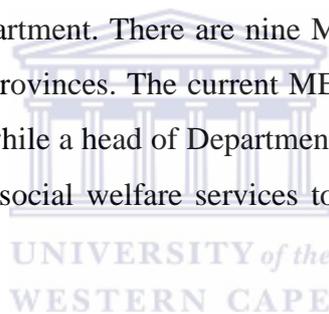
In 2001, the Minister of Social Development indicated, "social workers must be reoriented (to social development) and should understand that this is a crisis situation" (Gray & Lombard, 2008, p. 6). The training of social workers, therefore, was guided by advances in national education, such as the National Qualifications Framework and the validation of higher education (Gray & Lombard, 2008, p. 6). In addition, social workers were baffled about their responsibilities in social development, as the White Paper was vague about the roles of several other occupational clusters, it cited as having a part to play in developmental social welfare (Gray & Lombard, 2008).

Despite the changes to social work education standards, there is still no clear understanding about the role of social work within the developmental social welfare system. There is still the impression that social work in South Africa is a low status profession with poor salaries and service conditions. This status continues, in spite of a two-year investigation, which resulted in the increase of the public sector social workers' salaries (Gray & Lombard, 2008, p. 6).

Gray and Lombard (2008), however, purport that social workers have a trump card, as only they can implement social welfare services, which government must deliver to the people. Social workers also have specific obligations, in terms of the main legislation that affects children and several other areas, including assessment of individuals with specific needs. Social workers deliver services aimed at enhancing social, emotional, physical and/or intellectual well-being of the population, to achieve a common goal of improving the lives of the people they serve (Gray & Lombard, 2008).

## **2.5. Structure of the Department of Social Development**

The DSD is the main employer of social workers in country, as this department is responsible for rendering social welfare services to the people of South Africa. The Department of Social Development is one of nine National departments in South Africa's cabinet. The National Minister of Social Development is responsible for the implementation of all legislation and policies aligned with his/her department. There are nine Members of Executive Committees (MEC), who represent the nine provinces. The current MEC for the Western Cape Province heads the DSD in the province, while a head of Department (HOD) of Social Development is responsible for the provision of social welfare services to the people of the Western Cape Province.



In an email dated 24<sup>th</sup> November 2015, Ms Myburgh, DSD Metro North Regional Office Information officer, mentioned that the DSD in the Western Cape is divided into 7 regions across the province and, for the purposes of this study; the researcher will focus on the structure of one region, namely the Metro North Region. The Metro North Region consists of seven service delivery areas, in which a local office is located respectively. The seven local offices are Atlantis, Bellville, Cape Town, Delft, Elsies River, Langa and Milnerton. Each of these local offices employs supervisors, social workers, social auxiliary workers, community development officials and customer care assistants. The social workers render generic social work services, which include intake services, fieldwork (short-term cases) and statutory services (mainly foster care supervision). Annexure K is the organogram of the region's management structure, provided by Ms Myburgh, DSD Metro North Regional Office Information officer.

She further stated that Probation and ECD services are practised as specialised fields in the local DSD office. However, it is common practice that some ECD social workers are tasked with additional social work responsibilities, as well, while in other social work services, for example, the field of probation services, social workers are not allocated work demands outside of their specialism. This practice, therefore, suggests that social workers, tasked with ECD obligations, do not receive the same recognition, as their colleagues in other fields of care or service, within the Department of Social Development.

## **2.6. The declaration of social work as a scarce skill in South Africa**

For over a century, the profession of social work has responded to, and reinvented itself, in response to rapid economic and social changes, while still maintaining its focus on advocating for the needs of the most vulnerable segments of society, and advancing their well-being. Currently, social workers comprise the largest percentage of professionals working in the fields of mental health and family services (Tannenbaum & Reisch, 2001, p. 11). It is argued that by 2005, there will be about 650,000 social workers worldwide, more than a thirty-percent increase over a ten-year period. This indicates a growth in the profession worldwide; however, this was not the case in South Africa, as anticipated. The Minister of Social Development in South Africa, therefore, declared social work as a scarce skill, and mandated that a Recruitment and Retention Strategy for social workers be developed; this has since been implemented (South Africa, Department of Social Development, 2009).

In 2008, the Department of Labour confirmed social work as a scarce skill, and listed it accordingly, in the sector skills plan of the Health and Welfare Seta (Earle, 2008). In addition, the Occupation Specific Dispensation (OSD) was implemented with the clear objective to address the brain drain and mass exodus in social work (Earle, 2008, p. 8). This move was also a robust response to retain the social work skill desperately required in South Africa (Earle, 2008, p8). Several South African social workers are lured to work abroad, due to attractive benefits, including remuneration, which exacerbated the status of social work as a scarce skill in South Africa. Currently, the need for social workers is greater than ever, due to the alarming rate at which the HIV/AIDS epidemic is destroying the social fabric that holds families and communities together. Schenk (2004(a), cited in Earle, 2008, p. 8) argues that, in light of the HIV/AIDS pandemic, as well as the extensive poverty in South Africa, developmental work needs to be pioneered on an enormous scale.

Earle (2008, p. 9) reports that the concerns about the social worker shortages are raised by a variety of sources and reported in the following ways:

- Academic journal articles cover the views of social work educators and researchers;
- Media reports cover the views of welfare organisations, social workers in the NGO and government welfare sectors, welfare recipients, as well as the statements of key government representatives; and
- Strategies, policies and other formal government releases represent the outcome of research and policy work, undertaken by the national government, around the concerns of welfare delivery, generally, and the supply of social workers, more specifically.

Earle (2008, p. 9) added that references to the exact nature of these scarcities are limited, with recommendations that the current total of social workers is inadequate to meet the demands or fill the vacancies, as a figure in the region of 16,000 social workers is required by the Department of Social Development alone.

## **2.7. Some Challenges faced by social workers in South Africa**

Social workers in South Africa face some difficult challenges, as the South African society has evolved, with diffused values, principles, cultural and religious boundaries. Social problems are on the increase, despite the many campaigns to address it. Despite, these challenges and the high crime rate, many individuals still enter the profession with a firm belief in the principles of social justice and social change (Alpaslan & Schenck, 2012, pp. 374-376).

South African social workers also face human resource challenges in the implementation of the Children's Act, stemming from the staff shortages, inadequate training and high caseloads (Alpaslan & Schenck, 2012, pp. 374-376). Earle (2008, p. 9) states that due to resource constraints, social workers, because of the high workloads, low salaries and poor working conditions are leaving the profession, or the country, to work abroad. A study by Alpaslan and Schenck (2012, pp. 374-376) found that social workers work in environments, characterised by lack of offices, inadequate office equipment, shortage of vehicles, high caseloads and a shortage of staff. September and Dinbabo (2008, cited in Sibanda & Lombard, 2015) state that social workers are mandated to translate the provisions of the

Children's Act (2005), into practical rights for children and their families. However, Naidoo and Kasiram (2006, cited in Sibanda & Lombard, 2015, p. 348) found that social workers in South Africa, generally, deal with over 120 cases at a time (compared to a maximum of 12 cases in the UK). This leads to high levels of stress and frustration among social work professionals (Earle, 2008, p. 10).

Another challenge, which limits the social workers' effectiveness, emerges when they are confronted with formal complications in implementing the prescripts of the Children's Act (2005), and are not well versed in its provisions, or are not executing services from a developmental angle. Effective implementation of the prescripts of the Children's Act (2005) necessitates a paradigm shift and a change of stance for social workers (Mbambo, 2004, cited in Sibanda and Lombard, 2013: p. 348).

Social workers also become victims of the Children's Court system that they do not challenge in the interest of effective child protection services. Studies show that most institutional barriers in implementing the children's legislation stem from the presiding officers, who lack uniformity, are not well versed in the provisions of the Children's Act (2005), discriminate against social workers and overburden them with unrealistic demands. Infrastructural barriers inhibit effective child protection services and make developmental child protection services a "pipe dream". Social workers should take a critical stance against the presiding officers to stand up for their rights, as well as the rights of the children. Adams (2002, cited in Sibanda & Lombard, 2015, p. 348) argues that social workers should become very well versed in the provisions of the Children's Act (2005), in order to become critical practitioners, who challenge oppressive behaviour.

Some of the institutional challenges that most social workers face stem from the actions of untrained and uncooperative police officers, who do not know how to fulfil their roles and obligations (Sibanda & Lombard, 2015, p. 348). The police officers often remove children from their families due to poverty, even though the children may not be in need of care and protection. This is probably because they did not receive adequate training on the Children's Act (2005). The UN guidelines for the alternative care of children (2009: p. 7, cited in Sibanda & Lombard, 2015, p. 348), clearly state that "Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care ... but should be seen as a signal of

the need to provide appropriate support to the family”. This can be viewed as a challenge that social workers experience as poor working conditions, which may affect their abilities to react, rather than act in the best interest of children.

A comparative study conducted by Alpaslan and Schenk (2012) on the challenges experienced by social workers in rural areas. One study was conducted during 2002 and a similar study in 2012. A comparison of the findings revealed that the challenges experienced by social workers in 2002 were unchanged, despite the ten-year period that had passed. The challenges ranged from high caseloads, poor salaries, lack of resources and infrastructure, vast area to service, community members’ lack of understanding of the role of the social worker, the lack of support from supervisors and organisations and the clients’ cultural/traditional customs and practices hampering social work service delivery (Alpaslan & Schenk, 2012). This was very concerning, since the Recruitment and Retention Strategy, formulated in 2004 (SA, DSD, 2009), was supposed to address these challenges. The strategy attempted to offer, inter alia, incentives to social workers to work in rural areas, as well as better salaries.

The NDSO hosted a National Indaba during June 2015 (South Africa, Department of Social Development [DSD], 2015). The aim of the indaba was to take stock of the challenges within the profession and to table recommendations that addressed those challenges. The Western Cape Government (WCG) supplied a host of recommendations to various resolutions highlighted in the document. For the resolution addressing the recruitment and appointment of social work supervisors, middle and senior management at national, provincial, district, service points and the sector in general, it was recommended that all personnel should have a social work qualification and be registered with the South African Council for Social Services Professionals (SACSSP). It was requested that an audit of the qualification and capacity of all social work and non-social work supervisors and managers be conducted. Further requests were made to investigate supervision to a level of specialisation, and to review/develop a curriculum for supervision, in order to train and develop social work supervisors and managers (SA, DSD, 2015).

These inputs clearly indicate that there are concerns about the quality of supervision of social workers in the province, despite the development of the Supervision Framework for the Social Work Profession (South Africa, Department of Social Development & SACSSP,

2012). It also implies that senior positions, within DSD, are being occupied by non-social work professionals. This is in violation of the SACSSP's requirements, which states that social workers must be managed by social workers.

## **2.8. The need for social workers**

It was estimated in 2010 that between 2008 and 2018, jobs for social workers are expected to grow faster than the average for all occupations in the United States of America (USA). Jobs in the business of helping people, who are addicted to substances, will expand rapidly and this will have an increase in the need for jobs in the school setting, as there will be an increase in children with special needs (U.S. Bureau of Labour Statistics, 2010).

According to the NASW (2008), the primary mission of the social work profession is to enhance human well-being and help meet basic human needs of all people, with particular attention to the needs and empowerment of people, who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context, and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems. The mission of the social work profession is rooted in a set of core values, embraced by social workers throughout the profession's history, which values are the foundation of social work's unique purpose and perspective (NASW, 2008). These values are summarised as follows (NASW, 2008):

- Service;
- Social justice;
- Dignity and worth of the person;
- Importance of human relationship;
- Integrity; and
- Competence.

## **2.9. Working Conditions of Social Workers**

The College of Social Work (2014) argues that the effective and ethical working environment for social work is the responsibility of both the social worker and the employer, as reflected

in their policy regarding working environments. Social workers need an environment that upholds ethical practice and is committed to standards and good quality services, enhancing effective and ethical practice. In addition, a positive working environment is created, where the values and principles of managers and social workers are consistent with each other, as well as mutually reinforcing. The College of Social Work (2014) posits that the most effective social work services are provided in situations where employers understand the social work task, respect their employees and are committed to implementing professional values. It is further proposed by the College of Social Work (2014) that a framework for supporting good practice, needs to take account of ethical principles, and ensure effective induction, supervision, workload management and continuing professional development.

A study, conducted by Sibanda and Lombard (2015), on the challenges faced by social workers in the implementation of the Children's Act (2005), highlighted a few important challenges to child protection services. One of the conclusions was that social workers needed to be trained in the practical implementation of a developmental approach, in the rendering of child protection services. The authors indicate that, if social workers are able to implement the approach practically, then sufficient resources needed to be made available to them by the Department of Social Development, as currently this is not the case. Their study revealed that social workers felt unappreciated, had high unmanageable caseloads, and certain parts of the Children's Act (2005) was cumbersome for the understaffed government and private child protection agencies. The working conditions of social workers should be brought to the cognisance of the public, since this plays an important role in the quality service delivery. The following section will elaborate on the role of social workers and the development of ECD social work, by expressing the need for ECD social work.

## **2.10. The role of the social worker**

Prior to 2010, when the Child Care Act (74 of 1983) was the primary child protection legislation, only social workers could perform the duties stipulated in this Act. This brought about general service delivery limitations, due to the shortage of social workers. In April 2010, the introduction of the Children's Act (2005) permitted 'social service professionals' to also assume other duties, such as monitoring long-term foster care cases, as well as, assessing partial care facilities and drop-in centres for registration. According to Loffell, Allsopp, Atmore and Monson (2007/8), it will be crucial for the definition of 'social service

professional' to be reviewed. As it appears in section 1 of the Act, social workers are omitted from the definition, which infers that social workers cannot perform certain duties. Loffell *et al.* (2007/8) further indicate that the term 'professionals' is also too narrow, for the broad range of people needed to effectively implement the new Act.

As a result of the severe shortage of social workers in South Africa, as well as the significant functions that a number of other social services practitioners, namely child/youth care workers, auxiliary social workers and community development workers are fulfilling, the Children's Act (2005) replaces the term 'social workers' with 'social service professionals' in some citations of duties specifically allocated to social workers. This was done to demonstrate that many duties, specific to social workers, could be adequately performed by other social service practitioners, thereby alleviating the workload of social workers. These tasks include assessing partial care centres and drop-in centres for registration, as well as monitoring long-term foster-care placements. The distinction of tasks can assist in ensuring that every category of employee's duties is properly matched to their particular training. If this is applied, services to the poor and rural populations will be more accessible, particularly where social workers are short staffed (Earle, 2008; Loffell *et al.*, 2007/8).

"This new approach cannot be implemented until the South African Council for Social Service Practitioners (SACSSP) and the Minister of Social Development officially recognise and register the full range of social service practitioners" (Proudlock & Jamieson, 2008: p. 39). However, there has been progress, as a SACSSP newsletter dated February/March 2013 reveals, a Professional Board for Child and Youth Care-workers (PBCYC) was designated: "It will soon be inaugurated by the Minister for Social Development" (Sibanda & Lombard, 2015). The researcher confirms that by date, September 2014, this undertaking had not been honoured. The cadre of social service practitioners remains inadequately developed and not recognised, which has caused human resource shortages (Sibanda & Lombard, 2015) in the implementation of the Children's Act (2005).

The manner in which social workers fulfill their legislative mandate, to monitor the implementation of the national norms and standards of early childhood development in the Western Cape, is paramount to the provision of quality early childhood development services. Social workers are expected to engage in the monitoring and inspection functions of the ECD and partial care facilities, as prescribed by the Children's Act (2005), without having received

the training in ECD, during their training as social workers. Social workers are expected to work in conjunction with other departments, municipalities and stakeholders and, therefore, should have knowledge about these partners' processes; however, this knowledge is not provided by the employer. Hölscher (2008) concurs by saying that, as the government has adopted the social development model of service delivery, there is a need for social work practice to be specialised. The focus of social work needs to be more integrated, preventative and community development oriented.

Universal access is one of the key principles of the developmental approach. According to the Department of Social Development (2011: p. 12), "Developmental social welfare services should be available to all vulnerable groups". The Children's Act (2005) defines a child as: "*Any person* under the age of 18". This definition is now broad, comprehensive and sanctions designated social workers to provide services to non-South African children, who happen to be in the Republic and are in need of care and protection (Sibanda & Lombard, 2015). These children are found in ECD facilities, and as the Children's Act (2005) mandates the protection of all children, social workers, therefore, need to be equipped to manage their functions as social workers in the ECD setting of the DSD.

It is important for social workers to provide the guidance that enables facilities to achieve their main goal, which is, to provide effective education and development services to the child, who is under the age of five (5) years. ECD social workers are required to possess a specific body of knowledge in order to perform their tasks, therefore, guidelines would be vital for any social worker, who has never worked in the field of ECD services rendering, or is new to the field.

## **2.11. Summary**

This chapter provided the historic development of social work, both internationally and nationally, from charity-type assistance to the poor and needy, to a profession of helping people achieve social justice through theoretical approaches. Various definitions of social work, from different perspectives, were provided to illustrate the wide range of services that social workers are required to render. In addition, the structure of Department of Social Development was described, at local office level, as it was important to the researcher that the reader understands where, in the chain of government, the social workers in ECD settings

fit, and what they need to perform their mandatory obligations. This chapter also reported on the challenges, concerns and working conditions of social workers, as well as why social work became a scarce skill profession in South Africa. The need for social workers was highlighted, as society has changed to such an extent that professional help is needed on a daily basis. The role of the social workers, particularly after the introduction of the of the Children's Act (2005), concludes the chapter. This chapter has set the tone in understanding the profession of social work, especially in the Western Cape, as well as South Africa. The next chapter will provide an understanding of early childhood development, as well as how it links with social work services, in the context of the DSD service delivery sphere.



## CHAPTER THREE

### EARLY CHILDHOOD DEVELOPMENT AND CHILD PROTECTION

#### 3.1. Introduction

In this chapter a background and global perspective on Early Childhood Development (ECD) is offered. The different definitions of ECD are compared and contrasted in relation to service delivery from various global organisation perspectives. The researcher will report on the relevant sections of the Children's Amendment Act (41 of 2007), to highlight the importance of child protection, as part of social work service delivery. In addition, the chapter will explore the structure of Department of Social Development in South Africa, at a regional office and local office level, as well as how the Children's Act (2005) is implemented by social workers to benefit child protection services. The link between child protection and ECD is made through the prescripts of the Children's Act (2005).

#### 3.2. Background of ECD

Early childhood development (ECD) and education is an important service that must be provided to children in order to secure a better future. The first years of the child's life, especially the first one thousand (1 000) days after conception, are particularly sensitive for brain development. Thereafter, brain development slows down and builds on the base already acquired (Richter *et al.*, 2012). Recently, early childhood development (ECD) has been incorporated into many global initiatives, for example, the Jomtien World Declaration on Education for All [EFA] (cited in Promising Practices, 2005) highlighted ECD and Education as pivotal factors in meeting the needs of young children and making them school ready (Richter *et al.*, 2012). In 2005, the Committee on the Rights of the Child (CRC) put ECD on their agenda and developed a definition for early childhood as, "all young children at birth and throughout infancy; during pre-school years; as well as during the transition to school" (Practices, n.d.).

Research conducted on the impact of early childhood development and education programmes indicate a positive correlation between ECD interventions and early learning, school readiness, retention and promotion through primary school (Grantham-Mcgregor &

Cheung, 2007). It further purports to enhance children's physical well-being, cognitive and language skills, as well as social and emotional development, making them very receptive to learning. ECD and Education support the achievement of the Millennium Development Goals (MDGs), as these programmes play a vital role in breaking the cycle of poverty (MDG1), reducing child mortality (MDG 4), and combating infectious diseases such as HIV/AIDS, tuberculosis and malaria (MDG 6) (Biersteker *et al.*, 2012). Richter *et al.* (2012) found that as many as 200 million children, worldwide, fail to reach their cognitive and socio-emotional potential, due to malnutrition, micronutrient deficiency, and a lack of stimulation during their formative years. According to Richter *et al.* (2012), these findings are pertinent for Africa, where 15% of the world's orphans can be found, or about 6.5 million children under the age of 5 years old. It has been determined that positive effects of early years programmes on children's language, cognition and daily social skills were more significant for children from disadvantaged backgrounds (Human Science Research Council, 2010). Biersteker (2008a), writing for the Human Sciences Research Council (HSRC), established that ECD in South Africa could improve children's lives, however, the role of social workers, in making sure that children reach their full cognitive and socio-emotional potential, is called into question? In order to explore the role of social workers in ECD, the researcher provides a brief account of how ECD services are implemented in developed countries, as compared to developing countries.

### **3.3. ECD in developed and developing countries**

After Norway expanded pre-school education for 3 - 6 year olds during the 1970s, researchers found that pre-school participation was associated with strong benefits for later educational and job outcomes (Havnes & Mogstad, 2009). Heckman (2006) found similar evidence of pre-school benefits in Asia, South America, and elsewhere, in her review of ECD. In Bangladesh, pre-school boosted primary school achievement (Engle *et al.*, 2011), with similar results reported in 10 other countries (Approach, 2007). When Uruguay expanded its pre-school system, studies, comparing siblings with and without pre-school, revealed clear benefits for children attending pre-school into secondary school (Berlinski, Galiani & McEwan, 2009). Similar analyses, in Argentina, found that 1 year of pre-school was associated with improved primary school performance (Berlinski *et al.*, 2009).

In France, universal free pre-school is available to children from the age of 3 years and they have a 90% take up rate. State-collected data showed that pre-school had a sizeable and persistent positive effect on a child's ability to succeed in school and obtain higher salaries in the job market. Pre-school also appeared to reduce socio-economic inequalities, as children from less advantaged backgrounds, benefited more than those from more advantaged backgrounds (Engle *et al.*, 2011)

The USA president, in February 2013, acknowledged that more investment was needed in early education, to improve the American economy. He was quoted as saying: "...the lack of access to preschool, can shadow children for the rest of their lives" (Allie, 2015). The USA president also announced, in his February 2013 State of the Union address, that he would earmark seventy five billion dollars (\$75 billion) over the following ten years, to fund his 'Preschool for all' initiative (Allie, 2015). This suggests that the USA government realized that investing in the future of their children in the present, would benefit the children economically, in the future.

In South Africa, a developing country, more than 16 million people receive state grants, and more than 11 million children are in receipt of the Child Support Grant (CSG) (Statistical release, 2015, cited in South Africa, Department of Social Development & Human Sciences Research Council, 2014). This report also informed that during 2012, 5.3 million children under the age of 5 years were living in households with a total household income of R604 per month. This information suggests that the majority of South African young children are still trapped in poverty, with limited possibilities of escaping the plunging poverty curve. However, the researcher is of the opinion that quality ECD education can provide the opportunity for these children to have a better future. Unfortunately, during 2012, only 458 500 children, under the age of 5 years, benefited from an ECD subsidy paid by the DSD nationally. The projections were that at least 16% of children under the age of 5 years would benefit from the subsidy in the 2013/14 year (Biersteker *et al.*, 2012). With large numbers of children not benefiting from any ECD intervention, the Diagnostic Review on ECD (South Africa, Department of Performance Monitoring and Evaluation in the Presidency and the Inter-Departmental Steering Committee on ECD, 2012), the National Development Plan (South Africa, Department of the Presidency & National Planning Commission, 2011), as well as the Draft Policy on ECD (South Africa, Department of Social Development & Human Sciences Research Council, 2014) focused on the following needs: more children to benefit

from ECD services; a shift in resolve to increase the registration of ECD facilities; and for programmes to be prioritised.

All the international and local research literature accessed, confirm that high quality early-years programmes have long-term benefits, as well as positive impacts on academic and other outcomes for children. These findings appear to hold true for both developed and developing countries, and indicate that ECD plays a pivotal role in the lives of South African children. However, the component/s of ECD that makes it a concept of great value to children is called into question.

### 3.4. Definitions of ECD

Defining Early Childhood Development proved to be quite a task, since the concept is interpreted differently in various countries and consequently, several definitions exist. The use of the several definitions of Early Childhood Development created confusion in South Africa, as well as in other countries.

The United Nations Educational, Scientific and Cultural Organisation (UNESCO) use the acronym ECCE (Early Child Care and Education) that refer to the development period from birth to formal school going age. ECCE services and programmes are defined as “those that provide care and developmentally appropriate educational stimulation for groups of young children in centres and/or in community- or home-based programmes” (Martin *et al.*, 2014).

The Organisation for Economic Co-operation and Development (OECD) uses the acronym ECEC, which translates to Early Childhood Education and Care. The United Nations Children’s Fund (UNICEF) also employs the acronym ECCE, but contrary to UNESCO, their use refers to early education and support (Richter *et al.*, 2012).

Definitions of Early Childhood Development vary from country to country and region to region, according to their local traditions and the organisation of different countries’ primary school structures. In some countries, the transition from pre-school to school occurs soon after 4 years old, whereas in other countries, this step only takes place at about seven years of age (Martin *et al.*, 2014).

In South Africa, Early Childhood Development (ECD) is also defined differently by various Departments of Government. For example the National Department of Education (NDE), defines ECD as “The processes by which children from birth to nine years of age grow and thrive physically, mentally, emotionally, morally and socially” (Biersteker, 2012). This definition stipulates a starting age of birth, and an ending age of nine years, which covers the early development of a child. The Children’s Act (2005) in South Africa defines early childhood development as “The processes of emotional, cognitive, sensory, spiritual, moral, physical, and social and communication development of children from birth to school going age”. Here the definition does not specify a definite age and the definition is silent on children with disabilities. This definition is also not precise about what school going age is, which is significant since grade R is becoming compulsory (Martin *et al.*, 2014).

Another definition of ECD is offered by the Education White Paper 5 on Early Development (South Africa, Department of Education, 1997) which describes the ECD as “...a comprehensive approach to policies and programmes for children, from birth to nine years of age, with the active participation of their parents and caregivers. Its purpose is to protect the child’s rights to develop his or her full cognitive, emotional, social and physical potential”. This definition includes parents or caregivers and embraces child protection, which is a significant part of social work services. Therefore, it can be assumed that this definition appears to be most appropriate for ECD social workers.

The abbreviation ECD is commonly used by UNICEF, as well as South Africa’s national policies and laws, to describe to the holistic development of a young child. Although South Africa’s strong policy inclination is to use the acronym ‘ECD’ and the related broad definition, it still relates to the restricted Early Child Care and Education (ECCE) domain of early learning (Richter *et al.*, 2012). However, it is conventional for early learning centres in South Africa to be referred to as ECDs.

Martin *et al.* (2014) reveals a lack of agreement on the age of children, who fall within the ECD framework in South Africa, due to the variance in definitions, from different legislative prescripts. This could possibly be a reason that the planning and implementation of ECD services have had its challenges. The context in which ECD services are rendered becomes vital; therefore, the researcher will examine the position of ECD from a national, provincial, as well as local implementation level, which is where social workers become involved.

### 3.5. ECD as a child protection mechanism

The Constitution of South Africa (Act 108 of 1996) makes provision for the rights of children, through the Bill of Rights. Children's socio-economic rights, as well as their right to basic education, protection from neglect, abuse and exploitation are enshrined in this document. Atmore, Van Niekerk and Ashley-Cooper (2012), however, reports that the majority of young children in South Africa have been negatively affected by a number of social and economic inequalities. Apartheid and the resultant socio-economic inequalities, such as inadequate access to health care, education, social services and quality nutrition has negatively affected the development of young children severely.

The status of South African children improved somewhat in that the infant mortality rate decreased from 52 deaths per 1000 live births in 2000, to 34 in 2010 (Atmore *et al.*, 2012, p. 7). A report by the National Children's Rights Committee (NCRC) highlights the situation of children generally, by purporting that "South Africa still has a long way to go to affect quality of life for the majority of her children" (Atmore *et al.*, 2012, p. 3).

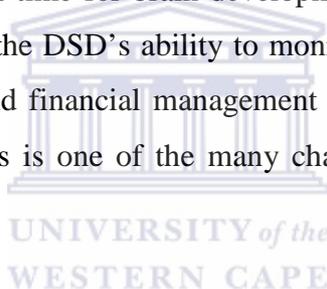
However, since 1994, the government has been restoring the legal status of children in South Africa by reviewing and introducing legislation accordingly. Evidence of this commitment is the Child Justice Act (75 of 2008), which makes provision for a special criminal justice process for children in conflict with the law. It comprises a focus on individual assessment, diversion and restorative justice. These expansion proposals are linked to the Social Assistance Act (13 of 2004) that guarantees the right to social security for eligible beneficiaries, and the National Health Act (61 of 2003), which completes a legal framework that provides a base for the provision of early childhood development interventions and programmes. Acts, such as the Schools Act (84 of 1996) and the Domestic Violence Act (116 of 1998), were developed to protect children and their rights. Social workers play an integral part in the protection of children and their rights (Harrison, 2012).

The Children's Act (2005), which came into effect on 1 April 2010, takes our country into a new era of child-care and protection, and play a critical role in safeguarding children and protecting children's rights. The Children's Act (2005) takes a developmental approach that emphasises the State's role in the provision of social services, to strengthen the capacity of families and communities to care for and protect children. The Children's Act (2005) also

regulates the registration and minimum standards of early childhood development services for children up to school-going age.

According to Allie (2011), the DSD recognises that families and communities must be the launching steps of services that aim to protect children. Accordingly, delivering ECD services and programmes for young children of preschool age, as well as afterschool care programmes for older children, are vital. These interventions intend to prepare children for the challenges that may lie ahead in formal school, as well as equip them with life skills and knowledge to make them less vulnerable to abuse and exploitation. Therefore, it can be argued that services for young children are important to strengthen the safety nets for children in the community.

An increase has been noted in the access to early childhood development programmes, as reported by (Atmore *et al.*, 2012), which is encouraging, as the early years of a child has been recognised to be the most critical time for brain development. However, the lack of human and financial resources hampers the DSD's ability to monitor, adequately, the quality of the services, or the organisational and financial management of subsidised centres. Insufficient state monitoring of ECD services is one of the many challenges faced by the ECD sector (Hwenha, 2014).



The proposed commitment of the South African government is envisaged, to ensure that “all vulnerable families receive a comprehensive package of ECD services by 2030” (Atmore *et al.*, 2012). This commitment by the Government requires better collaboration with all departments, municipalities and NGO's. This was one of the challenges of this research study, underpinning the proposed development of guidelines for DSD social workers in ECD. The researcher posits that if all parties knew what was expected of them and implemented their policies and procedures accordingly, children would be safer and their rights would be fully realised, as enshrined in the Constitution of South Africa (1996).

### **3.6. National context of ECD in South Africa**

Since 1994, South Africa has taken a number of steps towards creating an empowering, multi-sectoral and combined structure for the expansion of the wide-ranging rights of young children. However, ECD results and general national changing outcomes, which are reliant on optimum early development, have trailed behind.

Between 1995 and 2013, there were several policy documents and acts that recognised the key developmental role of ECD in South Africa (Martin *et al.*, 2014). The National Integrated Plan on ECD 2005-2010 (NIPECD), was one of these policy documents that initiated a mix of influential organisations, tasked with enabling management across departments and between the different realms of government (UNICEF, 2005). The NIPECD diagnosed that ECD services should to be provided through diverse programme methods and the focus should not be on the centres only. This plan was consequently earmarked to expand home-, community- and centre-based programmes, to ensure ECD services for all children, with the focus on the 0 - 4-year-olds, as well as susceptible children. The focus of this plan included children in rural areas, in underserved areas, children with disabilities and/or those who are chronically ill.

Non-Governmental Organisations (NGOs) were identified as necessary partners in the attainment of the key aspects of the NIPECD. This initiative gave rise to numerous privately run facilities. The incentive for them was the subsidization of their operating costs, through a funding model, allowing for better quality service delivery to children (Martin *et al.*, 2014).

Research evidence shows that grants are also closely associated with improved nutritional outcomes, as well as preschool attendance (Hwenha, 2014). Therefore, the payment of government subsidies attracts the placement of more young children into ECD facilities, which provides more children with early stimulation and education. Although progress has been made in ECD provisioning, access and the quality of the services, remain major challenges. Access is particularly limited for the most marginalised children living in poverty, the very young under the age of two, children in rural areas and those living with a disability (Hwenha, 2014). Access for children with disabilities is prioritised, but many facilities do not have the resources or trained staff needed for these children.

The shortcomings in the services and support, which is primarily provided by the private sector, must be noted. Only a small proportion of children with disabilities are estimated to be attending ECD centres. An analysis of the profile of the Care Dependency Grant (CDG) beneficiaries in 2006, found that only 24% of the children aged 0 - 6 years, who were recipients of the CDG, attended a crèche or child-minding group (Landry, 2008). This infringes on the right of children with disabilities, who also have a right to education. Social

workers, as advocates for the rights of people, should be instrumental in making this right recognised.

This, however, seems to be the reality of children living in poverty and those with disabilities in South Africa. The questions of what the government is doing to improve the situation for these children on the ground level, as well as who is responsible for the implementation of National legislation that protects the rights of children on paper, need to be answered.

### **3.7. The Role of National, Provincial and Local Government in ECD**

The national DSD is responsible for ensuring the universal availability and adequate quality of, as well as equitable access to, learning opportunities for children aged 0 - 5 years, through the development, regulation, registration, quality monitoring, improvement and evaluation of child-minding services, and community early learning programmes and centres. The DSD is responsible for the development of these programmes, in collaboration with the Department of Basic Education (DBE) (Martin *et al.*, 2014). Primarily, because of the Children's Act (2005), as amended, provisioning of ECD services should take place at Provincial and Local level, particularly by the DSD, which is responsible for more than 80% of the cost of implementing the Act (Budlender, 2010).

At a local level, the role of municipalities, in supporting and collaborating with communities to provide ECD services and programmes is still largely unexplored. The registration of ECD centres is a responsibility that tends to be delegated to this level, and includes ensuring that health and safety standards for ECD facilities, services and programmes are properly maintained, as well as allocating appropriate land and sites to organisations wishing to provide services for children. It may also include the on-going monitoring of quality concerns. Provision of other resources, such as direct funding, seems to be minimal. Integration and coordination, both at local and provincial level, are two important drivers for scaling up the provision of ECD services (Harrison, 2012)

### **3.8. Overview of ECD in the Western Cape Province**

In the Western Cape, the legacy of the provision of ECD is characterised by inequality, with more-advantaged children having access to high quality services, a large group of less-advantaged children having access to poor quality replicas, and many children having no

access at all. The main model of provision is centre-based. Evidence has shown that if this model is replicated under current conditions and challenges in poor communities, it will result in poor quality services with large numbers of children in the care of too few adults, with inadequate space and equipment to provide opportunities for exploration and development (South Africa, Department of Social Development [DSD], 2010).

The Western Cape Province has approximately 956,528 children in the age group of 0 - 9 years (SA, DSD, 2010). Those aged 5 - 9 years are the responsibility of the Department of Education, whereas the 0 - 4 years age group is largely the responsibility of the Department of Social Development (SA, DSD, 2010). In this province, results from the ECD audit revealed that entry into ECD services, and especially those of good standing, are biased towards older children and to those, who come from affluent families. It is estimated that 60% of children from 0 to 4 years of age do not have access to ECD services and programmes (SA DSD, 2010). These are the children, as well as their caregivers, who are emphasised in the Children's Act (2005), and are the focus of the National Integrated Plan (NIP) for ECD. The National Integrated Plan has shown that the bulk of young children will be accessed at commune stages of people, since conventional centre-based ECD facilities are not sufficient and not accessible enough for the marginalised children (SA, DSD, 2010).

### 3.8.1. Access to quality ECD

Currently, there are 1,733 ECD facilities registered with the DSD that accommodate 71,249 children between the ages of 0 - 4 years. However, the actual number of children accommodated in facilities is much higher, as DSD only provides subsidies to children of parents, who, jointly, earn no more than 3,000 rand per month. In addition, a recent audit revealed that there are approximately 1,700 unregistered, unfunded facilities accommodating about 55,000 children, 70% of whom are in the metropolitan area. A further 30,000 children are at 380 registered, but unfunded, ECD centres, and about 9,800 children access community-based ECD services. ECD services are also provided by the private sector, but the number of children, who access these services are unknown (SA, DSD, 2010).

It is estimated that the DSD affords entry to ECD delivery for an estimated 40.12 % of children between the ages of 0 - 4 years. This shows a growth from the approximately 22% of children, who accessed ECD provision five years ago, which indicates service

delivery from DSD has had a positive impact for children. However, the quality of service provision is undetermined, although it is estimated that quality service provision is lacking in about 50% of the sites. What is known, and being reconfirmed by the audit of unregistered facilities, conducted during 2014, is that the historical neglect of this sector has resulted in parents and communities taking responsibility for much of the ECD provision. As a result many facilities are in community buildings (53%), or based at home in backyard structures (28%) (SA, DSD, 2010). While ECD provision is generally low for children under 3 years, not all children in this age category require full-day programmes in a centre or in alternative provision. The Western Cape is also the only province to subsidise out-of-centre or community-based ECD provision. What is encouraging is that government policies recognise the need for a variety of programming options.

Children with disabilities need particular support for development in the early years. For this reason it is important to identify their support needs early on, and ensure that they receive the necessary services and stimulation that will mitigate their disability and assist them to develop to their fullest potential (Biersteker *et al.*, 2012). Such early detection is currently hampered by the lack of ECD practitioners, trained in early identification and intervention, as well as allied professionals to provide support. Consequently, few of these children access Early Childhood Development Centres. Similarly, provision directed at children and families affected by HIV/AIDS, is also important.

A large number of young children are still not accommodated in formal ECD facilities. Allie (2015) indicates that there are numerous community programmes, such as Grassroots Educare Trust, Early Learning Resource Unit's Family and Community Motivators, and the Foundation for Community Work's Family in Focus programmes that could fill the void, in order to give children, in the Western Cape, a head start.

### 3.8.2. Community-based ECD provision

Evidence of the positive impact of community-based interventions is emerging from the health, social development and education sectors. Home visiting programmes target children of different ages, and have different goals, making them difficult to compare. However, the evidence supports home visiting, in general, as a promising strategy for

helping parents, as well as promoting the growth and development of young children (SA, DSD, 2010).

A review of impact studies on seven large United States-based home visiting programmes, focusing on pregnant women and families with children from birth to 5 years of age (Gomby, 2005), indicates positive outcomes. These outcomes varied across the different programmes, but favourable outcomes were demonstrated in child development and school readiness, parenting practices, maternal health, reduction of child maltreatment, and family economic self-sufficiency. An earlier review (Gomby, 2005) found the strongest evidence for home visiting programmes in the domains of parenting behaviours, child safety and the prevention of child abuse and neglect.

In South Africa, preliminary results of research on home visiting programmes at three sites in vulnerable communities (the Sobambisana project) indicate significant changes in parenting behaviours, successful linking of families to social grants and other services, as well as improvement in parental coping (Allie, 2015). Facilitating the demand for services is a critical element in ensuring that women and young children access necessary services. Community-based workers have, not only been effective in mobilising communities to take up services, but also in making demands for greater government accountability, in the provision of services and factors affecting their accessibility. This has been demonstrated in Nepal, where local women facilitated support groups to discuss the concerns of maternal and newborn health problems. Together with community members, they formulated strategies to address these problems. This intervention reduced neonatal mortality by 30%, with changes in care seeking practices and hygiene, formation of transport schemes, as well as child health funds (Breiner, 1980, p. 116).

Similarly, a number of South African integrated, community based, ECD interventions use community workers to raise awareness, after which they bring together local and district government, as well as other service providers, to facilitate access to services by young children and their caregivers (Biersteker, 2008b). Currently, community-based early learning workers may be state funded health workers, or they may work in the NGO sector, with donor or public funding. There is commonly a two-tier model with an employed supervisory worker and semi-employed volunteers. The average ratio of

community-based worker to family/household may vary, according to the distances and the kinds of interventions. In health, the average ratios, across many national Community Health Workers' (CHW) programmes are as follows: 1 full-time CHW to 500 households, and 1 CHW to 10-20 volunteers. For ECD interventions, a worker may work with between 20 and 40 families (Landry, 2008).

### 3.8.3. Resourcing ECD provision in South Africa

The scarcity of financial resources for many ECD facilities, in conjunction with other factors, can seriously affect the quality of their programmes. Facilities in poorer communities, who cannot afford to pay high fees, or any fees at all, are most affected by this. The lack of funding can also result in poor nutrition being offered to the children, lack of educational equipment and an inability to maintain the infrastructure. Insufficient funding also seriously affects the remuneration earned by the practitioners, which leads to high facility staff turnover rates, and often, a display of low motivation and morale by those, who stay.

DSD subsidises ECD facilities at a unit cost of R12.00 per child, per day, for 264 days per year. The DSD is unable to afford the recommended unit cost of R18.00 per child, per day. However, none of the provinces pay R18.00, in fact, only three provinces are currently paying R15.00 per child, per day. This subsidy must cover food, salaries, materials and equipment, as well as other overhead costs. The ECD budget for DSD is R215 million per year and that of the Department of Education is R378m per year.

## 3.9. Challenges in ECD sector in South Africa

The National Integrated Plan (NIP) was developed for the period of 2005 to 2010. This plan was a national multi-sectoral plan for the realisation of a comprehensive ECD package, especially for children aged from birth to four years. The plan recognised the value of inter-sectoral cooperation, which was anticipated to result in extended service delivery, saving through sharing of resources, and more effective and prompt services delivery. The plan also concentrated on progressing past the centre-based provision of ECD services, to comprise home-based and community based delivery methods. However, the plan was generally ineffective, due to the inability to establish the crucial inter-sectoral systems, to organise and

execute the plan. As a result, the predicted results were not achieved by the end date of the plan (Landry, 2008).

The success of the plan depended on the collaboration of various government departments, namely the Department of Health (DoH) that would provide integrated management of childhood diseases, promote healthy pregnancies, births and immunisation, and the Department of Home Affairs (DHA) to ensure birth registrations, so that children could access social grants. Since the NIP did not successfully address the ECD needs of the country, the Western Cape Government developed their own provincial strategy. The WCG Integrated Provincial ECD Strategy (SA, DSD, 2010) recommended the same government departments' collaboration to fulfil their legislative obligations, effectively. This strategy also identified some challenges, which are highlighted as follows:

- Inadequate or poor infrastructure that compromises safety and learning;
- Inadequate departmental institutional capacity to manage the size and scope of their responsibility;
- Lack of compliance with norms and standards and legislative requirements of the Children's Act (2005); and
- Inadequate systems and resources to monitor a sector where there is a high turnover of organisations.

This strategy is still in the process of addressing some of the above issues, in order to increase entry to quality ECD for children in the Western Cape. This necessitates well equipped social workers to make a practical influence on the lives of children in this province (SA DSD, 2010).

### **3.10. Legislative and policy context of ECD in South Africa**

ECD service provision falls within the legal and policy directives of a number of government departments, with chief accountability belonging to the Departments of Social Development, Education and Health. The South African government has also endorsed several worldwide accords, protocols and treaties. A number of these worldwide treaties have been consulted and used in the law transformation process. In particular, it was integrated into legislature,

such as the Children's Act (2005), with Section 28 of the Constitution of South Africa (1996) being the principal official document (SA, DSD, 2010).

The following are brief synopses of the main legislation and policy papers that regulate service delivery to ensure young children's rights by means of multi-sectoral services:

- **The Constitution of the Republic of South Africa:** Guarantees the rights of all children, under the age of 18 years, to equal enjoyment of following rights: to life, dignity, access to information, citizenship, a name, nationality, a healthy environment, basic education, family and parental care, nutrition, shelter, basic health care services, social services, language and culture (SA, Constitution, 1996).
- **White Paper 1 on Education and Training:** Recognises the importance of child well-being in the early years and the consequent need for providing adequate nutrition, good health, early childhood stimulation and a secure environment. It formalises, standardises and subsidises the reception programme for children aged 5 years (South Africa, Department of Education [DoE], 1995)
- **Interim Department of Education Policy for Early Childhood Development:** Recognises that ECD is a multifaceted concept and makes provision for a national ECD pilot project for rolling out a universal reception year (South Africa, Department of Education [DoE], 1996).
- **National Action Plan for Children in South Africa:** Prioritises nutrition, child health, water and sanitation, early childhood education and basic education, social welfare development, leisure and cultural activities, and child protection measures for all children. The goal of the plan is the expansion of ECD activities, including low-cost family- and community-based interventions (South Africa, Department of Women, Children and People with Disabilities, 1996).
- **The White Paper for the Transformation of the Health System in South Africa:** Commits to the provision of nutritional support, maternal, child and women's health as essential elements of a transformed inclusive health system for all South Africans (South Africa, Department of Health [DoH], 1997).

- **Education White Paper 5 on Early Childhood Development:** Recognises the link between early childhood services, child well-being, school achievement, and cognitive and other development domains, and commits to addressing inequitable provisioning of ECD programmes and remediation of the fragmentary ECD legislative and policy framework (South Africa, Department of Education, 2001).
- **White Paper 6 on Inclusive Education, 2001:** Seeks to establish procedures for early identification and interventions for children with disabilities, as well as for addressing barriers to learning in the education system, including the foundation phase [Grades R – 3] (SA, DoE, 2001).
- **National Integrated Plan for ECD 2005 – 2010 (NIPECD):** The NIPECD was the first national multi-sectoral plan of action for the realisation of a comprehensive package of ECD services. Services contemplated included birth registration, child and maternal health, nutrition, immunisation, referral services for health and social services, early learning programmes, as well as water and sanitation. The NIPECD emphasised the need for integrated planning and delivery of ECD services, especially through community-based interventions (UNICEF, 2005).
- **Children’s Act (effective from 2010):** Provides a comprehensive child protection framework for South Africa, which includes a dedicated chapter (6) on early childhood development. It obligates the development of a comprehensive national strategy aimed at securing a properly resourced, coordinated and managed early childhood development system, giving due consideration to children with disabilities and chronic illnesses (Children’s Act, 2005).
- **National Health Insurance Green Paper (published for comment, August 2011):** The “...NHI is an innovative system of healthcare financing with far-reaching consequences for the health of South Africa [which] will ensure that everyone has access to appropriate, efficient and quality health services”. Access to services for pregnant women, infants and children will be improved by enhanced access to quality, district health services (South Africa, Department of Health [DoH], 2011).
- **National Plan of Action for Children (NPAC) in South Africa 2012 - 2017:** Provides a holistic framework for the integration of all policies and plans developed

by government departments and civil society, to promote the well-being of children. It includes a dedicated chapter on ECD with the goal of ensuring universal access to effective, integrated, quality and early childhood development interventions for children from birth to school going age (South Africa, Department of Women, Children and People with Disabilities, 2012).

- **The Buffalo City Declaration (March 2012):** The Buffalo declaration was the product of a national ECD conference held in March 2012. It recognised ECD as a right and committed to scaling up access and quality, especially for the most marginalised young children and the development of a holistic, coherent and well-resourced national ECD system (SA, DSD, 2012).
- **South African Integrated Programme of Action for Early Child Development – Moving Ahead (2013 – 2018) (IPAECD):** Pursuant to the Buffalo Declaration, the IPAECD was developed to implement recommendations emerging from a number of national ECD review processes. The IPAECD commits to the development of a national ECD policy that outlines a comprehensive package of ECD services, and establishes structures, procedures and capacity-building initiatives, necessary to support the implementation of the policy (South Africa, Department of Women, Children and People with Disabilities 2013).

The South African government must ensure that proposals are implemented as they are a signatory to the United Nations Convention on the Rights of the Child and one of the Articles reads as follows, “states shall ensure the development of institutions, facilities and services for the care of children”. The government has shown their commitment to achieve universal primary education “as this is MDG 2” (South Africa, Ministry of National Government, 2013). In a Progress report dated October 2013, the government provided an update on what they still need to do to accomplish the goals set out for education (SA, Ministry of National Government, 2013). It is reported that the goals for education was already achieved before the 2015 deadline, and, therefore, they have expanded the focus to include access to ECD, based on the view that quality ECD can “potentially improve learning outcomes throughout the school system” (SA, Ministry of National Government, 2013). The report further recommends that the government should show the same commitment to important sectors, such as ECD, as it did to the schooling environment, and continue to fight for the

improvement of education quality and efficiency (SA, Ministry of National Government, 2013).

The Children's Act (2005), as the umbrella legislative framework, gives the Minister of Social Development the responsibility to "develop a comprehensive national strategy aimed at securing properly resourced, coordinated and managed early childhood development systems". Other Acts, such as the Child Justice Act (75 of 2005), the Schools Act (84 of 1996) and the Domestic Violence Act (116 of 1999) were developed to offer protection to children and their rights.

In South Africa, all social workers must be registered with the South African Council for Social Services Professions (SACSSP) in order to practice (SACSSP, 1978). Social workers, in the employ of the government, are tasked with the legislative mandate by numerous legislation that affect social work, such as the Social Services Professions Act (110 of 1978), the Constitution of South Africa (1996), Children's Act (2005), as well as Child Justice Act (75 of 2005). Social workers are also bound by the international legislative agreements to which South Africa is a signatory, such as 'The Hague Convention' and the 'United Nations Convention on the Rights of the Child'.

Social workers, in conjunction with all other workers employed by the South African government, are referred to as civil servants. The primary responsibility of social workers in the employ of the government is to give effect to legislative requirements pertaining to children and families, in general. The statutory function of a social worker is to give effect to legislative prescripts. One of the functions of a social worker in the employ of the DSD is the rendering of social welfare services to partial care facilities (of which ECD facilities form the biggest part), which include ensuring that they (ECD facilities) adhere to the stipulations of the Children's Act (2005), particularly chapters 5 and 6. In this way, social workers play an integral part in the protection of children and their rights, specifically, to empower and educate ECD facilities about these legislative obligations.

This study explored the ECD sector in South Africa and used international trends to inform and illuminate some of the challenges encountered in South Africa. South Africa is bombarded with reports of child murders, brutal rapes and abandonment, which suggests that

the South African Government may not be fulfilling its obligations. This is highlighted by the following media reports:

- a nine year old girl was raped, set alight and eventually died of her injuries (Loggenberg, 2014, March 18);
- a television news channel reported on an abandoned two-year-old child, who was found on the busy N2 freeway in Johannesburg (eNCA, 2014, April 5); and
- a news report of a toddler, in an ECD facility, who was bound and left to cry on the bathroom floor, while the teacher was, reportedly, watching television (Sello, 2014, April 8).

These reports seem to indicate that children in South Africa are not protected enough, and challenge the obligations of the Children's Act (2005), as the main legislation for the protection of children in South Africa

### **3.11. The Children's Act 38 of 2005, as amended**

The Children's Act (2005) provides a range of social services for children and families, such as supporting families to promote their children's well-being, prevent abuse and neglect, and ensure appropriate care for children in need of nurturing and protection. The Children's Act (2005) is also designed to regulate who provides these services, and how, by setting norms and standards for these services. The original Children's Act (38 of 2005) was superseded by the Children's Amendment Act (41 of 2007). Several of the Act's stipulations came into effect on 1 July 2007, and the rest of the provisions and the associated regulations on 1 April 2010 (Berry, Jamieson & James, 2011). According to Berry *et al.* (2011), the intention of the Act is to protect children's constitutional rights to family care, parental care or suitable substitute care (when removed from the family environment); social services; protection from maltreatment, neglect, abuse or degradation; and for others to regard the child's best interests as paramount and first in all matters concerning the child.

The Act reinforces the rights that children already have in the South African Constitution (1996) and introduces new rights, such as children's right to play a part in decisions that affect them. Social Service professionals interacting with children must respect, protect, promote and fulfil the rights of children, as set out in the Children's Act (1995) and the Children's Amendment Act (2007). They have an obligation to:

- **Respect children's rights.** No one must hamper children's realisation of their rights. For example, all caregivers must respect children's right to be free from violence by not hitting them.
- **Protect children's rights.** It is the government's responsibility to put measures in place to prevent others from violating or hindering children's rights. For example, the government must ensure that programmes are implemented to prevent people from abusing children, and anyone caring for children must protect children against abuse.
- **Promote and fulfil children's rights.** The government has an obligation to take action and implement programmes to realise these rights. For example, the government must be responsible for the prevention and early intervention programmes to fulfil children's right to protection from abuse (Berry *et al.*, 2011).

The Children's Act (2005) is the principal legislative framework, on which all policies should be based. Despite being extensive in its analysis of the rights of children, the Act does not compel national, provincial or local government to fund or guarantee provision of ECD services. This has led to appeals by NGOs and communities to modify the Act in order to hold government legally responsible for funding ECD provisioning. Landry (2008) is of the opinion that the Act in its current form, only obliges the Minister of Social Development to develop a comprehensive national strategy, aimed at securing a properly resourced, co-ordinated and managed Early Childhood Development system, giving due consideration to children with disabilities and chronic illnesses.

The human resources needed to oversee such a vast range of complex service deliverable demands, as demanded by the Children's Act (2005), require critical responsiveness from the NGO sector, as well as government departments. This implies that there should be collaboration between Government and the NGO sectors, and there is a need for more human resources, as currently there is a shortage of social workers, as reported by (Loffell, Allsopp, Atmore & Monson, 2007/8). ECD within the DSD is administered by a sub-directorate, which consists of a deputy director and three assistant directors, clearly indicating a shortage of human resources to implement the prescripts of the Children's Act (2005) effectively (SA, Department of Social Development, 2010). The staff size, therefore, needs to be boosted and developed for all the service areas stipulated in the Act. This shortage of human resources

predicament should be approached holistically, and not by redeploying the current limited cluster of workers, from one place to another, to fill openings in the system, while forming new gaps, as is presently happening (Loffell *et al.*, 2007).

A study conducted by September and Dinbabo (2008, cited in Sibanda & Lombard, 2015), revealed that the infrastructural barriers, faced by most of their participants in implementing the Children's Act (2005), stem from the unavailability and restricted use of resources. The shortage of resources seemed to stem from the poor funding of child protection organisations. Efficient and effective infrastructure, including office space, drop-in centres, children's homes, vehicles and office equipment, such as telephones, computers and fax machines are required to implement the Children's Act (2005). This is the reality for most DSD social workers.

Other shortcomings that were identified in a study conducted by (Sibanda & Lombard, 2015), regarding the implementation of the Children's Act (2005), relate to the transfer of children to alternative placements; different interpretations of sections of the Act; and the over-reliance of the child protection system on foster care structures. Their findings exposed challenges relating to the uncertainty and prejudiced reasons of determining that children are in need of care and protection, as outlined in section 150(1) of the Children's Act (2005). Proudlock and Jamieson (2007) concur with their findings and further state that most presiding officers reject recommendations made in terms of section 150(1)(a), saying, "The child is not without 'visible means of support' as required by section 150(1)(a)". The obvious disparity in the interpretation of the Act, between social workers and presiding officers, affects the way in which social workers protect children, impacts on their morale and, ultimately, adds to their challenges.

According to Sibanda and Lombard (2015), some of these challenges that social workers face in the implementation of the Children's Act (2005) can be effectively addressed by the following:

- establish a kinship care grant;
- amend the Children's Act (2005);
- provide training for all role players involved in applying the Children's Act (2005);

- increase salaries of social workers;
- take administrative extension of orders back to the DSD; and
- encourage cooperation and collaboration between various role players involved in the implementation of the Children's Act (2005).

(Loffell *et al.*, 2007/8) concurs that the introduction of a kinship care grant could eliminate the dilemma of going through the formal child protection system, in order to access a foster care grant. To deal with the burden of the foster care system, the DSD should conduct a comprehensive review of the social security policy for children, and the foster care system, as requested by the Portfolio Committee on Social Development, in its report on the Amendment Bill (Proudlock & Jamieson, 2007). When these factors are effectively addressed, and revised, the burden on social workers may be eased.

It has been established that the Children's Act (2005) is a comprehensive and complex piece of legislation, which requires a considerable amount of workers effectively implement it, therefore, it could be concluded that the Act, unintentionally, has placed a lot more responsibilities on social workers in executing their duties. The precise responsibilities assigned to social workers, involved in ECD work, in the DSD, are called into question. The following sections will describe the specific chapters of the Children's Act (2005), which pertain to the functions of the social worker in the ECD field, in the DSD. It will highlight the prescripts of the Act and how this affects the protection of children, as a service delivery outcome, as well as why it is crucial for DSD social workers to be well equipped with knowledge about their legislative mandate.

### 3.11.1. Partial Care

This section focuses on chapter five of the Children's Act (2005), which is entitled 'Partial care'. Partial care is a relatively new concept for South Africa, and is incorporated into the Act to describe, what is commonly known as, ECD in South Africa. The following sections are extracts from chapter 5, which have a direct link to the work of social workers in the DSD:

#### **Partial Care – Definition**

*Partial care is provided, when a person, whether for or without reward, takes care of more than six children, on behalf of their parents or care-*

*givers during specific hours of the day or night, or for a temporary period, by agreement between the parents or care-givers and the provider of the service, but excludes the taking care of a child –*

- a. By a school as part of tuition, training and other activities provided by the school;*
- b. As a boarder in a school hostel or residential facility managed as part of the school*
- c. By a hospital or other medical facility as part of the treatment provided to the child.*

The definition of partial care, as described by the Act indicates that it is a service by any person, who takes care of more than six children, with permission of their caregivers, during specific hours of the day or night. The Act indicates that the care could be with, or without, compensation for short periods of time.

However, this definition excludes a school or activities related to the school, such as sport or extra mural activities. The definition also excludes boarding schools and hostels, as well as hospitals, where children may be kept for medical treatment. These institutions, therefore, are excluded from the requirements for registration by the Act, as partial care facilities.

As from 1 April 2010, when the Children's Act came into effect, all existing places of care that were registered or deemed to be registered in terms of the previous Child Care Act (74 of 1983), had to be regarded as having been registered, in terms of Section 80(4) of the Children's Act (2005), as partial care facilities. All new ECD facilities and After-school care centres that were launched after the Children's Act (2005) came into effect, had to be registered as Partial Care Facilities (Allie, 2011).

It must be noted that ECD facilities are chosen by parents to care for their children, for which service, they pay a fee. The facilities are regulated by the government in order to protect children and to ensure that quality services are provided. This regulation and monitoring is done by the social workers in the DSD. Social workers are required, in terms of the prescripts of this chapter, to identify persons who are caring for six or more children on a temporary basis, with or without compensation. In addition, the social

workers have to provide information to interested persons, on the operating of a partial care facility. Therefore, it is imperative that social workers in the DSD are equipped with the knowledge of this chapter, as it becomes illegal to care for more than six children, away from their caregivers for periods of time.

### 3.11.2. Early Childhood Development

This section describes the contents of chapter six of the Children's Act (2005), which is what early childhood development (ECD) is regarded as by law. ECD is defined by the Children's Act (2005) as "*the process of emotional, cognitive, sensory, spiritual, moral, physical, and social and communication development of children from birth to school going age*". This definition is very broad and different to international definitions, as discussed in a previous section of this report. The definition covers the whole spectrum of a young child's development, up to school going age. School going age is not stipulated, specifically, within this definition, which could be interpreted to be the age of 5 years, when a child enters grade R, or later, when s/he enters grade 1 at a formal school.

The act further describes what ECD services represent, in the following extract from chapter 6:

- a. Intended to promote early childhood development, and*
- b. Provided by a person, other than a child's parent or caregiver, on a regular basis to children up to school-going age.*

*Consideration of the application for registration of partial care facilities providing ECD & after school care (ASC) services: The Provincial Head of Social Development must:*

- a. Within 6 months of receiving the application, consider an application for registration. [This implies that a social worker must finalise an application within 6 months after receipt of a completed application form with all the relevant requirements included.]*
- b. Issue to the applicant a certificate of registration or conditional registration or renewal of registration. [This obliges the social worker*

to obtain the certificate from her management and supply the certificate to the facility.]

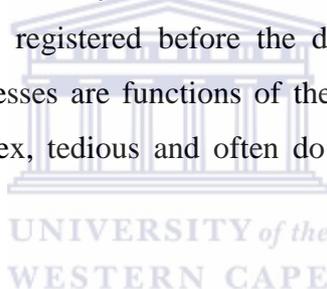
- c. *State in the certificate of registration the period for which the registration will remain valid.* [The social worker must ensure that the correct period of registration is stipulated on the certificate. A certificate with full registration is valid for 5 years, whereas a conditional registration can be valid for any period, as recommended by the social worker. A conditional registration certificate will include conditions that must be addressed before a full registration will be considered.]

*When considering the applications for the registration of partial care facilities providing ECD & ASC services, the Provincial Head must also take into account whether:*

- a. *The programme complies with the prescribed norms and standards.* [The Children's Act (2005) stipulates national minimum norms and standards for programmes, which are quite comprehensive (see Appendix B). Social workers must ensure that facilities applying for registration, comply with the norms and standards. Social workers are expected to assess programmes that are implemented by staff at facilities, for quality and age appropriateness. This is a difficult task, as social workers have little to no knowledge of curriculums. Most facilities develop their own programmes.]
- b. *The applicant is a fit and proper person to provide the programmes.* [This refers to the suitability of the persons rendering the programmes in the facility. The staff must be vetted, in order to determine whether they have committed any crimes against children. This vetting entails enquiring from the NDSD whether a person's name is on the Register for Child Protection. This should be done by the employer, in this case the principal of the facility. The request must be in writing, on the prescribed form 29 and form 30 in the Children's Act (2005). A response from the NDSD can take up to six months that can delay the registration process of the facility.]

- c. *The applicant has the prescribed skills, training, funds and resources available to provide the programme as applied for, and...* [The social worker is obliged to request the qualifications and the bank statements of the applicant in order to be satisfied that the applicant is able to sustain the programme. The social worker is required to do a site visit to observe, physically, the resources that will be used to provide the programme].
- d. The ECD/ASC programme meets the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of the children to whom the programme will be presented (Allie, 2011). This infers that the programme must be developmental in nature.

It must be noted that the registration of a partial care facility and the registration of the programme presented at the facility are two different processes. The ECD facility or physical structure must be registered before the developmental programme can be registered. These two processes are functions of the ECD social worker in the DSD. These functions are complex, tedious and often do not yield positive results for the social workers.



After the partial care facility has been registered with the DSD social worker, the day-to-day management of the ECD facility is managed by a democratically elected committee. The ECD or ASC committee appoints a supervisor or principal to manage the facility on their behalf. When appointing a supervisor, the management, seek people with leadership abilities, knowledge and skills. Ideally, a principal should have a minimum NQF level 4 qualification or have more than 3 years, appropriate experience in the field of ECD (Allie, 2011).

### 3.11.3. Child Protection

Chapter 7 of the Children's Act (2005) explains the obligations of national and provincial governments in relation to child protection. It details the duties and limits of the national and provincial departments. It is important to state that the Act does not place all the responsibilities on provincial governments, as it provides for some stipulated tasks to be delegated to municipalities.

The Children's Act (2005) stipulates that the Provincial MEC for Social Development must provide for a provincial strategy aimed at a properly resourced, co-ordinated and managed child protection system, within the national strategy. The Act is also clear on who may provide child protection services and, therefore, designates child protection organisations (CPO), such as the DSD and private welfare organisations. These CPO's are expected to render a range of services designed to support, among others, the following:

- The proceedings of children's courts; and the implementation of court orders;
- Prevention services, early intervention services, reunification of children in alternative care with their families, the integration of children into alternative care arrangements, the placement of children in alternative care, and the adoption of children, including inter-country adoptions;
- Investigations and assessments in cases of suspected abuse, neglect or abandonment,
- Intervention and removal of children in appropriate cases;
- Drawing up individual development plans and permanency plans for children removed or at risk of being removed; and
- Any other social work service as may be prescribed.

The above lists of services are only a few among the vast array of services that are rendered by social workers with the intention of protecting children. There are many steps to follow in implementing these services, practically, which makes the workload for social workers very demanding. There are prescribed forms and templates that are included in the Act that must be utilised. These forms are lengthy and require in-depth investigations, which are time-consuming to complete.

Additionally, this chapter describes the mandated reporters of abuse or neglect of a child in terms of Section 110 of the Children's Act (2005):

*“any correctional official, dentist, homeopath, immigration official, labour official, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, social service professional, social worker, speech*

*therapist, teacher, traditional health practitioner, or member of staff or volunteer worker at a partial care facility, drop-in-centre or child and youth care centre who on reasonable grounds concludes that a child has been abused in a manner causing physical injury, sexually abused or deliberately neglected, must report that conclusion in the prescribed form to a designated child protection organisation, the department of social development or a police official. In terms of Section 110(3)(b) of the Act, a person who makes a report in good faith is not liable to civil action on the basis of the report”.*

For the focus of this study, it is highlighted that anyone at a partial care facility must report the abuse, neglect or suspicion of abuse, or neglect, to a CPO on the form 22, which is the prescribed form referred to in the Act. This is done in the best interest of children, and social workers have to educate facility owners about this obligation, they have towards the children in their care. According to (Albino, 2013), child neglect and malnourishment is a dire result of poverty. ECD interventions, therefore, play a critical role in recognising and reacting to children, who are most susceptible, and have the possibility to end intergenerational levels of poverty.

This chapter also stipulates how the National Child Protection Register must be implemented, and that social workers have a responsibility of informing facilities about this stipulation in the Act. In criminal proceedings, a person must be found unsuitable to work with children on conviction of murder, attempted murder, rape, indecent assault or assault with the intent to do grievous bodily harm regarding a child. In the management of an ECD or ASC programme, it becomes the responsibility of the Management Committee to ensure that all staff are screened and vetted, before they are employed to work in the ECD or ASC programme.

### **3.12. The norms and standards**

The national minimum norms and standards for partial care facilities is a list of standards, to which operators of a facility must adhere. The standards involve a range of conditions that must be in place, such as adequate space and ventilation, safe drinking water and hygienic and adequate toilet facilities. The national norms and standards for partial care can be found in Section 79(2) and (3) of the Act, and is attached as Annexure A. The norms and standards

are prescribed by the DSD, but the municipality that must provide the social worker with a health clearance certificate, as well as a fire safety certificate, in order to comply with the registration requirements of the DSD. This is highlighted as a shortcoming in the registration process, as social workers are not equipped with the knowledge of municipal requirements and by-laws, necessary to obtain any of the certificates. When a facility meets the registration requirements to register as a partial care facility, they also have to register the developmental programme that will be offered to the children in the facility.

A copy of the National Norms and Standards for Early Childhood Development Programmes is attached as Appendix B. The norms and standards for ECD programmes can be found in section 94(2) of the Act, and includes aspects, such as the provision of appropriate development opportunities, programmes aimed at helping children to realise their full potential. Caring for children in a constructive manner, providing support and security, respect for and nurturing of the culture, spirit, dignity, individuality, language and development of each child are all aspects of the norms and standards. Meeting the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children are imperative in all ECD programmes.

Social workers are expected to register the developmental programme of a facility, in terms of the Act. Social workers, therefore, have to be equipped to evaluate developmental programmes in terms of the set norms and standards stipulated in section 94(1)(2)(3) of the Act. Curriculum specialists have the expertise to evaluate programmes, but the DSD have none employed, therefore, it is the function of the ECD social worker, currently, which is impossible without the necessary expertise and training required to perform this task. It can be concluded that the chapters 5, 6 and 7 of the Children's Act (2005) provide a comprehensive guide to partial care, early childhood development and child protection services that must be rendered to children. However, the stipulations of the Act do not take into account the challenges of the practical implementation of these stipulations, such as lack of accessibility to facilities for social workers in rural areas, lack of collaboration with municipalities and the social workers' lack of ECD knowledge, in general.

### 3.13. Funding

The Children's Act (2005) stipulates that the Minister must avail funding and prioritise funding in communities, where families lack the means of providing food and the other bare necessities for their children, as well as make facilities accessible to children with disabilities. In the Western Cape Province, funds are made available to all registered partial care facilities, which is an important criterion as only children in registered facilities benefit from funding. As reported earlier in this report, there are an alarming number of unregistered facilities in the province, mainly found in disadvantaged areas (Allie, 2011). Albino and Berry (2013, cited in Allie, 2011) concur with the notion, as they report that more than 80% of the children, aged 0 - 4 years in the poorest 40% of the population, are completely excluded from registered ECD programmes and, therefore, do not appear in national budget projections, which is actually perpetuating cycles of poverty.

The registered facility will only receive funding for children in the age range that the facility has been registered to cater for. Funding for a child is R12.00 per day for 264 days per year. There are criteria to be fulfilled before facilities qualify for a subsidy, which are; firstly, to be registered as an NPO and secondly to be registered with the DSD as a partial care facility. Only children in the facility, whose parents' combined income is R3 000 or less, are subsidised by the DSD.

The subsidy must be utilised in the following manner by the facility manager:

- 50% is for child nutrition
- 20% for administration and
- 30% for salaries.

The above funding criteria and utilisation are some of the aspects that must be monitored by the DSD through the social workers. Inspections must be done by the social worker on a regular basis, in terms of the Act, and reports must be supplied to the provincial office about the utilisation of funds. The social worker on the local office, however, is not involved in the funding applications and approvals, as this a function is performed by the provincial office staff.

### 3.14. Specific roles and functions of the ECD social worker

The roles and functions of a social worker in the DSD is determined by the NDSB and is contained in the performance agreement signed by a social worker, in conjunction with his/her supervisor. The performance agreement stipulates the key result areas and performance outputs expected from the social worker. This agreement is generic for all social workers in the DSD, but may be adapted in conjunction with the supervisor. Measurable outputs can be added, in order to speak to the job function of the social worker. It must be noted, however, that there is no specific performance agreement for an ECD social worker in the DSD.

The following are the key result areas of a social worker, extracted from a performance agreement: Appendix I is a full performance agreement, which includes the measurable outputs for each key result area.

- Key Results Area 1: Render a social work service
- Key Result Area 2: Support Auxiliary Workers and Volunteers
- Key Result Area 3: Perform all administrative functions.

It must be noted that the above key result areas are not entirely aligned to the job function of the ECD social worker. The measurable outputs for key result area 1 include, group work and community work, which is not in the scope of what the ECD social worker is mandated to perform. The performance agreement of the ECD social worker should be adapted in order to capture the job functions aligned to the legislation, which mandates the work that must be done. The legislation mandates social workers to do the following:

- Registration and capacity building of partial care facilities;
- Registration and assessment of developmental programmes; and
- Monitoring of partial care facilities.

These are the three main functions of the ECD social worker and each function has numerous measurable outputs. Additional to the three main functions, the social worker is responsible for the supervision of ECD assistants, who are interns placed with social workers from the Expanded Public Works Department (EPWD). Some social workers have up to five assistants to supervise, which is an extra function for already overburdened social workers.

The question is posed as to why there is no specific performance agreement for social workers in the ECD sector of the DSD. They are mandated to perform specific functions, which are integral to child protection, yet their posts are not specialised. In addition, new social workers in the ECD sector, in the DSD, are unclear about their obligations and the employer's expectations, since there are no guidelines available. The proposed guidelines of this study could be helpful in this regard, and appears to be a much, needed tool for social workers in the ECD sector, in the DSD.

Since ECD social work is a specialised area of practice in the field of the social work profession, the ECD social worker, consequently, brings unique knowledge and skills to the field of social work. Registration of a partial care facility and an ECD programme, in accordance with the Children's Act (2005), is a necessary safeguard for young children and their families, verifying that basic/adequate standards have been met (Biersteker *et al.*, 2012). Unfortunately, many ECD owners regard the opening of an ECD facility as an opportunity to generate income, instead of providing quality services. Many fail to adhere to the legal requirements set out by the DSD, as well as the Children's Act (2005), and commence their services before actually being registered (Allie, 2011). Therefore, this research study aims to explore whether the provision of guidelines for social workers, working in the ECD field, could improve the quality of service delivery to young children, by equipping social workers with the required knowledge.

### **3.15. Summary**

In this chapter, the researcher provided a background to ECD and the significance of ECD in developed and developing countries. It also examined the different definitions of the concept, globally, as the scope of the concept differs in diverse countries. The chapter established the link between ECD and child protection. The researcher described the role of ECD, as well as ECD as a child protection mechanism in South Africa. Relevant sections of the Children's Act (2005)/Children's Amendment Act (2007), was highlighted to defend the importance of child protection, as part of social work service delivery, and that ECD facilities have role to play in protecting children.

Additionally, the researcher described the overview of ECD in the Western Cape Province, which included the access to quality ECD services, community-based ECD programmes, the resourcing of ECD provisioning by the government and challenges experienced in the field.

The researcher provided a brief outline of the legislative and policy alignments in South African, which promotes the provisioning of quality ECD services to children. The Children's Act (2005) and the National minimum norms and standards were discussed as aids to child protection services, in the ECD field. The roles and functions of the social worker in the ECD sector, in the DSD, is provided and critiqued.

The next chapter will focus on the different theoretical frameworks and explain why the chosen framework is relevant to the current study.



## CHAPTER FOUR

### THEORETICAL FRAMEWORK

#### 4.1. Introduction

In this chapter, the researcher provides a description of the social constructivist theoretical framework that underpins this current study, as well as the subtle differences between constructivism and constructionism. The researcher also presents the three theoretical approaches of Creswell (2009) and provides reasons for the selection of the qualitative research approach, as suitable for this research study. The available five theoretical research designs are discussed, from which the researcher made an informed choice to employ an Intervention Research (IR) model of Rothman and Thomas (1994, pp. 3-51), namely the “Intervention Develop and Design” model, also known as the IDD model, for use in this study.

The methodology of the research design that was best suited to achieve the aims of the research study, the IDD model, is described, as well as the elements that are applicable in this research methodology. The researcher also submits the various ethical considerations that were taken into account in the implementation of the study. Trustworthiness of the data is described as a research tool validating the results or outcomes of the study, after which a summary of the chapter ensues.

#### 4.2. Theoretical Framework

The study is located in a social constructivist theoretical framework. Social constructivism is a world view, where individuals try to understand the world, in which they interact with others (Creswell, 2007, cited in De Vos *et al.*, 2011). Patnaik and Wood (2012) argue that the social construction of reality in the social sciences asserts that individuals and groups, intermingling for periods of time in a social system, construct views of each other’s actions, which sooner or later translate into common roles, played by the actors in relation to each other. Social constructionism refers to the manner in which individuals think about, as well as utilise, categories to structure their experiences, and, subsequently, analyse the world, in order to develop subjective meanings of experiences and meanings directed towards things

(Creswell, 2007, cited in De Vos *et al.*, 2011). These subjective meanings are described as many different things, where researchers rely on the respondents' views of a situation, formed through their interaction with others, which is, therefore, a social construct (Jackson, Karp, Patrick & Thrower, 2006). A brief explanation of the assumptions underpinning social constructivism is given below, in relation to this study, and supplies motivation for the researchers' choice of this theoretical framework.

- **Reality:** Social constructivists are of the opinion that reality is constructed through human activity and that the people of a community invent the properties of the world (Kukla, 2000, cited in Jackson *et al.*, 2006). The assumption then is that reality cannot be discovered, as it does not exist before its social invention.

This element of reality in social constructionism is relevant to this study, since the social workers, who are the respondents, only discover their reality after their interaction in the community, the place of employment and their contractual obligations. Their interactions, as professionals, become a reality for them and others.

- **Knowledge:** It is believed by social constructivists that knowledge is a human product and that it is socially and culturally created (Ernest, 1999; Gredler, 1997; Prat & Floden, 1994, all cited in Jackson *et al.*, 2006). They are of the opinion that people create meaning about their interactions with each other and their environment.

Knowledge is another element of this theoretical framework, which the researcher finds suitable for use in this study. Knowledge can be obtained through social interaction and culture is an established notion that is learnt from generation to generation. Social workers have theoretical knowledge of cultures, as well as social interaction, which becomes their reality when they practice their profession, by interacting with people and the environment.

- **Learning:** Learning is viewed as a social process by social constructivists. Learning, according to constructivists, does not only take place inside an individual, but happens when a person is engaged in social activities (McMahon, 1997, cited in Jackson *et al.*, 2006).

The learning of social workers takes place, when they interact with their families, their communities and their employment setting, which are all social activities, since

people are involved. Therefore, the social constructivist theory is ideal to underpin this research study. Social workers have a reality that they created; they have knowledge that was obtained, while interacting with others, and they have the ability to learn, while socially interacting with others. These elements are needed for the researcher to obtain adequate answers to the research question in this study. However, the researcher must be aware of the difference between social constructivism and social constructionism, although the difference is not that great (Jackson *et al.*, 2006).

The subtle difference between constructionism and constructivism, according to Jackson *et al.* (2006), is that constructionist believe that each individual creates his/her own reality, while constructivists' believe that individuals can also obtain their realities from objects in the environment. These terms are often used interchangeably, due the subtle difference in their approaches. Constructionism refers to the belief that there is no meaning in the world, until it is constructed; meanings are not discovered but rather constructed by a group. Constructivism is a variant of social constructionism, as it is believed that individuals create meaning, through their interactions with each other and the objects in their surroundings. This factor is one of the reasons that this study is located in a constructivist theoretical framework.

Jackson *et al.* (2006) refer to other subtle differences from different theorists, for example, Piaget's constructivism belief is that knowledge is actively constructed; it focuses on the commonality of the learning stages and is removed from observation. They present an example of a mother making a mark on a child's face, without the child knowing. The child is made to look in the mirror. According to Piaget's theory or belief, if the child has self-awareness, s/he will touch the mark on his/her face. If s/he does not have self-awareness, s/he will touch the mark in the mirror, as s/he is unaware that the image in the mirror is his/her own. Therefore, self-awareness is a factor that is important in constructivism, since it implies that knowledge of the self and the environment plays a role in the view an individual has of the world.

The relationship of the researcher to the research/knowledge is conceptualized in social constructivism as one of equality. Both researcher and participants are co-constructors in generating data for the goal of the research. The authority of the participants' lived experiences, as well as the subject matter of the researcher, are both highly regarded as beneficial and fundamental to the research process (De Gialdino, 2009). For the purposes of

this study, the researcher approached the respondents as equal partners, and did not assume a role of authority, but rather underscored the notion that the product of the research was a function of the inter-subjective relationship between the researcher and the respondents. To this end, the researcher adopted a flexible position, to monitor her impact on the research process, especially in light of the fact that the researcher was a black female social worker, employed in a supervisory or managerial position in the DSD, in the province with the most respondents to be interviewed, face to face, in this research study.

Social constructivism assumes that research is value-laden and influenced by personal, cultural and socio-political influences (Newman, 2000). Therefore, from an axiological point of view, the researcher attempted to have an awareness of her own values, given her subject position, and through reflexivity, make the impact thereof explicit. As mentioned before, the researcher is centrally placed in middle management and has her own social work experiences. Her values and experiences could be valuable to the research process and result in a deepening of the rapport, or it could hinder the richness and complexity of the data collected. The adoption of social constructivism for the present study is appropriate since it allows the researcher to explore the dynamic interplay between the various role players, as well as her own subjectivity, to be valued as an important factor, affecting the research process. This was found appropriate for the study, since being an ECD social worker, her profession is practised in a context that has a mandate derived directly from legislation (Kemp, 2014).

Social constructivism assumes that the use of personal voices, informal language and evolving decisions are important. This was deemed appropriate for the present study, since the researcher was also involved as an ECD social worker, and a reflexive, personal voice would be more appropriate in the write-up of this study. The implications of the abovementioned assumptions for methodology are that a methodological process characterised by inductive processes, is indicated. Such a process will underscore the mutual shaping the emerging design and categories identified during the research process, context-bound research, and develop a dynamic understanding of phenomena (Kemp, 2014). The researcher used procedures for affirmation to heighten the trustworthiness and methodological rigour of the research process. The researcher utilised Delphi studies to attain greater confidence in the findings, thereby enabling a deepened description of the research problem.

### 4.3. Theoretical research approaches

Social sciences investigate particular aspects of human society, as described by Neuman (2003, cited in De Vos *et al.*, 2011), it “...involves the study of people, their beliefs, behaviour, interaction, institutions...”. De Vos *et al.* (2011) explain that these sciences were referred to as “soft sciences”, because people’s interactions were viewed as “fluid” and difficult to measure, as compared to other sciences that could be tested in a laboratory. As a result of the very nature of social sciences, social scientists pursued different ways to approach the “human phenomena as scientific subject matter” (De Vos *et al.*, 2011).

Creswell (2009) identified three approaches commonly used in scientific research; the quantitative research approach, the qualitative research approach and the mixed methods approach. The mixed methods approach is a combination of the quantitative and the qualitative approaches.

The quantitative research approach is described in the literature as an investigation into social and human problems. This approach is based on the validation of a theory, which contains several variables. Testing takes place by means of the measuring of amounts, which are then analysed through prescribed statistical procedures (Cresswell, 1998; De Vos *et al.*, 2011; Kumar, 2005; Niewenhuis, 2007).

The qualitative research approach, on the other hand, focuses on the fact that society is made up of individuals and groups with their own experiences, acceptances, beliefs and values. Qualitative researchers argue that the only way to determine the reality concerning a given problem is to study people’s experiences and their way of managing a particular problem (Du Toit, 2013). According to Bless, Higson-Smith and Kagee (2006), as well as Cresswell (1998), it is central in qualitative research studies to explore the perspectives of individuals, who operate inside the research problem, as this research study, the ECD social workers. It is for this reason that the researcher selected the qualitative research approach for this study, which aims to explore and describe the experiences and needs of ECD social workers in the DSD. Having decided on the theoretical approach, the researcher needed to decide on a research design, suitable for the implementation of this study. The research design should assist the researcher to achieve the goal of the study, while using a qualitative approach.

#### 4.4. Theoretical research designs

The research goal, the research question and the abilities and means obtainable by the researcher established the span of research designs (De Vos *et al.*, 2011). There are a number of research designs in qualitative research that the researcher could have made use of in this study as described by (De Vos *et al.*, 2011; Niewenhuis, 2007). The qualitative researcher may also choose to use one of the following research designs as indicated by (Bless *et al.*, 2006).

The researcher firstly explored **phenomenology research design**, which aims to describe the meaningful encounters of the daily lives and social deeds of the participants, who are, in this study, the social workers in the DSD. The researcher could, therefore attempt to explain the practice of social workers in the ECD field of the DSD, fairly accurately (Fouché & Schurink, cited in De Vos *et al.*, 2011). This research design would allow the researcher to obtain the information needed to develop a guideline, as identified by participants.

The researcher also explored the exploratory, the descriptive and the contextual research designs for the following reasons:

- The **exploratory research design** is used when there is little or no information on the research subject (Bless *et al.*, 2006). In this study, the need for exploring the experiences and needs of social workers in the ECD field of the DSD became necessary, due to the lack of information regarding this cadre of social workers.
- The **descriptive research design** is used when the researcher needs to acquire a widespread description of a particular problem (Bless *et al.*, 2006). The use of this design, therefore, followed on the exploratory research design.
- The **contextual research design** assists the researcher to avoid the separation of the participants from the larger context, to which they may be related. This characteristic is in line with qualitative research, which emphasises a holistic approach.

In addition to the research designs already described, and since the research goal of this study is to provide guidelines for social workers in the ECD settings of the DSD, the researcher, finally, decided to explore the Intervention Research (IR) model of Rothman and Thomas (1994, pp. 3-51), namely the “Intervention Develop and Design” model, also known as the

IDD model. According to Kumar (2005), as well as Fouché and De Vos (1986, cited in De Vos *et al.*, 2011), intervention research is regarded as a study undertaken by social workers acting as agents of change. The social workers usually work with the affected parties to strengthen and maintain the functioning of the individual, the group or the community. In this study, the researcher aims to explore and describe the need of guidelines for social workers in the ECD settings of the DSD. The focus, therefore, will be on “intervention”, meaning, the development of a tool to assist social workers in the care and protection of children. In this current study, certain aspects of the research designs, mentioned earlier, will be employed, however, the IDD model of Rothman and Thomas (1994) was, ultimately, selected as the research model.

Qualitative research procedures are characteristically not structured as much as quantitative research procedures (Yegidis & Weinbach, 2009). Therefore, the advantage of the IR model (Rothman & Thomas, 1994) was its flexibility, which suited the qualitative qualities of this study well.



#### **4.5. Intervention Research**

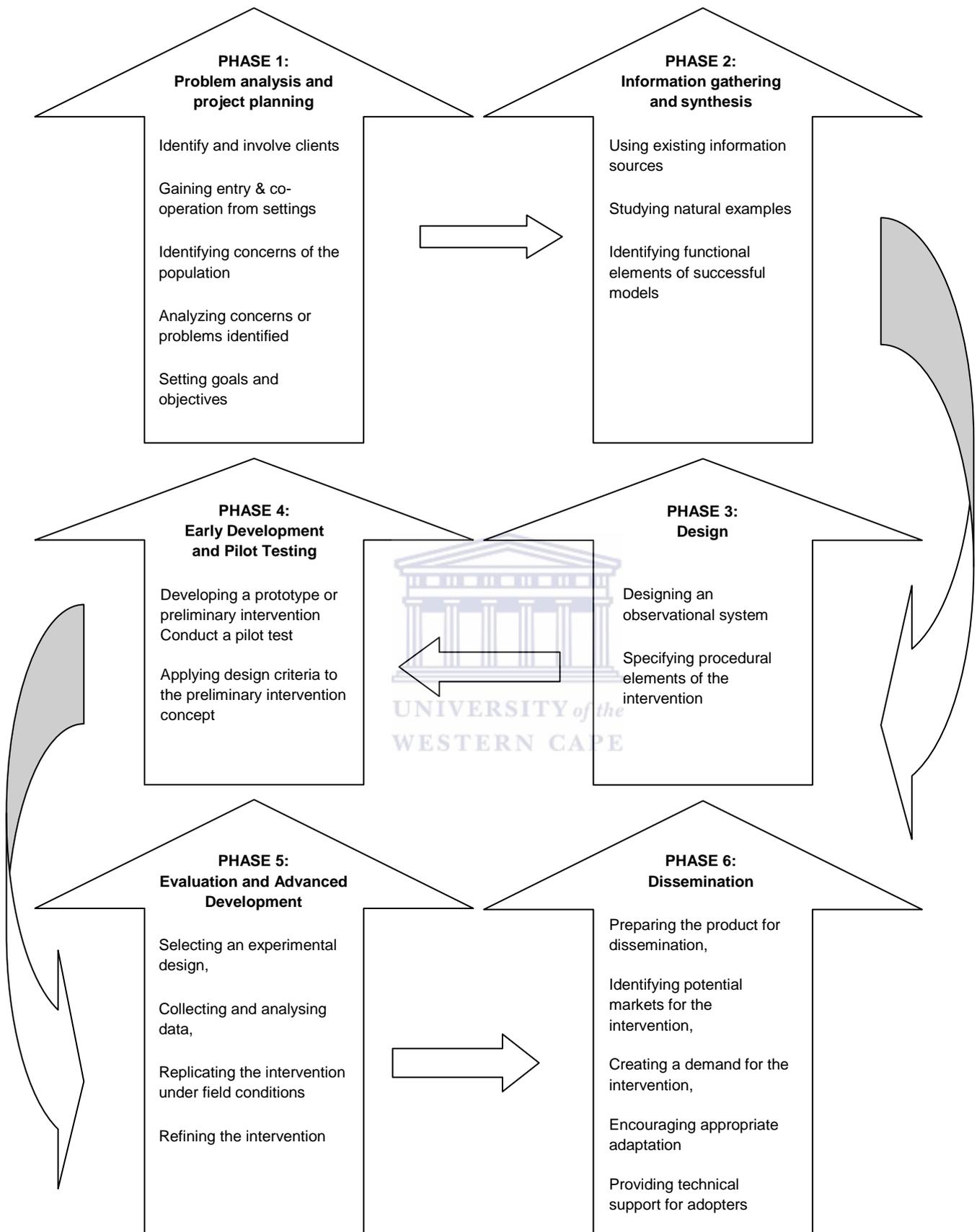
Intervention Research is defined by De Vos *et al.* (2011, p. 475) “as studies carried out for the purpose of conceiving, creating and testing innovative human services, approaches to preventing or ameliorating problems or to maintaining quality of life”. Intervention Research was developed out of a partnership between two pioneers in the field of development research, namely, Rothman and Thomas (1994). The former focused on Developmental Research and Utilisation (DR & U), while the latter focused on Social Research and Development (SR & D). The amalgamation of the two approaches to social research culminated in Intervention Research: Design and Development, mainly aimed at the human science profession, due to the intention of directing results that can be put into practice specifically in the human services area (De Vos *et al.*, 2011).

Intervention Research is usually conducted in a setting where the researchers and practitioners work together to design and assess interventions. Intervention Research, as applied research, is directed towards building knowledge or providing possible and practical solutions (De Vos *et al.*, 2011; Rothman & Thomas, 1994). It is suitable for disciplines such as, social work, because it draws methods largely from behavioural sciences and uses these to

examine questions relevant to social work. Whether at an individual, organisational or national level, making a difference, normally means, the development and implementation of a certain strategy that is believed to be effective, as it will be based on the best available research results. These results are often only a partial guide in developing new techniques, programmes and policies. Strategies must often be adapted to meet the unique requirements of a situation. The attempt to develop new strategies, or enhance existing strategies, is the essence of intervention research and the advantages to this research study (Rothman & Thomas, 1994). IR, therefore, is highly recommended to provide structure to the process of this research study, to, ultimately, produce an operating manual for ECD social workers in government settings. This developmental design model comprises six phases that need to be negotiated, in order to achieve the outcomes and the main goal of this study. Each of these phases has a series of operational steps (Rothman & Thomas, 1994).

#### 4.5.1. Phases and Operational steps in Intervention Research

Rothman and Thomas (1994) highlighted that these phases should not be seen as isolated compartments, but rather as integrating, overlapping and intertwined with one another. It is not unusual to find stepping back to earlier phases, as challenges are encountered, or even when new information is discovered. These phases are versatile, allow for creativity and are very practical (Rothman & Thomas, 1994). They are structured to familiarise the reader with the operational steps followed in this research, as proposed by Rothman and Thomas (1994) and illustrated in Figure 1, which indicates the different phases and the operational steps involved in each of the respective phases. The significant overlap and opportunities to move between and combine these phases is appropriate for the present study.

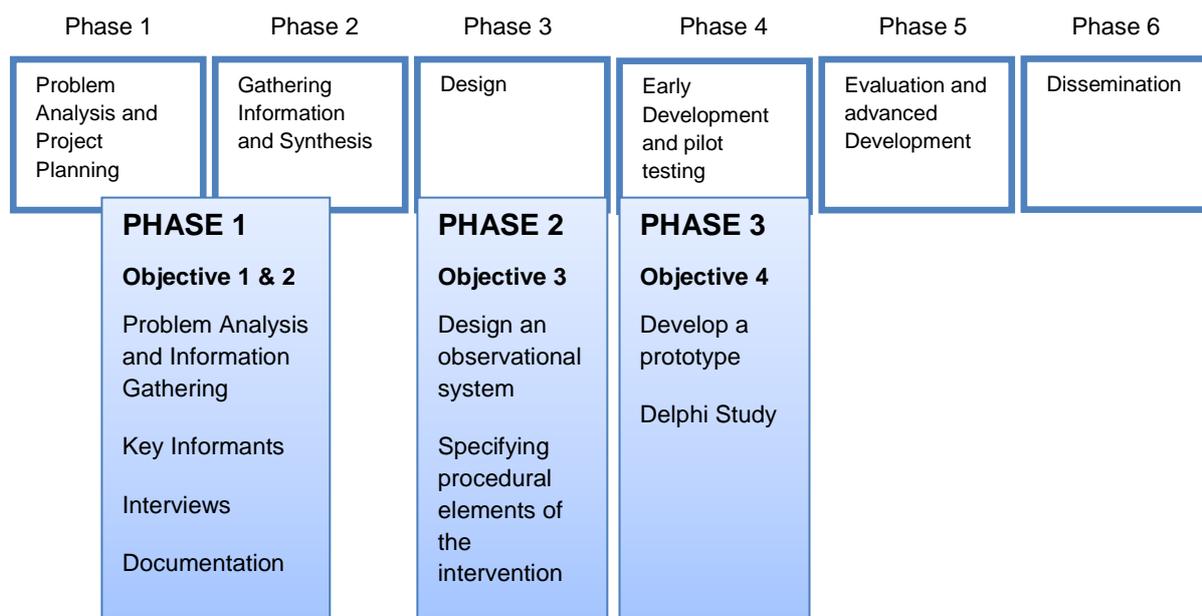


**Figure 1: Different phases and the operational steps of the Intervention Research (Rothman & Thomas, 1994).**

Du Preez and Roux (2008) argue that critical theory provides guidelines that could direct the intervention research process towards becoming more participatory and reflective. Critical theory has emancipation as its main purpose, with the focus on raising awareness, questioning and changing people's understanding and actions, in order to free them from societal constraints, injustice and subjugations (Du Preez & Roux, 2008; Patton, 2002). In addition, research, based on critical theory, requires processes of self-reflection to identify and address power relations, mutual participation among researchers and research respondents, and a disposition to take action that could lead to transformation and emancipation (Du Preez & Roux, 2008). It could be argued that intervention research, based on critical theory, should allow respondents to reflect on their individual positions and experiences. The authors concur that intervention research is used as a means of professional development and provides an opportunity to reflect, critically, on social realities and to question concerns about these realities.

IR has been used successfully, as the primary source of entry to develop guidelines in numerous studies. For example, the Casey programme was a manual-based intervention that guided the provision of both a basic foster care programme and an enhanced set of services to promote child well-being. This programme produced significant life course benefits, when comparing graduate-adults (children, who have been in Casey Families) to graduates of routine foster-care in Oregon and Washington (Fernandez & Barth, 2010). Ganyaza-Twalo (2010) reported successful interventions through Intervention Research, to improve and enhance social situations, such as guidelines for managing HIV/AIDS in the workplace. Similarly, Londt (2004) reported success with IR, in developing intervention guidelines with perpetrators of intimate violence. Du Toit (2013) also was successful in the development of guidelines to operationalize cluster foster-care schemes.

This study has adopted Intervention Research in a modified manner, utilising only four-phases of the model. The process that was followed is illustrated in the Figure 3. The top text boxes depict the six original phases of Intervention research with the second row of blue boxes denoting the modified phases in their relation to the original phases of intervention research. The modified 3 phases are also linked to the objectives of this study in Figure 2.



**Figure 2: Four phases of the Intervention Research model modified into three phases (Rothman & Thomas, 1994).**

**Phase 1:** This is a combination of the original Problem Analysis and Information Gathering Phases. These two phases of Intervention Research are combined, namely, problem analysis and project planning with gathering information and synthesis. This, therefore, correlates with objective 1 and 2 of the study. The first phase of the present study entailed gathering information from key informants and literature to analyse the problem and, thereafter, implement a plan to find a solution that could resolve the problem. The methodology employed in this phase is summarised in Chapter Five of this report.

**Phase 2:** Design and Development. The third phase of Intervention Research, namely, design and development correlated with the third objective of the study. This phase entailed interviews with ECD Social Workers and applying the Delphi study to inform the content of the guidelines. The methodology employed in this phase is provided in Chapter Five of this report.

**Phase 3:** Development and Evaluation. This phase of Intervention Research, namely, early development and pilot testing correlates to objective four of this study. This phase entailed the development of the guidelines and the evaluation of the proposed guidelines with experts by means of a Delphi study in the Western Cape Province. The methodology employed in this phase is described in Chapter Five of this report.

The aforementioned are all the phases of Intervention Research that were used for this current study. Phase 5 and 6 of the original IR were omitted to leave room for further research and adaptation, or expansion, to the guidelines, as may be required.

#### 4.6. Ethical Considerations

Ethics clearance was obtained from the Higher Degrees Committee and Senate Research Committee at the University of the Western Cape on 14 November 2014. The ethics clearance certificate is attached as Appendix C, complete with the ethical clearance registration number, CHS 14/9/27. An application to do the research in the Department of Social Development was made to the Directorate Research, Population and Knowledge Management, and permission was granted. The permission documentation is attached as Appendix D, with the reference number, 12/1/2/4.

Information sheets, which outlined the purpose of the research, the rights of participants, as well as what their participation would involve, were compiled for the participants. It also included the recourse participants would have, in the event of dissatisfaction or concerns about the process of the research (see Appendix E). Additionally, participants were informed of their right to withdraw from the study, at any time, without any risk of negative consequences or loss of perceived benefits. The researcher ensured that the following key ethical principles were maintained in the process of conducting the study:

- **Informed consent** – Care was taken to ensure that informed consent was elicited from the research participants. The participants were given all the necessary information relating to the goals of the study and the procedures that would be followed, while conducting the research. The participants were requested to sign a consent form, in order to confirm their permission in writing (see Appendix F). The participants were informed that the interviews would be recorded in writing, and filed in a locked office cabinet.
- **Autonomy** – Consent to participation was informed and voluntary. De Vos *et al.* (2011) indicates that emphasis should be placed on accurate and complete information, in order for participants to fully understand the investigation and, consequently, make a voluntary, well informed decision to participate in the study.

- **Confidentiality** – The participants’ right to privacy, confidentiality and anonymity were respected and assured through an information session as well as in written communication. This was reiterated with participants at the commencement of interviews. The research findings from the interviews were recorded in writing, and the sources listed under a reference title and under a name. The identity of each participant was protected, by labelling each as respondent (1, 2, 3...), instead of their names, when transcribing the data. Their identities were also secured throughout the research process when minutes of meetings were taken.
- **Beneficence** – The intention is to design a research that would be of benefit to the participants, future research, and the DSD, therefore, the results would be made available to the participants and the Department of Social Development, in an objective manner to ensure awareness that research findings will be published without impeding the principles of confidentiality and anonymity.
- **Integrity** – The researcher protected the integrity and reputation of the research by ensuring that the research adhered to the highest standards. There was no discrimination involved in choosing participants, based on sex, race, age, religion, status, educational background or physical abilities.
- **Storage** – All the data relating to the study were stored in such a way to avoid loss, theft, damage, unauthorized access or divulgence of confidential information.

#### 4.7. Trustworthiness

In qualitative research, the verification of data is done by regarding various stances on validity and reliability that can be tested by concepts, such as “trust worthiness” and “authenticity” which was introduced by Guba (1990, cited in Krefting, 1991). In this study, the data was verified by responding to the neutrality of the research (Marshall & Rossman, 1995, cited in De Vos *et al.*, 2011), meaning that all research must respond to canons that stand as criteria, against which the trustworthiness of the research can be evaluated. The four aspects of trustworthiness are credibility, transferability, dependability and conformability.

Truth value may be discovered by human experiences, as they are experienced by the social workers in the field of ECD, and subsequently related these experiences (Guba, 1990, cited in

Krefting, 1991). *Credibility* is the tentative and consistent analysis of data. This was achieved by taking into consideration what data was useful, and what was not, as well as what seemed plausible, by making use of two rounds of a Delphi study. *Transferability* refers to the extent, to which the findings can be applied to other settings or respondents, while achieving similar results, as described by Lincoln and Guba (1994, cited in De Vos *et al.*, 2011). This was ensured by the researcher, through detailed descriptions of the data collection, and more specifically, a detailed written account of this, in order for the reader to make their own judgments about transferability. *Dependability* was tested, as social workers from two other provinces participated in the study and, while their settings were different from social workers in the Western Cape Province, their work purposes remained the same, in terms of ensuring that legislative prescripts were adhered to, as state employed social workers. *Conformability* is the degree to which the findings of the research are the product of the focus of the research, and not the biases of the researcher (Krefting, 1991).

In this regard, the researcher clarified expectations of both the researcher and the participants, regarding the aim and the objectives of the study. *Reflexivity*, as a social work attribute, offers the potential for integrating research and practice. It also has the ability to formulate an understanding of an individual's own cognitive world, especially the individual's influence as researcher and social worker. *Data saturation* is the point at which no new information will be collected, using qualitative research methods, even if the researcher increased the sample size. However, inferences from the sample chosen can be made (De Vos *et al.*, 2011).

#### **4.8. Summary**

In this chapter, the researcher provided a description of the theoretical framework that underpins this research study. An insight into the social constructivist framework was offered that provided the motives, as to why this framework was appealing to the researcher for this study. The research methodology, best suited to achieve the aims of this research study was described, as well as the elements that were applicable in the research methodology.

The researcher also described the various ethical considerations that were taken into account, during the implementation of the study. The trustworthiness of the data was described as a research tool for validating the results or outcomes of the study.

The next chapter will focus on the research methodology implementation. It will address the setting in which the research was conducted. The aims and the objectives will be described and linked to the methodology and the implementation process of the IR will be described and discussed in detail.



## CHAPTER FIVE

### METHODOLOGICAL OVERVIEW

#### 5.1. Introduction

This chapter comprises an overview of the methodology of the study, with its main focus on the implementation of the Intervention Research methodology. The key elements that will be discussed, include the research setting, aim and objectives, the population and sampling of the study, as well as the implementation of the first four phases of the Intervention Research model, selected by the researcher, namely: Problem Analysis and Project Planning; Information Gathering and Synthesis; Design; Early Development and Pilot Testing.

#### 5.2. Research Methodology

##### 5.2.1. Research Setting

The primary setting of the study was in the Western Cape Province, as the researcher is familiar with this setting and had easy access to participants. The Western Cape Department of Social Development (DSD) appears much more progressive compared to other provinces (NDS). The selection of the Western Cape as a primary focus was because the researcher was employed by the DSD in the Western Cape, as an ECD social worker for four years, from 2009 to 2013, with knowledge of the resources and developments in the province.

The study was initially planned to be conducted in three (3) out of the nine (9) provinces in South Africa, namely, Western Cape, Gauteng and Eastern Cape. However, the researcher experienced numerous problems in attempting to contact the Gauteng and Eastern Cape Province officials, through emails, telephone, cell phone and social media. After numerous attempts, the researcher made contact with five (5) officials in the Eastern Cape Province, who participated in the study. No feedback was received from the officials in the Gauteng Province. This put a limitation on the study that was not envisaged.

### 5.2.2. Aim & Objectives

The overall *aim* of the current study was to develop guidelines for social workers employed in the DSD, and specifically, working with partial care services providers and facilities, using intervention research. The following *objectives* were identified as key to this study:

1. To explore and assess the needs of social workers in the Early Childhood Development field, in the Department of Social Development;
2. To explore the current methods of service delivery by social workers, working in the Early Childhood Development field;
3. To develop guidelines for social workers; and
4. To refine the draft guidelines, using a Delphi study.

### 5.2.3. Population and Sampling

**Population:** The qualitative researcher can draw data from different sources, not necessarily, only from a diversity of individuals or groups, but also from other sources, such as audio-visual and electronic records (Leedy & Ormrod, 2005). According to (Kumar, 2005), individuals from whom information is obtained, or those who are studied, become the participants of the qualitative research study. Alternatively, the source of data in quantitative research, on the other hand, is known as respondents (Babbie & Mouton, 2001). The difference between the terms “participants” and “respondents” is located in the notion that participants provide data from their own experiences, which is congruent with the character of a qualitative study. A respondent, however, responds to the specific questions that the researcher poses, in order to assist the researcher to draw statistical inferences. The latter is indicative of the quantitative research approach.

The essentials of qualitative data may be found in a number of participants and/or objects. A universe refers to all the objects/participants, from which the researcher wants to draw suppositions, while a population sets boundaries and refers to participants/objects in the universe, who possess mutual attributes that the researcher seeks (DeVos *et al.*, 2011; Leedy & Ormrod, 2005). The total number of participants/objects linked with the specific focus of a research problem and research

question is, therefore, referred to as the population of a research study (Babbie & Mouton, 2001; Bless *et al.*, 2006; Kumar, 2005).

It is not always practical and possible for the researcher to include the whole population in the research study. Strydom (1998, cited in De Vos *et al.*, 2011) explains that one of the foremost reasons for employing sampling methods and techniques is that it is rarely possible to gain access to all the participants and to include the whole population in a study is seldom time- or cost effective. The practice of choosing a select section of the population, as participants/objects to participate in the specific research study, is referred to as the sampling method (De Vos *et al.*, 2005; Kumar, 2005; Marlow, n.d.). A sample is, therefore, the lesser part of the population, which the researcher wishes to study (Bless *et al.*, 2006). The researcher selected social workers, senior social workers and social work managers in the DSD, with experience in ECD social work, as participants for this current study.

**Sampling:** The researcher selected purposive sampling for the sampling method because the participants were identified specifically as social workers working in the field of ECD for the DSD. As previously mentioned, researchers rarely choose the whole population to participate in the study. The onus is on the researcher to choose participants, who are representative of the population, well-informed about the research topic, and able to provide information regarding the research question (Marlow, n.d.). In order to ensure that the researcher follows a scientific process in the selection of a sample, the researcher had a choice between the probability- and non-probability sampling methods (Maree & Pietersen, 2008; D’Cruz, 2004).

Probability sampling permits the researcher to choose a sample, where every element in the population has a likelihood of being selected, to be included in the sample (Leedy & Ormrod, 2005; Marlow, n.d.). This method of sampling enhances the representativeness of the sample. It is desirable to use the probability sampling method, when the quantitative research approach is employed. The non-probability sampling method is used, when sampling offers the researcher a choice to select the sample, corresponding to specific knowledge and experiences that will deliver resolutions to the research question (Babbie & Mouton, 2001; Kumar, 2005). This method of sampling is advisable with a qualitative research approach, where the researcher needs to select

participants, who can pave the way to answer the research question by the experiences and knowledge obtained from their individual life experiences (Henning, Van Rensburg & Smit, 2004).

The researcher, therefore, chose to employ the non-probability sampling method, as well as the purposive sampling technique, from the available techniques used in this sampling method, to assist with the selection of a sample from the population identified earlier (Bless *et al.*, 2006; Maree & Pietersen, 2008; Marlow, n.d.). Purposive sampling technique is employed when the sampling is done with a particular objective in mind. Sample size is also an important factor that the researcher has to consider, as well as how the sampling size will be established. Niewenhuis (2007) notes that qualitative research studies usually involve a smaller sample size, than quantitative research studies. Sampling in qualitative research is flexible and often continues until saturation is reached.

For example, the researcher, in this current study, selected the archetype participant for ECD social workers, to be an ECD social worker, with 2 to 30 years' experience. Representatives of the population, who fit into this category, could be eligible to participate. The threat of this sampling technique is that it relies on the prejudiced contemplations of the researcher.

The sample in this study involved 20 key participants, who worked directly with ECD facilities in the Metro North Region of the Western Cape Province, and five participants from the Eastern Cape Province, as the rest of the social workers showed no interest in the research. The final total sample was 25 ECD social workers in the DSD. The researcher was able to inform the participants, at a quarterly ECD meeting, about the research, and was able to persuade them to become involved. Information sheets, as well as consent forms were distributed, with some participants committing themselves by completing the consent forms on the same day, while others waited for the researcher to make the appointments for the interviews first.

The participants in the Eastern Cape Province were informed telephonically about the research. The information sheet and consent forms were emailed to one person, who coordinated the process, on behalf of the researcher.

### 5.3. Implementation of Intervention Research

The researcher selected the first four phases of the Intervention Research model, namely Problem Analysis and Project Planning, Information Gathering and Synthesis, Design, Early Development and Pilot Testing, as the focus of this study. However, the first two phases of Intervention Research are combined to form a modified phase one, Problem Analysis and Information Gathering, which correlates with objective 1 and 2 of the study. The new first phase of the current study entails gathering information from key informants and literature to analyse the problem and, thereafter, implement a plan to find a solution that could resolve the problem.

#### 5.3.1. Phase 1: Problem Analysis and Information Gathering

This phase has two (2) parts.

**PHASE ONE – PART ONE:** Problem analyses and project planning is the original first phase of the IR research process. De Vos *et al.* (2011) expressed concern that prior to problem analysis, is the identification of what the problem entails. A social problem is defined by Hastings (1979, cited in De Vos *et al.*, 2011) as a condition of society that has a negative effect on large numbers of people, and is defined by significant groups, as a deviation from some social standard, or breakdown of a social organisation. In addition, a social problem is also described as a condition, affecting a significant number of people in ways considered undesirable, where something could be done to change that condition, by collective action. De Vos *et al.* (2011) stated that when the discrepancy between the standard and what is being judged, is sufficiently large, the behaviour, or state of being, is deemed a problem. An analysis must include scrutiny of at least one or more of the following factors:

- Extent of the difficulty: the incidence or prevalence, for instance;
- Component aspects of the problem;
- Possible casual factors;
- Effects and impact of the problem as well as behavioral, social and economic impact(s); and
- Shortcomings on how the problem is confronted.

During this phase, key problems are identified and analysed in a comprehensive manner, to establish whether the issue under scrutiny, justifies any further research. In this current study, the primary goal was to identify and analyse the problem related to the work of ECD social workers, in order to develop guidelines to improve practice and service delivery. The researcher made concerted efforts to elicit the cooperation of significant role players, such as ECD social workers, ECD coordinators', ECD provincial programme staff managers, in the formulation of the problem as they provided the researcher with the background and history information of the subject matter.

(Patton, 2002) asserts that historical information sheds important light on the social environment. The historical context of state employed social workers, particularly with reference to the implementation of legislative prescripts, forms the basis of this research. This historic information included documents and literature that offered a wealth of material about the research subject matter, which is twofold, namely, social work, and early childhood development. Gaining access to this information was relatively easy as the researcher was employed as an ECD social worker, from 2009 until 2013, in the Department of Social Development and has contact with colleagues. The researcher is still employed in DSD, currently supervising an ECD social worker; therefore, the context is familiar.

The objective of this phase was to analyse the problem, prepare a comprehensive project plan and develop specific interventions (Rothman & Thomas, 1994). The researcher was, therefore, interested in the real life experiences of the participants, through qualitative inquiry to identify and analyse the problem. Consequently, this study aimed to explore and assess the needs of ECD social workers, as well as examine the current methods of service delivery by the DSD employed social workers, working in the ECD field.

An outcome of this study is to provide an intervention that will address the needs of the ECD social workers in the DSD. An important assumption was that the development of the proposed guidelines for ECD social workers would improve overall service delivery. The following operational steps of this first part of phase one, problem

analysis and project planning, were implemented and formed the basis of this phase (Rothman & Thomas, 1994):

- Identifying and involving clients;
- Gaining entry and cooperation from the setting;
- Identifying the concerns of the population;
- Analysing identified problems; and
- Setting goals and objectives.

On completion of the above operational steps, the problem was analysed and the project plan was developed based on the outcomes of the participants (Rothman & Thomas, 1994). As mentioned previously, the steps, as described above, is not strictly in order, and may overlap at times, during these steps. Rothman and Thomas (1994) assert that, although the phases and operational steps are presented in a systematic formula, their execution is often not as stringent. In this study, identifying and involving participants for the study, as well as gaining entry and cooperation from the setting, took place concurrently. The following discussion will provide a more detailed description of the steps mentioned above.

UNIVERSITY of the  
WESTERN CAPE

#### *5.3.1.1. Identifying and involving clients, as well as gaining entry and cooperation from the setting*

De Vos *et al.* (2011) state that to succeed in this step, it is essential to gain entry through the key role players, who have knowledge of the setting, as well as the gatekeepers, who control access to the setting. The researcher's familiarity with the setting, including daily contact with ECD social workers, supervisors and managers at the local offices facilitated this step. The researcher attempted to understand how important the concerns were to the population that it affected. In this regard, Rothman and Thomas (1994) indicated that care should be taken not to force outside views or solutions from the side-line; therefore, the researcher should explore alternative ways to clarify dimensions of identified problems, as well as understand the scope and magnitude of the given concern. According to Rothman and Thomas (1994), the interventions selected represent a population whose concerns are of present interest to the clients themselves, writers and

society. Therefore, by working together with the clients of the project, specific targets and goals for interventions were identified.

In terms of the methodological framework of Intervention Research, identifying and involving clients occurred through a response, which arose from those affected, to the need for guidelines to assist ECD social workers in the DSD. Therefore, the steps followed in this respect, conform to those operational steps, as defined in the parameters of this developmental model.

The researcher experienced that the lack of guidelines for social workers, working in the ECD field for the DSD, resulted in poor and inefficient service delivery. This experience and observation formed a vital part for this current research and formal enquiry to explore the current circumstances. Gaining entry was achieved through meetings with various stakeholders, such as, ECD social workers in the DSD and key informants, at regional and provincial levels.

Familiarity and knowledge of the identified setting was not sufficient to gain formal access to the setting. Consequently, the researcher obtained the required permission from the Department of Social Development's directorate of Population and Knowledge management. Before permission was granted, a copy of the research proposal accompanied the necessary administrative forms, for perusal and scrutiny. Permission was granted on 09 March 2015. This enabled the researcher to perform this study in compliance with the appropriate ethical considerations for research. The contact with role players was made by email and telephone to local offices, as well as offices in the two other provinces (Gauteng and Eastern Cape), only after the clearance and permission was obtained from the relevant institutions.

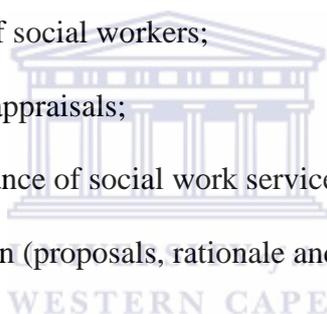
The Western Cape DSD was the primary site of this study, even though two other provinces formed part of the research. The researcher attended to all the administrative tasks required, prior to embarking on making contact with all the role players, especially those in other Provinces. The Western Cape DSD was the main group to direct this part of the procedure. Compliance with these operational steps is imperative, as these procedures are similar to what Rothman and Thomas

(1994) refer to as activities. These activities are compatible to the prerequisites of the steps and safeguard the integrity of the research.

#### *5.3.1.2. Gaining access to the population and recruiting participants for the study*

Gaining access to the population and informing them about the research was well coordinated, due to the researcher being a social work supervisor in the DSD, with experience and understanding of this sector. This operational step was further enriched by regular consultation with social work managers, ECD coordinators and ECD social workers. Printed records regarding social workers job descriptions were gathered and compiled by the researcher. The following sources further enabled the researcher to gain the required data for this phase of the research:

- Supervision of social workers;
- Performance appraisals;
- Quality assurance of social work services; and
- Documentation (proposals, rationale and motivations for the service).



As previously mentioned, gaining entry and cooperation from the setting through key informants (De Vos *et al.*, 2011) was uncomplicated, due to the researcher's knowledge of, and familiarity with, the setting. De Vos *et al.* (2011) encouraged successful researchers to form collaborative relationships with representatives of the setting, by involving them in identifying problems, planning the project and implementing selected interventions, thereby instilling a sense of ownership of the investigation. By forming collaborative relationships with key people in the setting, an interest in the research was piqued, ensuring participation and a willingness to share their concerns.

#### *5.3.1.3. Identifying concerns of the population and sampling for exploring the problem*

In order to obtain information about local problems and strengths related to the ECD social workers sector, engagement with key informants, such as ECD social workers, social work managers, and programme specialists took place. The ECD

social workers in the Metro North Region of the DSD were selected as the initial sample to identify the problem, since this sample embodied the most representative characteristics and typical attributes of the population (De Vos *et al.*, 2011). In order to study the ECD social workers from the DSD and other key informants, two other provinces in South Africa were included to enhance representation. However, only one of the two other provinces, eventually, participated in the research study, due to unknown reasons. This phase included semi-structured interviews, as well as document analysis, in order to obtain the views and experiences of ECD social workers (De Vos *et al.*, 2011).

Purposive sampling, according to Singleton *et al.* (1998, cited in De Vos, Strydom, Fouche & Delpont, 2005), is based on the discretion of the researcher, who has to ensure that the sample embodies the most typical attributes of the population. The sample consisted of 20 social workers from the Western Cape, and 5 from the Eastern Cape Province. The researcher made contact with social workers in the identified provinces to seek assistance with the selection of ECD social workers, best suited to participate in the research. The inclusion criterion was that the participants had to be social workers, who had worked with Early Childhood Development facilities for at least two years, in order to capitalise on their experiences and insight.

#### *5.3.1.4. Methods of data collection*

For this phase, qualitative methods of data collection were used to gather information from the participants. In this data collection process, Creswell (1998) identified three steps as crucial:

- Setting the parameters for the study;
- Collecting information through observations, interviews, documents and visual materials; and
- Establishing the protocol for recording information.

Qualitative data were collected through semi-structured interviews, telephonic interviews and documentation. The methods used are described as follows:

- **Interviews:** Semi-structured interviews were used to gather information from the ECD social workers. De Vos *et al.* (2011) stated that interviews are the prevalent mode of data collection in qualitative research and is often, also used in quantitative research approach. De Vos *et al.* (2011) argue that interviews are conducted, due to an appeal for group's tales, which is a means of knowing. Re-counting stories is, in essence, a meaning-making process and every word that people use in telling their stories, is a tiny representation of their perceptions. The quality of the interview is determined, largely, on the skills of the researcher. In this study, the researcher's skills, as social worker and interviewer, facilitated this process effectively. The following interviewing skills assisted the researcher to make maximum use of the interview, to gain knowledge: paraphrasing, clarifying, reflecting, encouraging, probing, listening and acknowledging (De Vos *et al.*, 2011).

The interviews took place in two modes, namely, face-to-face and telephonic. The researcher found the semi-structured interview of more benefit, as the focus was on engaging in a discussion with a purpose, and not to purely to obtain responses to questions. This was helpful in acquiring an understanding of the ECD social workers' experiences and the value they attributed to the experiences. In addition, Collins (1998) concurs that the use of the semi-structured interviews gave both the researcher and the participants more flexibility, to follow up on specific interests, as well as non-verbal behaviour.

Telephonic interviews were found to be more cost effective, especially across other provinces, whereas the face-to-face interviews were found to be more convenient, for the participants in the Western Cape. The Delphi studies, with key informants from the Eastern Cape Province, were not possible, as the researcher was not able to visit this province.

- **Process:** The interviews were based on a semi-structured interview schedule (Appendix G). The interviews were recorded in writing and transcribed by the researcher, in order to guarantee privacy. There were

some challenges experienced during the interview process, such as interruptions, caused by telephone calls that were received and answered during the interview. The continuity of the interview process was also disrupted with people entering the interview room, sporadically. Planning the interviews as semi-structured interviews prevented the researcher from making any leading comments, which was very tempting to do. However, the researcher was able to confine any personal responses to a minimum, during the interview process.

At the conclusion of each semi-structured interview, the researcher provided a synopsis of the significant portions that were enquired about, and requested the participant to verify the crux of their responses.

- **Document Analysis:** The use of documentation overlaps with the information in phase two, step one. Additionally, this overlap highlights the flexibility of IR to suit the needs of the research. These documents added great value to the body of knowledge on social work, and gave momentum to the need for ECD social workers, and more critically, the need for structure in performing the duties of an ECD Social worker in the DSD. The documents used included, sections of Children's Act (2005), Registration of programme guidelines from the DSD, the performance agreement of the social worker in the DSD, as well as the organogram of the DSD Metro North Region (see Appendix K)

#### *5.3.1.5. Analysing concerns or problems identified*

De Vos *et al.* (2011) assert that data analysis begins by referring back to the purpose of the study. A key principle described, is that the depth and intensity of analysis is shaped by the purpose of the study. The data collected embodied the reality of the participants. Making field notes was useful and was promoted. De Vos *et al.* (2011) further encouraged that performing all, or some, of the interview transcription, provided an opportunity for the researcher to engage with the data, an encounter that generally generated growing comprehension about the subject matter. In addition, typing and organising handwritten field notes, presented

another opportunity to connect with the data, during the conversion from exploration to full analysis.

Thematic analysis of data transpired in accordance with the guidelines advocated by Creswell (1998), who advises that responses be recorded, transcribed, coded and interpreted. This led to the revealing and development of themes, as well as categories of meaning, which formed the core of data analysis. In order to ensure trustworthiness of the process, the techniques of reflecting and clarifying with participants were employed. This was reinforced by peer review to monitor meaning and interpretation.

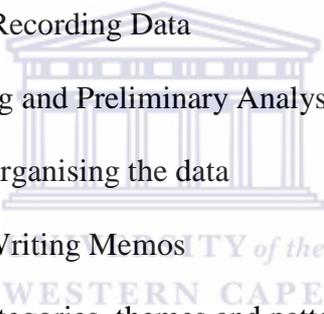
The document analysis involved the analysis of documentation, collected through provincial and regional meetings, legislation, articles, policies, submissions, proposal analyses and previous research, which is a key skill in historical interpretation (Australian National University, 2010). This documentation included a summary, description and an analysis of the motivation, intent and purpose of a document, within a particular historical context (Australian National University, 2010). Key questions, directly linked to the purpose of this study, were the type and category of the record – its unique features, the date, the author, the title of the author, as well as what linked it to ECD and the social worker.

The views and understandings of ECD social workers were explored and illuminated in an understanding and non-threatening setting. This was made possible by the key informants, documentation of meetings, interviews, proposals and policies. Ganyaza-Twalo (2010) concurs with De Vos *et al.* (2011) that the main principle in analysing data, is that the depth and intensity of the analysis is determined by the purpose of the study. In addition, one of the specific objectives of the study was to understand the experiences of ECD social workers.

In this phase, the objective was to formulate the research problem, in order to plan the rest of the study, in line with the first operational step in Intervention Research. For this purpose, a thematic analysis of the material was implemented, to recognise tendencies and repetitions that resurfaced during the interviews. By scrutinising for repetition of certain words and phrases in the text, the researcher

was able to make conclusions about the scholarly surmise of the participants' transcripts. Ganyaza-Twalo (2010) argues that content analysis is, therefore, a practice for making deductions, by impartially and analytically discovering particular descriptions of messages. Content analysis was to the advantage of this research, as it allowed the researcher the opportunity to make sense of patterns and themes that emerged from the data (Babbie & Mouton, 2001). The researcher also had the opportunity to be engaged in the data collection and gained contextual experience and an understanding of the data, as a whole, by accepting personal responsibility for the written recordings of the responses during the interviews (De Vos *et al.*, 2011).

In order to analyse and interpret the collected qualitative data, the proposed steps of De Vos *et al.* (2011) were used as follows:

- 
- Planning and Recording Data
  - Data Collecting and Preliminary Analysis
  - Managing or organising the data
  - Reading and Writing Memos
  - Generating Categories, themes and patterns
  - Coding the data
  - Testing the emergent understandings
  - Searching for alternative explanations
  - Representing visualizing (writing the report)

The themes and sub-themes presented in this research, resulted from vigorous data analysis, using a recognised qualitative analysis technique. Marshall and Rossman (1999, cited in De Vos *et al.*, 2005) argue that all research must respond to the canons that stand as criteria, against which the trustworthiness of the research can be evaluated. The four aspects of trustworthiness are described as truth-value, applicability, consistency and neutrality (Krefting, 1991). Truth-value was obtained from the uncovering of human experiences, as lived and experienced by the DSD social workers and managers. Applicability is the extent

to which the findings can be applied to other contexts and settings, or with other groups, across regions or provinces. Consistency emphasises the uniqueness of the human conditions, so that variation in experience, rather than identical repetition is sought (Krefting, 1991). Neutrality refers to freedom from bias in the research process and results (Krefting, 1991), as well as the degree to which the findings are a purpose, solely of the participants and the conditions of the research, and not of other prejudices, motivations and views. In this regard, the researcher explained the expectations of both the researcher and the participants, with reference to the purpose of the study and what the study aimed to accomplish.

#### *5.3.1.6. Setting goals and objectives*

The data collected in this phase informed the goals, and the first objective of this research, which is “to explore and assess the needs of ECD social workers in the Western Cape DSD”. The researcher was able to organise, manage, and retrieve meaningful data, which was organised through themes and sub-themes (Coffey & Atkinson, 1996, cited in Lewandowski, 2015).

**PHASE ONE – PART TWO:** Information gathering and synthesis is the original second phase of the IR research process. This is the second part of phase 1, as adapted by the researcher from the original phases, introduced by Rothman and Thomas (1994). This phase is better known by Rothman and Thomas (1994) as not re-inventing the wheel and encourages the discovery of further research interventions, similar to the development of guidelines for ECD social workers in the Western Cape DSD. In this regard, international research was useful, while the local research of Midgley (2014) recommended some guidelines for ECD social workers. In addition, the researcher consulted with ECD social workers and managers from two provinces in South Africa, to explore existing guidelines for ECD social workers. Visits were made to local offices in the Metro North Region of the Department of Social Development, where observations, telephonic contact, contact with key informants and interviews shaped the means of the data collection activity with ECD social workers and managers. ECD social workers, at the head office, also formed part of the process. These consultations contributed to the outcome of this phase and the functional elements that could be integrated into the design of the interventions (Rothman & Thomas, 1994). However,

crucial to this phase was determining what others have already done to understand, develop or address the problem. Significant steps in this phase were:

- Using existing information sources
- Studying natural examples
- Identifying functional elements of successful models (Londt, 2004; Rothman & Thomas, 1994).

These steps are discussed below.

#### *5.3.1.7. Using existing information sources*

Historic documents and records, referred to as a “material culture” by Patton (2002), provided a valuable source of information with regards to the progress and process of this project, as well as its viability. The collection of previous documents, allowed the researcher to identify a clear guide, to track matters of relevance for this research enquiry, especially in this problem analysis and project-planning phase. The advantages of documents were that the researcher could access it at a convenient time and, as written research, it saved the researcher the time and expense of transcribing (Creswell, 1998). Some of the documents included, programme registration procedures and performance agreements of social workers. Londt (2004) identified the following crucial questions to be addressed in this phase:

1. What is the discrepancy between the ideal and actual conditions that defines the problem?
2. For whom is the situation a problem?
3. What are the negative consequences of the problem to the community?
4. What behaviours need to change for the problem to be considered solved?
5. At what level should the problem be addressed?
6. Is this a multi-level problem that requires action at a variety of levels?

These questions were useful and were adopted in this phase, to assist the formulation of the problem more clearly, and accurately enhance it from the existing documentary sources and empirical literature on the topic.

#### *5.3.1.8. Studying Natural Examples - Visits*

This stage was operationalized by studying natural examples through visits to various local offices in the Metro North Region of the Western Cape Department of Social Development. The goal of the visits was to identify functional elements of possible successful models. During these site visits, the researcher would deliberately record situations where ECD social workers, managers and key informants reported ECD social work services to be effective, as well as areas they would encourage to be developed. Rothman and Thomas (1994) assert that interviews with people, who had actually experienced the problem, or those with knowledge of it, can provide insights into which interventions might or might not succeed, as well as the variables that may affect success. However, studying unsuccessful examples may help to understand methods and contextual features that may be critical to success.

#### *5.3.1.9. Identifying functional elements of successful models*

Case studies of successful and unsuccessful models, in which participants identified functional elements, were identified and discussed with provincial office staff (social workers). Cases of practices that had been successful and where guidelines were used for social work service delivery were yielding successful results. Some advantages of interviewing the provincial staff, where successful models were shared, were that the researcher had first-hand experience with the informants, and the researcher recorded the information. The disadvantages of this process were that the researcher might have obtained confidential information and could not report on this information, especially in cases where names of social workers or local offices were revealed (Creswell, 1998).

#### *5.3.1.10. Problem formulation*

The results from the thematic content analysis of all the data sources (interviews and documents) were used to formulate and refine the problem to be addressed in the remainder of the study. These findings and problem definitions are reported in Chapter Six.

### 5.3.2. Phase 2: Design

In keeping with the natural flow and merged nature of Intervention Research, the data collected in phase one contributed to the design and development of this second phase. During this phase, qualitative methods of data collection and analysis were employed, with a sample of ECD social workers, principally in the DSD Western Cape Province. Rothman and Thomas (1994) proposed that the programme should be developed from information derived from the data analysis, as well as from the results of the literature study and existing programmes. The development of the proposed guidelines from the data analysis was incorporated throughout the phases of the research. For this purpose, the guidelines, as proposed by De Vos *et al.* (2005), formed the basis to observe measures related to the manner in which ECD social workers perform their duties. This implementation structure consists of the developing three operational parts:

- Definitions in operational terms of the behaviours or products associated with the problem;
- The provision of examples and non-examples of the behaviours or products to help discriminate occurrences of the behaviour or product; and
- The preparation of scoring instructions to guide the recording of desired behaviours or products (De Vos *et al.*, 2005).

Fundamental in this phase is the design and development aspect, which includes designing an observational system, and specifying procedural elements of the intervention. Development is not only defined as the process or the act of developing (Dictionaries, 2001), but a process, whereby a novel intervention is implemented and used. The research conducted in this phase, therefore, aimed to design and develop guidelines for ECD social workers in the DSD, to be used as a structure for enhanced service delivery to children. An exposition is given of the means, employed to collect and analyse the data in this phase.

#### 5.3.2.1. Interviews

Interviews are deemed suitable methods of data collection that bring several benefits to the research, as was indicated earlier in the report. The interviews took place in two ways, which was face-to-face and telephonic contact with the participants. The advantage of an interview is that the focus is on having a

conversation with a purpose, and not just obtaining answers to questions. These interviews assisted the researcher to gain an understanding of the experiences of ECD social workers, as well as the meaning they attach to their experiences. Individual face-to-face interviews were conducted with 20 ECD social workers, employed at the seven (7) local offices of the Metro North Region of the DSD and the provincial office. These social workers were purposefully selected because of their expertise in the field of ECD social work.

#### *5.3.2.2. Delphi Study*

This technique was primarily designed by Dalkey and Helmer at the Rand Corporation during the 1950s. It was based on the idea that “two heads are better than one...” (Dalkey, 1972, cited in Hsu & Sandford, 2007). Various researchers indicated that this technique is “designed as a group communication process that aims to conduct detailed examinations and discussions of a specific issue for the purpose of goal setting, policy investigations, or predicting the occurrence of future events” (Ulschack, 1983; Turnoff & Hiltz, 1996; Ludwig, 1997; all cited in Hsu & Sandford, 2007). It is purported by the authors that surveys are used to establish “what is” as compared to the Delphi technique, which tries to focus on “what could or should be”. Delbecq, Van de Ven and Gustafson (1975, cited in Hsu & Sandford, 2007) explicitly show that the Delphi technique can be employed to achieve the following objectives:

1. To determine or develop a range of possible programme alternatives;
2. To explore or expose underlying assumptions or information leading to different judgments;
3. To seek out information, which may generate a consensus on the part of the respondent group?
4. To correlate informed judgments on a topic spanning a wide range of disciplines, and;
5. To educate the respondent group on the diverse and interrelated aspects of the topic.

The Delphi technique is appropriate as a way to reach unanimity, by the process of administering a series of questionnaires, for the express purpose of data

collection, from a panel of selected participants (Dalkey & Helmer, 1963; Dalkey, 1969; Linstone & Turoff, 1975; Lindeman, 1981; Martino, 1983; Young & Jamieson, 2001; all cited in Hsu & Sandford, 2007). Delphi, in contrast to other data gathering and analysis techniques, employs duplications intended to foster an agreement of opinion about a specific subject.

### *5.3.2.3. Participant Selection: Delphi Study*

The selection of suitable participants for a Delphi study is the most important phase in the method, since it directly correlates to the value of the outcomes produced (Judd, 1972; Taylor & Judd, 1989; Jacobs, 1996; all cited in Hsu & Sandford, 2007). This technique relies on obtaining the opinions of experts in a short space of time, and the selection of participants is usually dependent on their professional areas of expertise, required by the specific subject.

There are no set standards of choosing Delphi participants. No rigorous criteria are currently listed in literature regarding the selection of Delphi participants, meaning that “throughout the Delphi literature, the definition of [Delphi subjects] has remained ambiguous” (Kaplan, 1971, p. 24, cited in Hsu & Sandford, 2007). However, there are guidelines that may be used, when selecting Delphi participants. Individuals are deemed qualified to participate in a Delphi study, if they have, to some extent, interrelated trainings and familiarities about the subject being researched, are competent in providing beneficial contributions, and are willing to review their initial or previous discernments for the rationale of attaining consensus (Pill, 1971; Oh, 1974; both cited in Hsu & Sandford, 2007).

Considering the necessity to select the most qualified individuals, Delbecq, Van de Ven and Gustafson (1975, p. 85, cited in Hsu & Sandford, 2007) specifically state that three groups of people are well qualified to be subjects of a Delphi study:

1. The top management decision makers, who will utilise the outcomes of the Delphi study;
2. The professional staff members, together with their support teams; and

3. The respondents to the Delphi questionnaire, whose judgments are being sought.

They, therefore, should be individuals, who are crucial participants with numerous interests relating to the research subject. In this study, social work is the professional area of expertise and the specific subject of Early Childhood Development. The researcher identified specific social workers, who had two years' experience (and more) in the Early Childhood Development field.

The appropriate number of participants to be involved in a Delphi study, according to Delbecq *et al.* (1975; p. 85, cited in Hsu & Sandford, 2007) is the “minimally sufficient number of subjects”. Ludwig (1994, cited in Hsu & Sandford, 2007) indicated that the number of experts used in a Delphi study is “generally determined by the number required to constitute a representative pooling of judgments, and the information processing capability of the research team”. However, what constitutes an optimal number of subjects in a Delphi study, never reaches a consensus in the literature. Ludwig (1997, cited in Hsu & Sandford, 2007) documents that “the majority of Delphi studies have used between 15 and 20 respondents”. In sum, the number of Delphi subjects is variable (Delbecq *et al.*, 1975, cited in Hsu & Sandford, 2007). If the sample size of a Delphi study is too small, the subjects may not be considered as having provided a representative pooling of judgments, regarding the target issue. If the sample size is too large, the drawbacks inherent in the Delphi technique, such as potentially low response rates and the obligation of large blocks of time by the respondents and the researcher(s), could be the result.

In this study, the researcher identified 20 participants for the Delphi study. This number appears to be in line with the recommendations of the expert authors, regarding the number of participants (Delbecq *et al.*, 1975; Ludwig, 1997; both cited in Hsu & Sandford, 2007).

It is reported in the literature that this technique can be time-consuming, especially if the instrument being used is large in content (Delbecq *et al.*, 1975, cited in Hsu & Sandford, 2007). The participants will then be required to spend a

lot of time to complete the instrument. Various authors recommend that a researcher should utilise, approximately, 45 days for the meting out of a Delphi study (Delbecq *et al.* (1975); Ulschak (1983); and Ludwig, (1994); all cited in Hsu & Sandford, 2007). Delbecq *et al.* (1975, cited in Hsu & Sandford, 2007), subsequently, advised that two weeks is an acceptable time frame for participants to respond to each round.

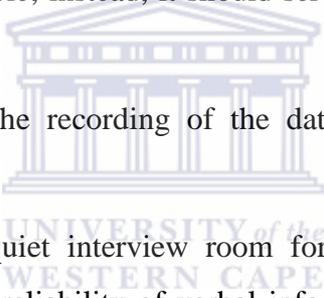
Regarding the analysing of the data obtained, the literature has various opinions. Hsu and Sandford (2007) assert “decision rules must be established to assemble and organise the judgments and insights provided by Delphi subjects”. These authors add “the kind and type of criteria to use to both define and determine consensus in a Delphi study is subject to interpretation. Basically, consensus on a topic can be decided if a certain percentage of the votes falls within a prescribed range”. One criterion recommends that consensus is achieved by having 80 per cent of the subjects’ votes fall within two categories on a seven-point scale (Ulschak, 1983, cited in Hsu & Sandford, 2007). Green (1982, cited in Hsu & Sandford, 2007) suggests that at least 70 per cent of the Delphi subjects need to rate three or higher on a four point, Likert-type scale, and the median has to be at 3.25 or higher. Hsu and Sandford (2007) reveal that the use of percentage measures is inadequate. They propose that a more trustworthy substitute is to measure the constancy of participants’ responses in follow up sessions.

#### *5.3.2.4. Data Analysis: Delphi Study*

The data analysis method employed during phase one was also applied for phase two because the method applied was most suitable for this research study, as it is systematic and thematic (De Vos *et al.*, 2011). The qualitative data retrieved were carefully analysed, organised, stored and processed, after which thematic content analysis underscored vast range key themes of the data collected. Qualitative research relies on the production of informative data to grasp the meaning of the experience or phenomenon being researched. This study accumulated vast amounts of data from various sources, such as telephonic interviews and semi-structured interviews, which posed a great challenge in analysing this data. Patton (2002, cited in De Vos *et al.*, 2005) argues that data analysis begins with the recording of ideas to make sense of the data that emerge, while still in the field,

which forms part of the record of field notes. Therefore, the recording and tracking of systematic perceptions that occur during data collection are part of fieldwork and the beginning of qualitative analysis. De Vos *et al.* (2011) describe data analysis as the process of bringing order, structure and meaning to the bulk of collected data. In this current study, the researcher transcribed all the interviews, personally.

De Vos *et al.* (2005) stressed that the crucial principle in analysing qualitative data is that the depth and intensity of analysis' is regulated by the purpose of the study, as one of the objectives of the study was to understand the experiences of ECD social workers, as well as how the absence of guidelines affected them. The analysis of this research was guided by Creswell's (1998) analytic spiral. However, De Vos *et al.* (2005) warned that these steps often overlap, and should not be seen as inflexible; instead, it should serve as a guide. This research made use of steps, such as:

- 
- Planning for the recording of the data, by arranging to have enough writing paper;
  - Arranging a quiet interview room for the recording of data, thereby, enhancing the reliability of verbal information, emotions and non-verbal communication, including body language.

Conceptual analysis, also referred to as thematic analysis, was employed for the analysis of the data. The researcher used thematic analysis to identify trends and patterns that reappear in the documents and interviews. The themes and sub-themes presented in this section, is the product of a laborious data analysis method, utilising recognised qualitative data analysis techniques, such as organising and managing data in preparation for these categories, themes and sub-themes. This systematic examination of the data was used, not only to identify patterns and salient themes, but included the search for reoccurring ideas and biases. Member checking assisted the evolving understanding of the data and in providing alternative explanations. Further examinations of policies and related documents were analysed to search for a connection to the research study, as well as to recognise patterns and variations that emerged. The participants' responses

to the telephonic interviews and the face-to-face interviews were coded and analysed with the research questions and literature providing the broad framework for the first-level analysis. Deeper analysis focused on emerging patterns and themes, within the broader categories that had been categorised, previously.

Data analysis, in a Delphi study, may involve both qualitative and quantitative data. When classic Delphi studies are conducted in the first session, researchers must work with qualitative data, which uses open-ended questions to obtain the views of the participants. It is anticipated that subsequent sessions would achieve the desired agreement. The principal data used in Delphi studies are measures of central tendency (means, median, and mode) and levels of dispersion (standard deviation and inter-quartile range) in order to present information concerning the collective judgments of respondents (Hasson, Keeney & McKenna, 2000, cited in Hsu & Sandford, 2007). Generally, the use of median and mode are favoured; however, in some cases, as revealed by Murray and Lopez (1997, cited in Hsu & Sandford, 2007), the mean is also feasible. Witkin (1984, cited in Hsu & Sandford, 2007) questions the aptness of using the mean to gauge the participants' replies, if scales used in Delphi studies are not presented at equal intervals. In the literature, the use of median score, based on a Likert-type scale, is strongly favoured (Hill & Fowles, 1975; Eckman, 1983; Jacobs, 1996; all cited in Hsu & Sandford, 2007). Jacobs (1996, p. 57, cited in Hsu & Sandford, 2007) states that "considering the anticipated consensus of opinion and the skewed expectation of responses, as they were compiled, the median would inherently appear best suited to reflect the resultant convergence of opinion". The use of mode is also suitable when reporting data in the Delphi process. Ludwig (1994, p. 57, cited in Hsu & Sandford, 2007) asserts that "the Delphi process has a tendency to create convergence, and though this was usually to a single point, there was the possibility of polarization or clustering of the results around two or more points. In these instances, the mean or median could be misleading".

#### *5.3.2.5. Data Verification of all data collected*

Significant to this data verification process was ensuring the trustworthiness and credibility of the collected data. This research was guided by the use of

validations suggested by (Creswell, 1998), where this aim was achieved through different procedures:

- The recording of interviews in writing into wording for analysis to take place; and
- Member checks – the findings were presented to the participants for validation and checking of the correct interpretation of data in reporting.

The above-mentioned activities enhanced the researcher's ability to deal constructively and objectivity with the issues of trustworthiness.

### 5.3.3. Phase 3: Early Development and Pilot Testing

This section will focus on the third phase of the research, namely, early development and pilot testing. As mentioned earlier this phase in the present study, is phase 4 in the original model for Intervention Research. This section of the methodology chapter will report on the processes, as operational steps in this phase of the present study.

#### 5.3.3.1. *Development and Piloting*

The early development of the draft guidelines, as a prototype, obligated the researcher to name the noteworthy results from the preceding phase and ensure that the resulting recommendations are aligned to and addressed the problem, which was suggested by the process of identification and theoretical substantiation. During this phase, the researcher also relied on insightful field notes, as well as experience as an ECD social worker, to facilitate in the development of the draft guidelines.

Rothman and Thomas (1994) identify the following operational steps as key to this phase:

- Developing a prototype or preliminary intervention;
- Conducting a pilot test; and
- Applying design criteria to the preliminary intervention concept.

These operational steps were to be enlightened by the previous phases, as indicated earlier, where the general output of the information synthesis process

was the development of guidelines, which were then assessed for implementation value. In keeping with the aforementioned process, the researcher developed the guidelines in an iterative process – “a process of arriving at a decision or a desired result by repeating rounds of analyses” (Kemp, 2014), and refined by way of an evaluative process.

#### *5.3.3.2. Conducting a pilot test*

The first draft of the guidelines was tested for viability with the group of ECD social workers that took part in the face-to-face semi-structured interviews. The draft guidelines were presented to the group of expert ECD social workers to evaluate. It was required by the group of social workers to express their opinions regarding the content of the draft guidelines, as well as on the implementation usefulness. The principles of a Delphi study were applied. Their identification of the challenges experienced by ECD social workers and involvement in the problem formulation phase enhanced their ability to function as assessors of the draft guidelines.

#### *5.3.3.3. Applying design criteria to the preliminary intervention concept*

The Delphi study was the method utilised to obtain feedback from the participants, who were selected to verify and validate the iterative process. This also heightened the degree of association and resemblance between the phases of the study, and fostered the degree to which the study adhered to the convention of intervention research theorised by Rothman and Thomas (1994). By applying the design criteria to the preliminary intervention model, this group was able to discover areas of development and contribute to shaping ideas unearthed in the research process, towards refining the guidelines for ECD social workers. Consequently, the opportunity for the researcher to test and challenge her own conjectures and predetermined notions, regarding guidelines for ECD social workers, was created by this phase of the research. The evaluation of the proposed guidelines offered an opportunity to the participants to specify proposals for the refinement, agreed upon through a collective method that was in line with the theoretical framework of the study.

The refinement process was concluded and the recommendations that were useful were used to adapt the proposed guidelines for ECD social workers in the DSD. The proposed guidelines for ECD social workers was not field tested, as this did not form part of the scope of this research study. It is the intention to make the final report on the study available to DSD Provincial Office, the Metro North Regional office and the participants. Proposals would be clearly expressed, as to how the outcomes of this research study, could enhance the services delivery of ECD social workers to children in the Western Cape Province.

#### **5.4. Summary**

This chapter provided an overview of the methodological elements employed in the study. The study adopted a modified Intervention Research approach. Rothman and Thomas (1994) emphasised that the phases in IR have a natural flow, but a rider that is made for adaptability and movement between the operational steps, was utilised by the researcher. The study drew on this swiftness, which was used as an opportune operating benefit. The data sources in the functioning steps taken to accomplish the goal of this research study. This chapter also provided information on the methodology of the data collection and analysis processes. The findings in each of the modified phases will be elaborated on in the next chapter.

## CHAPTER SIX

### ANALYSIS OF FINDINGS

#### 6.1. Introduction

This chapter presents the findings aligned to the objectives of this study, described as the needs of, and the development of guidelines for, social workers in the ECD field. These needs are transformed into challenges (experienced by ECD social workers), which highlight what the value of guidelines could be, and what should be included in the guidelines. The participants identified challenges, such as safety issues, lack of resources (access to vehicles, lack of support and guidance from supervisors, who are not fully trained or aware of the field of Early Childhood Development), as well as the gaps in the Children's Act (2005) that hampered their work and responsibilities. The concept of Early Childhood Development services in the public service is not given the recognition it deserves. According to some social workers, their supervisors had expressed that ECD was not a task of social workers, and that more important social work matters needed attention.

The chapter will provide an account of the responses from participants, as well as how these responses could contribute to the development of guidelines. These responses were analysed, in terms of the writings of Creswell (1998). The main themes that emerged from the unstructured interviews with social workers in the DSD, working in the ECD field, were extracted due a reoccurrence and significance. These themes are listed in this chapter for each objective, aligned with the different phases of the research methodology and analysed accordingly.

#### 6.2. Findings and analysis of objective 1

Part one (1) of Phase One (1) of the Intervention Research (IR) Model, as adapted by the researcher, for the implementation of this study, was to analyse the problem and gather information. The methods used to implement this phase were the analysing of documents, the literature review and conducting semi-structured interviews with social workers. This phase was aligned to Objective One (1) of the research study, which was, to explore and assess the needs of ECD social workers in the DSD. The twenty-five (25) participants, of which, only

two (2) were male participants, responded to the challenges faced by themselves, as well as the ECD assistants in the ECD field, by reporting on a number of challenges experienced by this cadre of staff. The document analysis and the literature review yielded further information, which revealed significant findings that will be tabled together with the interview findings. The following table reveals the themes identified by the researcher from Phase one (1):

**Table 1: Themes identified from Phase 1 – Part 1**

PHASES IN INTERVENTION RESEARCH	OBJECTIVE OF THE STUDY	MAIN THEMES
<p><b>Phase One: Part One</b> Problem analysis</p>	<p><b>Objective One:</b> To explore and assess the needs of ECD social workers in the DSD</p>	<p><b>From Literature:</b> Social work is a scarce skill Gaps in Children's Act Lack of resources Need for social workers Poor working conditions of social workers ECD is marginalised ECD provisioning not up to standard</p> <p><b>From Interviews:</b> Safety issues Lack of resources Simplification of legislation Lack of supervision</p>

The thematic analysis of the unstructured interviews extracted four (4) themes, as displayed in the table above. The next section of this report will discuss the themes that emerged in more detail.

### 6.2.1. Safety Issues

Social workers are constantly exposed to certain factors, such as violence and crime that negatively affect their performance. The community environment, in which this study was conducted, is crime ridden as the Western Cape Province has a high crime rate (Crime Stats SA - Crime Stats Simplified, n.d.). Social workers are unable to go out and perform site visits as often as they should, because of gang violence in places like Bonteheuwel, Elsiesriver and Atlantis (Crime Stats SA - Crime Stats Simplified, n.d.).

The ECD assistants are the eyes and the ears of the social worker and are paid a stipend by the Department of Public Works for a two-year contract. However, most of them do not stay the entire two years, as they secure employment that is more lucrative and leave the programme. It is, therefore, important for staff to know their communities, their stakeholders, such as the police and ward councillors, who can inform them when circumstances in the areas are unsafe for them to enter. The safety of the social workers and that of the ECD assistants are of paramount importance, as they have families to support. There is the expectation that the work must be done, but whether this expectation is fair, at the cost of people's lives, remains an enigma.

### 6.2.2. Lack of resources

The lack of resources was a huge challenge for most of the participants. They reported a lack of transport, lack of office space and lack of training. One of the participants responded, "...resources, like transport was insufficient in her office, as well as no seating for assistants. The open plan manner of working was challenging as interview rooms are occupied by other departments most of the time...". Another participant reported, "...resources are an issue as I am sharing a laptop with other staff, there is a shortage of printing paper, and cars are a scarce resource in my office".

Transport is required for social workers to go into the community to perform site visits at ECD centres, in order to assess their services, programmes and physical structures. Social workers are expected to share two (2) or three (3) cars among 6 to 8 social workers and, often, the need is just not met. ECD assistants are expected to be the foot soldiers in the field and travel on foot from door to door, to do inspections and report to the social worker. The areas are vast and the centres are not close together, which poses a challenge for ECD assistants to visit more than two (2) or three (3) centres per day. These site visits, again, highlight the safety aspect of officials and play a role in the execution of their job functions.

The participants reported that they felt isolated, as there was a lack of recognition for their work. They indicated that other social workers were not interested in the work of the ECD social worker and that it was disregarded. One participant reported, "...other social workers are not interested in anything that the ECD social worker is doing". To substantiate the lack of resources, the following was a response from another

participant. “Edgemead and Bothasig are far, and going out one day a week, is not enough to see the amount of people, I should be seeing...there is a lack of passion from the manager for ECD...not working in isolation and ECD is disregarded by management”. It was reported by the participants that a lack of knowledge and insight into their work, as ECD social workers, made it difficult for others to understand their challenges.

They (participants) also reported that ECD assistants had a lack of social skills, such as interviewing skills and people skills. One of the participants said, “...assistants lack social skills, as they cannot have a conversation, since their vocabulary is so limited”. Social workers are expected to train the assistants; however, they do not have the time. In addition, the quick staff turnover of assistants results in social workers having to train new staff every few months.

According to the participants, their supervisors had a lack of knowledge in this field and they (participants) often did not receive adequate supervision. They reported that the knowledge that supervisors possessed, was fragmented. Additionally, a lack of skilled people involved in training was reported. The social workers further reported that the registration of a facility was a tedious process that was very complicated for the facility managers to understand, as they were mostly ordinary community members.

### 6.2.3. Simplification of legislation

In the current Children’s Act (2005), the participants identified multiple gaps (interpretation and application) that contributed to challenges for social workers. The complex nature of all legislative requirements posed a big challenge for social workers, while facilitating the registration of additional facilities. The requirements for registration, as stated in the Children’s Act (2005), include the qualifications of the principal or manager, the constitution of the board of the facility, a business plan, copies of the building plans of the facility, an emergency plan, as well the clearance certificates of all staff members. These documents are not familiar to ordinary community members, and social workers are required to explain each document and provide examples to some clients for clarity purposes.

The mushrooming of ECD facilities at alarming rates was identified as a challenge. Social workers reported that they could not keep track of all the new facilities that are established, virtually overnight, in their areas of service delivery. These facilities do not adhere to the rules and register with the DSD; therefore, their existence is unknown, which puts children at risk. These unknown facilities compounds the number of ECD facilities that have to be serviced by the social worker, resulting in increased caseloads.

Linked to the increase of facilities, social workers reported that the reason behind this phenomenon is that operating an ECD facility is used as an entrepreneurial opportunity by some community members. Social workers indicated that facilities are established for the sole purpose of profit (making money). One of the participants commented, "...communities sees partial care as a money making opportunity and not necessarily a developmental programme". Social workers indicated that they struggle to convince these entities to register with the relevant authorities. Therefore, the participants were asked whether they believed that guidelines for ECD social workers could assist in making their work easier, to encourage (or coerce) facilities to meet the requirements for registration. All the participants agreed that it would be helpful to have guidelines for various reasons, such as:

- It can capacitate social workers by providing knowledge that is co-ordinated;
- It can give guidance to experienced and inexperienced social workers;
- It can assist with the matter of inadequate supervision of social workers;
- It can be used as a medium for supervision as a figurative supervisor;
- It can also be consulted in the absence of the supervisor;
- It can become a source of knowledge; and
- It can lead to uniformity in the field and in the application of the knowledge.

Social workers are of the opinion that knowledge about ECD work in the DSD is fragmented and the dissemination of knowledge is uncoordinated. They reported that information sessions were provided about the registration of ECD programmes and follow up sessions were promised, but a year later, nothing have been provided by the DSD. In the meantime, the facilities were approaching social workers for assistance with the registration of their programmes, as it is mandated by the Children's Act

(2005). If there were guidelines with systematic instructions on how to go about registering an ECD programme, the social workers could have consulted this document as a guide, to assist the clients effectively and efficiently.

Senior social workers indicated that although they were experienced in the field of ECD work, they still needed support and guidance. One senior social worker reported that guidelines would be useful to her, as the legislation have changed, registration requirements have changed and the municipal bi-laws have changed, of which she was not aware. Guidelines, especially electronic guidelines, could easily be adapted to highlight these changes. The usefulness of a guiding document, for both experienced and inexperienced social workers, in the field of ECD, is invaluable, as it assists in service delivery, effectively and efficiently.

#### 6.2.4. Lack of supervision

The concern of a lack of or inadequate supervision has been highlighted by both senior social workers and those with only a few years' experience. Some participants reported that their supervisors disregarded the field of ECD and did not encourage them (participants) to approach them (supervisors) for supervision. Others reported that the supervisors were keen to supervise their work, but indicated that they did not possess the knowledge to give the appropriate guidance. However, there were at least a few participants, who reported that their supervisors were knowledgeable about the field of ECD and provided adequate guidance during supervision and consultations. Unfortunately, these participants were in the minority.

Supervision in social work is mandatory. No social worker in private practice, non-governmental organisations or public sector can practice without supervision from a senior social worker, which is entrenched in the code of ethics for social service professionals. Social Service Professions Act (110 of 1978) clearly stipulates, "...a social worker may only be supervised on social work matters by another competent and registered social worker..." The SACSSP provided all DSD provincial offices with the framework for supervision, to implement effective supervision. Although the framework for supervision does not provide information on different fields of social work, it does give clear guidelines on how to supervise effectively, and how often supervision is required by different levels of experienced social workers. If supervisors

had knowledge of the ECD social work field, which the proposed guidelines could supply, supervision would be more meaningful and helpful to ECD social workers. Knowledge is imperative for supervisors, who have the role of guiding and supporting social workers in their work. The proposed guidelines could be utilised to increase their knowledge in this field, thereby enabling them to be a more effective supervisors.

Linked to the lack of or inadequate supervision, social workers indicated that guidelines could be useful in the absence of a supervisor, implying that the guidelines could be useful as a source of knowledge. The guidelines could serve as a medium for supervision and could be useful as a figurative supervisor, as well as a source for guidance. Social workers could consult the guidelines, when they are seeking assistance with a particular procedural matter, or when the supervisor is not readily available.

Having guidelines could also lead to uniformity in the application of knowledge in the field of ECD social work. Social workers reported that uniformity is needed in the field of ECD social work, as services are fragmented, currently. Each social worker from different local offices has his/her own way of working, whether it is correct or not. A uniformed way of rendering ECD social work services could lead to an increase in registered facilities and programmes, leading to an increase in targets. This has a further consequence, as more young children could access funding to be protected. Funding, which is much needed in marginalised communities, could provide a better quality of education, nutrition and overall services.

It has been established, from the above responses of the social workers that the availability of guidelines in their work could be a useful tool in the acquisition of knowledge, aiding supervision, acting as a figurative supervisor, guiding both experienced and inexperienced social workers and could lead to the uniform application of knowledge. All this could result in quality services and better child protection services.

### **6.3. Findings and analysis of objective 2**

This section describes the second part of the adapted IR model for the purposes of this study. Part two (2) of Phase one (1) of the adapted IR model for this study was the gathering of

information from key informants. This part of Phase one (1) is aligned to objective two of the study, which was to assess the current methods of service delivery by ECD social workers. They were asked about their experience as a social worker in the private and public sector. The participants were also asked about their experiences in their current posts – Did they know what was expected of them in their post? – Did they receive training to perform their expected tasks? – Who monitored their work? – Who was responsible to ensure that the implementation of legislative prescripts were adhered to? Seven (7) main themes emerged from this phase, which is summarised in Table 2, and will be used to develop the guidelines for social workers.

**Table 2: Themes identified from Phase 1 – Part 2**

PHASES IN INTERVENTION RESEARCH	OBJECTIVE OF THE STUDY	MAIN THEMES
<p><b>Phase One: Part Two:</b> Information gathering</p>	<p><b>Objective Two:</b> To assess the current methods of service delivery by ECD social workers</p> <p><b>Questions posed to address this objective:</b> They were asked about their experience as a social worker in the private and public sector. They were asked about their experiences in their current posts – Did they know what was expected of them? Did they receive training to perform the expected tasks, Who monitored their work? Who was responsible to ensure that the implementation of legislative prescripts was adhered to?</p>	<p><b>From Interviews:</b> Vast experiences Dual responsibilities Aware of job expectations No guidelines Lack of training Little or lack of supervision Aware of legislative mandate</p>

The themes will be described in detail as received from the participants in the research study.

### 6.3.1. Vast experiences and Dual responsibilities

The majority of the participants reported on having had private sector experience as a social worker and performing generic social work tasks, such as intake and foster care supervision services. They also reported a vast range of years of experience, ranging from four years to 27 years of service. However, it must be noted that most of the

participants did not serve longer than two years in the private sector, while in the public sector, most of the participants reported doing welfare planning services, which involved the monitoring of funded non-governmental organisations.

The participants reported that after 2011, ECD became an integral part of their work, as the new Children's Act (2005) was promulgated. The participants reported that they are performing ECD social work tasks, as well as other responsibilities, such as foster care supervision services, and older persons and disability programme responsibilities. The ECD caseloads ranged from 60 to 200 facilities per social worker. Some participants reported that they were given targets that had to be met within a specified time-period and their performance was to be measured according to whether they did meet these targets or not. One participant indicated that she had no job satisfaction as an ECD social worker, as she felt she had too much work, with little support and guidance. She responded as follows to make her point, "I feel limited to do what I need to do, as I work in a low socio-economic area, where ECD facilities find it difficult to comply with registration requirements...I can only do so much...here it is meeting deadlines and targets, there is no job satisfaction for me anymore".

### 6.3.2. Aware of job expectations and No guidelines

The participants were asked if they knew what was expected of them as social workers in the ECD field. The majority of the participants responded that they knew what was expected of them, as the Children's Act (2005), as well as the norms and standards for partial care facilities and programmes, guided them. One participant indicated that her supervisor informed her of her responsibilities, which were linked to her performance agreement and job description.

A few participants reported that they did not know what was expected from them. They indicated that they had to train themselves, in the absence of clear guidelines on their roles and responsibilities. They reported that they also made use of a standard operating procedure manual, which was designed for ECD facility owners, as a systematic guide to become registered. They used this manual as a guide and relied on peer, verbal guidance and support. They reported that in-service training was given on an ad hoc basis. One participant indicated that she knew what was expected from her, regarding

the registration of facilities and programmes, but had no knowledge of funding expectations and monitoring of funded facilities.

### 6.3.3. Lack of training

The participants were asked what training they received to perform the tasks that were expected of them. Some participants reported that there was no specific training programme for social workers entering the specialised field of ECD work. They also indicated that there was no formal training available for this field of work within the DSD, Western Cape. The participants reported that they received training, on an informal level, at quarterly engagements held by the Provincial office. At these engagements, they would receive capacity-building sessions, in order to keep abreast with legislative prescripts, and their rate of registration of facilities would be monitored in relation to the set targets. Some participants indicated that the Children's Act (2005) is a guide, but that social workers needed training to understand the implementation of the Act. One senior participants reported that there were manuals for all welfare planning tasks in the late 1980s and early 1990s; however, these were phased out as new legislation were being introduced all the time post-1994. Some participants reported that they mostly trained themselves, while others indicated that they asked for peer training and guidance.

### 6.3.4. Little or lack of supervision

Participants were asked to respond to a question about who was responsible to monitor their work. Most participants indicated that their direct supervisors were responsible for the monitoring of their work. One participant reported that she had no need for her supervisor to monitor her work, as she had more years of experience than her supervisor did. Another participant reported that her supervisor monitored her work, but the supervisor lacked the knowledge of ECD work. Yet another participant, only consulted with the supervisor, when necessary. One social worker reported that no supervision or monitoring was performed by her supervisor and that she worked directly with the regional office co-ordinator, who offered her guidance. Two social workers reported that their supervisor had knowledge of ECD work, and that they received adequate guidance and support from the supervisor, who monitored their work. These two social workers worked in different local offices and had different supervisors.

### 6.3.5. Aware of legislative mandate

The participants were asked to respond to, who was responsible for ensuring the adherence to the implementation of legislative prescripts. Most of the participants reported that the ECD social worker was responsible to ensure that facilities adhered to the legislative prescripts. One social worker indicated that she created her own key performance area in her performance agreement, about ensuring the implementation of legislative prescripts. She also indicated that this was important to keep abreast of changes and stakeholder engagements. One social worker reported that the social worker was responsible on the local level, the regional co-ordinator was responsible on a regional level and, on a Provincial level, the director of ECD services was responsible. The next section will discuss the findings and analysis of phase two, which is aligned to objective three of the research study.

## 6.4. Findings and analysis of objective 3

Phase two (2) of the methodology used by the researcher, was the design and development of the adapted Intervention Research model, and is aligned to objective three (3) of this study, which was to develop guidelines for ECD social workers, after analysing the data collected. In order for the researcher to develop guidelines, questions were posed to the participants about, what information they deemed important to be included in the guidelines for social workers, working in the ECD field. Table 3 depicts the sixteen (16) emerging themes for this phase of the methodology. The emerging themes from this phase are further discussed in more detail.

### 6.4.1. Simplification of all legislative requirements

The simplification of all legislative requirements was a very common response from social workers. They indicated that they are expected to have knowledge of different legislative prescripts, such as the Children's Act (2005), the minimum norms and standards for partial care facilities, the minimum norms and standards of partial care facility programmes, as well as the regulations of the Children's Act (2005), which is part of the Act, but required emphasis. In addition, they are expected to have knowledge of the Non Profit Organisations Act, Public Finance Management Act, Labour Relations Act, Consumer Protection Act and the bi-laws pertaining to the City of Cape Town Municipalities.

**Table 3: Themes identified from Phase 2**

PHASES IN INTERVENTION RESEARCH	OBJECTIVE OF STUDY	MAIN THEMES
<p><b>Phase Two</b></p> <p>Design</p>	<p><b>Objective Three:</b></p> <p>To develop guidelines for ECD social workers.</p>	<p><b>From Interviews:</b></p> <ul style="list-style-type: none"> <li>Simplification of all legislative requirement</li> <li>Knowledge of all relevant stakeholders</li> <li>Procedural steps</li> <li>Norms and standards</li> <li>Roles &amp; responsibilities of the social worker</li> <li>Tips for best practice models</li> <li>Fit for purpose social workers</li> <li>Monitoring of all facilities (registered or not)</li> <li>Highlight the needs of disabled children</li> <li>Municipal bi-laws</li> <li>Training required</li> <li>Link to early intervention and prevention services for children and families</li> <li>Managing of databases</li> <li>Conducting investigations of complaints</li> <li>Governance training</li> <li>Provision of capacity building for facilities</li> </ul>

The social workers were of the opinion that a summary of all the aforementioned legislation, particularly, the sections that are relevant to their work, could be included in the proposed guidelines. This will assist them in informing facilities of the legal implications of operating an ECD and that it involves other departments, as well as municipalities. This summary of all legislation could also be included in a registration package for clients, as a source of information.

#### 6.4.2. Knowledge of all relevant stakeholders

Furthermore, knowledge of service delivery areas, such the municipal boundaries, ward councillors and all relevant stakeholders, was deemed as important information to be included in the proposed guidelines. The social workers reasoned that this information was necessary to navigate their safe movement in the areas of operation. It was

important to know the municipal boundaries, as the DSD area boundaries differed from municipal and magisterial boundaries. This would enable social workers to know who the relevant environmental health officials and fire inspectors are (for specific areas), to whom the clients could effectively be referred.

Ward councillors are useful resources in the area of operation, according to the social workers. Ward councillors assist clients, who are referred to them for assistance, in obtaining municipal requirements for registration purposes. Ward councillors have access to resources and can influence decisions at very high levels of municipal and government sectors. They can also assist in arranging stakeholder meetings, where all parties involved with ECD services rendering gather, to disseminate information that is relevant and beneficial to all.

#### 6.4.3. Procedural steps

Social workers reported that the guidelines must contain procedural steps for each function that is assigned to them. They indicated that a systematic guideline is what is required, in order for them to know exactly what to do, as well as when and how to perform their daily social work responsibilities. They felt that these steps could be, especially, useful to social workers entering the ECD field. They also felt that this could be helpful to supervisors, who do not have the time to train new social workers. The proposed guidelines could be part of the in-service training or induction of social workers.

#### 6.4.4. Norms and standards

The social workers suggested that the minimum norms and standards for partial care facilities and programmes are important and should be attached to, or included in, the proposed guidelines. The inclusion of these documents will allow social workers and ECD assistants to be knowledgeable about how to assess, when they are visiting facilities for assessment purposes. The minimum norms and standards refer to basic issues of health, safety, hygiene and developmentally appropriate programmes that must be in place, for a facility to register with the DSD, and are the bare minimum requirements that must be in place for a facility to operate as an ECD facility.

#### 6.4.5. Roles and responsibilities of the social worker

Social workers interviewed in this study felt that their roles and responsibilities should be clearly set out in the proposed guideline. This should be aligned with the ECD social worker's key performance areas and measurable outputs, as set out in their performance agreements.

#### 6.4.6. Tips for best practice models

Social workers indicated that they would like to see clear guidelines for best practice examples, included in a proposed guideline. They felt that they were working in isolation and were unaware of what other ECD social workers were doing to achieve best practise outcomes. They wanted to know how other ECD social workers were working smarter, to learn from them, perhaps, through the proposed guidelines.

#### 6.4.7. Fit for purpose social workers

It was reported by some of the participants that an ECD social worker should possess certain qualities, which make them fit for purpose. These special qualities should be stipulated in the proposed guidelines. Some of these qualities are reported as, must be a likeable person, must be a-political, must be outspoken, must be neat, must have a passion for ECD and must respect the field. The person should also display basic social work principles, such as respect, when interacting with clients and stakeholders. In addition, the participants indicated that the person must keep abreast of developments in the field by constantly reading up about the subject.

#### 6.4.8. Monitoring of all facilities (registered or not)

Respondents indicated that the proposed guidelines should include the monitoring of all facilities (registered or not). There should be guidelines on how to monitor unregistered facilities, as this is a huge challenge for social workers. This job function placed a lot of pressure on social workers, as it was a legislative prescript to register facilities. They experienced a few challenges that hampered the registration of facilities and would like to see information on the following in the guidelines:

- Municipal bi-laws
- Requirements of the municipality
- Closure procedures for unregistered facilities

- Templates of reports and appropriate letters for uniformity

This will ensure that all social workers have a common understanding of their job function, which could provide uniformity in the execution thereof.

#### 6.4.9. Highlight the needs of disabled children

Participants further indicated that there is a need to highlight the needs of disabled children. Currently, children with disabilities are marginalised because they cannot access many partial care facilities, as there is no provision made for them. Many staff members are not trained and/or the physical environment is not conducive for children with special needs. The social workers are, therefore, of the opinion that including ways to make their facilities disability-friendly will increase accessibility for disabled children. Programmes that are beneficial to children with special needs will also assist social workers to motivate owners, to accommodate children with disabilities, as not all social workers have knowledge about disabilities.

#### 6.4.10. Municipal bi-laws

A concern that was mentioned by most participants, one that they felt quite strongly about, was the inclusion of the municipal bi-laws. Social workers do not ordinarily have to know these bi-laws, but as reported by the participants, ECD social workers are expected to have knowledge of them, in order to guide clients. A facility cannot be registered by DSD without a zoning certificate, a health clearance certificate and a fire certificate, which are all obtainable only from the municipality. In order to apply for these certificates, clients have to be referred to the municipality, while social workers often assist clients to complete these complicated applications. ECD Social workers should have some knowledge about this part of the registration process, as they need to determine at what stage of the municipal requirements the client is, and then refer appropriately. The most difficult part of this process is obtaining the zoning certificate, as most facilities are home-based, and require special approval from the municipality.

This also has a financial implication for owners, which is usually expensive, making it difficult for owners to obtain this requirement. When some of them do have the finances, challenges arise with the bi-laws. For example, for every 10 children accommodated at a facility, there must be one (1) parking bay on the property, and

properties in the Pinelands area, Cape Town, cannot be rezoned. This poses real issues for facilities wanting to register, and for social workers, who are obligated to have them registered. Therefore, it will assist the ECD social worker, if the most relevant municipal by-laws could be part of the proposed guidelines. This will allow the social worker to have the necessary knowledge and information to assist and guide the client effectively.

#### 6.4.11. Training required

One of the most repeated concerns, mentioned by the participants, was the need for the training of social workers in the ECD field. They reported that none of them had received formal training in this specialised field by their employer. Therefore, guidelines for social workers was of utmost importance to them, as they felt that this could be used as a source of knowledge, for social workers coming into the field, as well as for those currently in these positions. It could be used by new and experienced social workers, as well as supervisors, to provide quality ECD service to young children.

#### 6.4.12. Link to early intervention and prevention services for children & families

ECD services are under the umbrella of services to families and, in particular, child protection services, as identified by the DSD. The social workers reported that there must be a strong link made between early intervention and prevention services, and child protection services. They reported that, currently, these services are seen to be operating with a silo mentality. According to some of the participants, social workers do not see the link in service rendering. A family that is experiencing social problems, with young children, who are not attending an ECD or any form of stimulating learning environment, should be advised to send the children to such a facility. It should be part of the intervention plan on the continuum of care for the family.

#### 6.4.13. Managing databases

The social workers reported that they are expected to keep a record of their caseloads, which is a list of the facilities in their areas of operation. They are expected to manage a database on an excel spread sheet, but have limited knowledge of how to do this. They also reported that there is no uniformity about the management of the database, which

needs to be included in the guidelines, as it is an important tool. The database is meant to provide the social worker with information at the touch of a button, but can only be effective, if they are schooled in the optimal use of it.

#### 6.4.14. Conducting investigations of complaints

It was reported by the participants in this study that the guideline should contain information on how to conduct investigations of complaints and ministerial enquiries. Many times the members of the public vent their anger and concerns via the political arena, at which point, social workers are expected to provide reports to the ministers and other public entities. Social workers are not always equipped to conduct these investigations and could do more harm than good. Therefore, it would be helpful if the guidelines were available to assist social workers to render this service, in the best interest of children.

#### 6.4.15. Governance training

In order for social workers to act in the best interest of children, they must have knowledge of various salient matters relating to the operation of an ECD, or partial care facility (as referred to by the Children's Act, 2005). The participants indicated that information on governance matters should be included in the guidelines for social workers. Governance matters include the drawing up of a constitution, financial management tips and funding information. This will be useful to social workers, who would be enabled to assist ECD facilities to operate a governing body, which is essential in the operation of a facility.

#### 6.4.16. Provision of capacity building for facilities

Linked to the inclusion of governance matters, the participants recommended that it would be helpful if the guideline could include a list of resources, which could provide capacity building to ECD facilities. The social workers indicated that they do not have the time or the resources to provide capacity building to ECD facilities. A resource list would be very helpful to capacitate facility owners with information on financial management, management of staff, or labour relations matters and the like. These are all aspects that are linked to the protection of children and are therefore important aspects to be included in the guidelines for social workers, working in the ECD field.

The following may also be included in the guidelines, since it is part of the tasks performed by the social worker:

- The supervision and training of ECD assistants is a task assigned to the social worker. The guideline should include the management of this cadre of personnel, as they play an integral part in the work of the social worker.
- Information on the funding and NPO registration is required by social worker, as it is part of the basket of services rendered to the ECD facility.
- List of NGO stakeholders and their expertise is necessary and could be useful for the social worker to refer facility owners to, for specialised training and needs assessment.
- The importance of establishing and maintaining forums could be included in the guidelines, as these forums are a resource for the social worker and the community.

#### **6.5. Analysis of findings for objective 4**

This phase of the adapted IR model, used by the researcher, is phase three (3). This phase involves the early development and pilot testing, according to Rothman and Thomas (1994). Objective 4 involves the refinement of the proposed guidelines for social workers working in ECD settings, which aligned to this phase in the methodology. The first round of the Delphi study included 20 participants, of whom 15 were senior ECD social workers in the DSD, 3 were ECD programme staff members and two external social workers. They were requested to comment on the proposed guidelines, via email, and give input on what should be excluded, as well as what was omitted from the proposed guidelines. In addition, they were requested to comment on whether the proposed guidelines were user friendly, and whether it could be a useful tool in the field. The results from the first round of Delphi study indicated minor adjustments to the guidelines, especially to the part of supervising ECD assistants.

Once these adjustments were made, the researcher conducted the second round of the Delphi study with local experts in ECD (one external and four from DSD). The results of the second round indicated only one minor adjustment to the guidelines and, therefore, there was no need to refine the proposed guidelines any further. All the participants agreed that the proposed guidelines included all the areas they deemed vital. Three of the participants tweaked the

content, by adding a step that they felt was omitted. The participants further agreed that the proposed guidelines were user friendly, clear and direct. They also agreed that, in the absence of any manual or guideline in the DSD, this proposed set of guidelines was a useful tool that would benefit social workers and supervisors in the ECD settings of the DSD and could improve service delivery to ECD facilities. This concluded the Delphi study results.

## 6.6. Summary

This chapter analysed the data that was collected for this study through interviews with social workers working in the public sector in the ECD field. The data was analysed by searching for themes, according to the procedures indicated by (Cresswell, 1998), which were highlighted, according to the objectives identified in this study. The findings were aligned to the adapted phases of the IR model of (Rothman & Thomas, 1994), as well as the objectives of the research study.

Objective one, aligned to part one of phase one of this study, explored and assessed the needs of early childhood development social workers in the DSD. An exposition of the challenges faced by social workers in the ECD field was presented by reporting on a number of challenges experienced by this cadre of staff. Challenges, such as lack of resources, working in unsafe areas, lack of supervision, lack of knowledge and the lack of recognition, were highlighted issues.

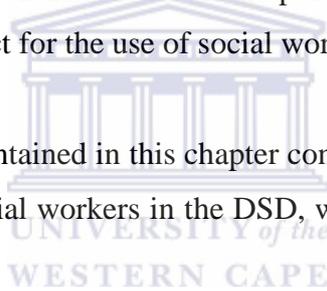
Objective two, aligned to part two of phase one of the adapted IR model, assessed the current methods of service delivery by ECD social workers. The social workers were asked to report on their experience as a social worker in the private and public sector, about their experiences in their current post and whether they knew what was expected of them. They were also asked whether they received training to perform the given tasks, who monitored their work and who was responsible to ensure the implementation of legislative prescripts. The experience of social workers ranged from two (2) years to twenty-seven (27) years in the public sector. It was found that not many had private sector experience and those, who did have, only for a short period.

Objective three was to develop guidelines for ECD social workers after analysing the collected data, and was aligned to phase two of the adapted IR model. In order to develop the

guidelines, the participants responded to what should be included in the guidelines for social workers working in the ECD field. The social workers reported a long list of topics that should be included, for example, simplification of legislative requirements, governance matters, supervision of ECD assistants, information of funding and stakeholders, to mention a few. Their inputs covered the whole scope of the job function of an ECD social worker in the public sector.

The Delphi study was conducted in order to address objective four, which was aimed at refining the proposed guidelines for social workers in the ECD settings of the DSD. This objective was aligned to phase three of the adapted IR model, used by the researcher in this study. Two rounds of the Delphi study were implemented, after which the results indicated that it was sufficient. The result of this objective was that all participants agreed that the content of the proposed guidelines was the entirety of what they considered imperative to be included. The Delphi study also concluded that all the participants agreed that the guidelines were user friendly, clear and direct for the use of social workers and supervisors in ECD.

In conclusion the, information contained in this chapter contributed to the development of the proposed guidelines for ECD social workers in the DSD, which will be discussed in the next chapter.



## CHAPTER SEVEN

### DISCUSSION

#### 7.1. Introduction

This chapter will present a discussion of this study's findings, in relation to the empirical literature currently available, on the need to develop guidelines for social workers in ECD in the DSD, in order to render effective child protection services to young children. Currently, no guidelines exist for the DSD ECD social workers; therefore, guidelines need to be developed for social workers in ECD, in order to empower them with the necessary knowledge to implement, and adhere to, the legislative prescripts of the Children's Act (2005). Some of the participants highlighted the need for a clear guideline, manual or framework for ECD facilities, to encourage, or coerce, them into operating legally, and, in this manner, protect the children in their care.

This chapter highlights the important themes that were identified with each objective from the Chapter Six. These themes are aligned with literature, which either supports or refutes the need for it to be part of guidelines for social workers in ECD. The themes are clustered in order to retain any valuable input from the participants.

The development of guidelines appeared to be an essential resource for the social workers, who highlighted a range of topics that should be covered. The themes that emerged from the data analysis will be discussed in this chapter, in relation to the literature found to be relevant for the guidelines. One participant reported his/her unhappiness with the lack of guidelines by saying, "no clear guidelines available, nothing to use to assist me, only norms and standards...not clear, not reader friendly". Another participant said the following, in support of guidelines, "I was just told to register, register...thrown into the deep side...trained myself by taking out books at the library".

One requirement for a good guiding document, as suggested by the participants, is the simplification of the relevant legislation on ECD work. The participants complained that most legislation was written in a complicated legal manner that was difficult to understand, however, the law had to be observed, for example the registration of ECD facilities. In terms

of section 80 of the Children's Act (2005), any person, planning to operate a partial care facility, must first register with the DSD. This implies that a social worker must understand their role and responsibility, in terms of registering the facility, as suggested by the said section of the Act. The Standard Operating Manual for ECD owners, that is available, is written in simple language, and is easily understandable to owners, therefore, the proposed guidelines should be written in a similar manner. This document will not only guide already trained, experienced social workers, but also be of the utmost importance to the new social worker.

Social workers provide a service to the ECD facilities in the community and have certain mandatory functions to perform, for example, they must assist facilities to register, in order operate legally. Ultimately, by doing this, they are protecting the children, which they are mandated to do, in terms of the Children's Act (2005). This notion is reiterated by the CEO of the DG Murray Trust (Harrison, 2012), who reported that there is a tendency for the registration of ECD facilities to be delegated to the Provincial level, but that it depends on local government to ensure that the health and safety standards are properly maintained. Budlender (2010) also asserts that DSD is responsible for 80% of the cost implementation of the Children's Act (2005), which includes the salaries of social workers.

## 7.2. Discussion of research findings for objective 1.

This objective reads as follows: To explore and assess the needs of social workers working in Early Childhood Development in the DSD. The main themes that emerged from the findings are listed in the Table 4, with the relevant literature substantiating or refuting their credibility. The needs of social workers are varied, but there are specific needs of social workers in the ECD arena of the DSD.

**Table 4: Themes for objective 1: Needs of social workers**

THEMES	LITERATURE
1. Working environment of social workers	Social workers need a positive working environment, where their values and principles are consistent with of employers' and mutually befitting. Giese (2008) indicates how issues, such as poor working conditions, affect social workers negatively, exacerbating the problem of the exodus from South Africa to other countries, indicating that these issues are realistic. Sibanda and Lombard's (2015) study results concur with these challenges, experienced by social workers.

2. Lack of recognition	Hölscher (2008) indicated that social workers were leaving the profession within 5 years of service, due to a lack of adequate compensation and recognition for working in poor conditions. Gray and Lombard (2008) also refers to the image of the South African social work profession as a low status profession with poor working conditions and, therefore, it is not attracting enough new professionals. Government has tried to remedy this, by introducing the bursary for undergraduate studies, but no plan for improving working conditions.
3. Lack of knowledge.	Gray and Lombard (2008) indicated that although social workers were trained at university, they needed to be retrained due the changes that the new dispensation, post-1994, brought to the fore. Sibanda and Lombard (2015) study concurs that social workers need to be trained to practically implement the Children's Act as they do not have the knowledge of the developmental approach of working effectively, despite the lack of resources, poor working conditions and high caseloads. According to (Giese, 2008) the issue of inadequate training are one of many issues experienced by the DSD which impacts on service delivery.
4. Gaps in the Children's Act (2005).	Sibanda and Lombard's (2015) article and research reveal a few gaps in the Children's Act (2005), which impacts negatively on social workers. This concurs with what the social workers had highlighted in this study, providing literary evidence for the viewpoints of the participants.
5. Simplification of legislation.	Loffell <i>et al.</i> (2007/8) indicate that the Children's Act (2005) is not clear on the roles of social workers, as it does not reflect social workers in the definition of social service professionals. In their article, human resources needed to give effect to the children's right to social services. They concur that some parts of the Act, and other legislation, are interpreted differently by various service professionals. This justifies the participants' notion that legislation must be simplified, in order to effect proper implementation and have the desired outcomes.
6. Mushrooming of facilities.	Allie (2011) highlights the rapid increase of unregistered facilities in the communities, without informing the authorities.
7. Profitable nature and misuse by facility owners.	Allie (2011) states that services for young children are important to strengthen the safety nets for children in the community. This concurs with the findings of this study. Unfortunately, many regard this as an opportunity to generate income, instead of providing quality services. Many fail to adhere to the guidelines laid down by the Department of Social Development and start their services, before they are fully registered.

In Table 4, the needs of social workers, identified in this study, are substantiated by the literature. The social workers disclosed their challenges, and it now seems that the Government and the Professional council were aware of these challenges, according to the literature. In order for proper services to be delivered to the children, these challenges have to be addressed, with which this current study's proposed guidelines could assist.

### 7.3. Discussion of research findings of objective 2

This forms part of phase one of the adapted IR model, used to operationalize this study. Part two of phase one is aligned with objective 2, which is, to explore social workers' experiences in the private and public sector, as well as their experiences in their current posts and whether they knew what was expected of them. Objective 2 also intended to explore whether the social workers received training to perform their expected tasks, as well as, who monitored

their work and was responsible to ensure that the implementation of legislative prescripts were adhered to.

The findings of this objective elicited quite a number of themes, which were combined, as they were interlinked. The researcher lists the themes in Table 5 and discusses the findings in relation to the literature for substantiation or contradiction of the themes highlighted by the social workers.

**Table 5: Themes of objective 2: Experiences, training and supervision of social workers**

THEME	LITERATURE
1. Range of experiences of social workers	The participants in this study had varied experiences. Some had private sector experience, and was in the profession for 30 years. Some had mostly public sector experience, and only practiced for 5 years. The literature indicates that the profession has been around since the 19 <sup>th</sup> century and has evolved, especially in South Africa. Post 1994, the landscape of rendering social services has changed dramatically, away from racial lines, to a more developmental approach. The literature concur that social workers are experienced and skilled, but their experience and skill should be re-aligned with the current dispensation (Gray & Lombard, 2008; Sibanda & Lombard, 2015)
2. Minimal on the job training	When the new Children's Act (2005) came into effect in 2010, minimal on the job training was provided to social workers. Sibanda and Lombard (2015), as well as Gray and Lombard (2008), refer to the transition that social workers were not equipped for, and minimal provision was made for this. Social workers are still performing all the tasks as set out in the Act, even though they can be assisted by other social service professionals, but these professionals are not yet recognised by the council, as professionals. According to Giese (2008), the issue of inadequate training is but one of many issues, experienced by the DSD, which impacts on service delivery.
3. Supervision	The Department of Social Development conduct an audit of the qualifications and capacities of all social work and non-social work supervisors and managers. The Supervision Framework for Social Work (SA Department of Social Development & SACSSP, 2012), the Framework for Social Welfare Services (SA DSD, 2011), and the Recruitment and Retention Strategy (SA DSD, 2009) concur that the supervision is problematic and action should be taken to improve service delivery.

The three themes highlighted in Table 5 is an indication that social workers have definite needs to improve their service delivery. It does not matter how many years of experience a social worker has acquired or where the experience was gained, the fact is they have expertise, which is valuable for service delivery. On the job, training should be a priority for employers, who want the best possible service delivery from staff. Supervision of social workers is a legislative prescript, as indicated previously in this document.

## 7.4. Discussion of findings of objective 3

Objective 3 involves the development of guidelines for ECD social workers, after the analysing of the collected data. The social workers indicated that they needed the guidelines, and offered suggestions on what should be considered for inclusion in these guidelines for ECD social workers. The researcher lists the various themes, which were highlighted by the social workers, for inclusion in the guidelines, and link them to literature that either substantiates or refutes their importance for this study.

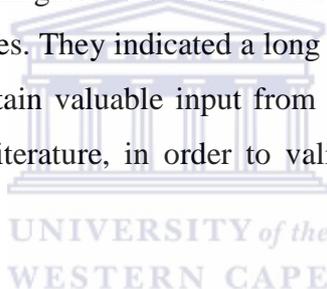
**Table 6: Themes of objective 3: Themes to be included in guidelines for social workers**

THEMES	LITERATURE
1. Simplification of all legislative requirements	Loffell <i>et al.</i> (2007/8) indicate that the Children's Act (2005) is not clear on the roles of social workers, as it does not reflect social workers in the definition of social service professionals. In their article, human resources needed to give effect to the children's right to social services. They concur that some parts of the Act, and other legislation, are interpreted differently, by various service professionals. This justifies the participants' notion that legislation must be simplified, in order to effect proper implementation and have the desired outcomes.
2. Knowledge: service delivery areas, ECD, relevant legislation, Norms and standards, Managing databases	Social workers must have the knowledge of various theoretical frameworks and elements of the developmental approach. According to Giese (2008), the issue of inadequate training is but one of many issues experienced by the DSD, which impacts on service delivery. Gray and Lombard (2008) indicated that although social workers were trained at university, they needed to be retrained, due the changes that the new dispensation, post 1994, brought to the fore. Sibanda and Lombard (2005) concur that social workers need to be trained, to implement the Children's Act (2005) practically, as they do not have the knowledge of the developmental approach of working effectively, despite the lack of resources, poor working conditions and high caseloads. It is important to note that these authors concur that social workers require practical implementation training for their daily job functions.
3. Roles and responsibilities of the social worker	<p>Allie (2011) describes the role and responsibility of the social worker about the registration procedures for partial care facilities that ECD and After School Care Services. He describes the process to follow by anyone who plans to establish an ECD or After School Care facility. This is taken from the Standard Operating Procedures Manual for ECD owners.</p> <p><b>Meeting the Social Worker/Social Service Professional</b></p> <p>When you intend to establish an ECD or After School Care facility, you must first meet with a Social Worker at the local office of the DSD to discuss the following:</p> <ul style="list-style-type: none"> <li>• Registration requirements</li> <li>• Children's Act</li> <li>• Registration procedures</li> <li>• Minimum norms and standards</li> <li>• and other approvals that may be required</li> <li>• Application forms</li> <li>• Subsidy procedures</li> <li>• Monitoring and evaluation</li> </ul>

	<p><b>Visits and inspections by the Social Worker will determine:</b></p> <ul style="list-style-type: none"> <li>• If the physical condition of the centre is satisfactory;</li> <li>• If administrative and financial systems are satisfactory;</li> <li>• If the services and programmes for the children are satisfactory;</li> <li>• If norms and standards are complied with; and</li> <li>• Report by Social Service professional</li> </ul> <p>This is an apt description of just one role and responsibility of the social worker in the ECD setting.</p>
4. Tips or best practice models	There was no literature available that could give tips on best practice models for social workers in the DSD, working in the ECD setting. The researcher is of the opinion that this can be a recommendation for future research.
5. Fit for purpose social workers	Du Bois and Miley (1992) argue that the values of social work are transformed into accepted practice principles for informing intervention with clients. These principles embrace acceptance, affirming individuality, purposeful expression of feelings, non-judgementalism, objectivity, controlled emotional involvement, self-determination and confidentiality, indicating that it takes a special kind of person to render this service. The participants were of the opinion that social workers in the DSD, working in the ECD setting, must be fit for purpose, in order to enhance service delivery and encourage owners to accept their advice and guidance.
6. Monitoring of all facilities (registered and unregistered)	The lack of human and financial resources means that the DSD cannot adequately monitor the quality of services, organisational or financial management in subsidised centres. Insufficient state monitoring of ECD services is one of the many challenges faced by the ECD sector (Hwenha, 2014).
7. Highlight children with disabilities needs	<p><b>Specialised services for children with disabilities.</b> Children with disabilities have the right to equal enjoyment of services and benefits, but many lack access to a number of programmes, including health, early learning and education, information, as well as play and recreation facilities. In addition, many disabilities are preventable or could have their severity limited, if pregnant women, infants and young children receive access to early quality screening, preventative and rehabilitative care.</p> <p>Securing the universal right of children, with developmental difficulties or disabilities, to ECD, therefore, requires the development of a focused, multi-sectoral inclusive ECD disability policy and programme that ensures universally available prevention and early detection, as well as rehabilitation and social security services for affected children to develop to their full potential (South Africa, Department of Social Development, 2014).</p>
8. Mention must be made of the City Cape Town's bi-laws	<p><b>The role of the local Authority or Municipality, as described by Allie (2011).</b></p> <p>The social worker must assist and refer appropriately, but it is the owner's responsibility to do the following:</p> <ul style="list-style-type: none"> <li>• Enquire from the municipality on land use rights. The municipality must first provide the appropriate land use or zoning certificate;</li> <li>• Submit building plans for approval, if required;</li> <li>• Apply for written approval at municipal environmental health offices;</li> <li>• The Environmental Health Practitioner from the Municipality will do an assessment to determine how many children can be accommodated; and</li> <li>• If the physical conditions are satisfactory, a health clearance certificate will be issued.</li> </ul>

9. Link to early intervention and prevention services of child protection programmes	Chapter 7 of the Children’s Act (2005) refer to child protection services, specifically relating to: <ul style="list-style-type: none"> <li>• Prevention services; and</li> <li>• Early intervention services.</li> </ul> In addition, Section 110 obligates a number of professionals to report any suspicion of abuse and neglect, including the ECD practitioner.
10. Conducting investigations of complaints/ministerial complaints	This area of the social workers job function has recently escalated and, therefore, no literature can be found relating to the topic. However, the Batho Pele principles of service delivery require social workers to give reports on complaints received. There are policies in the DSD, relating to this matter and is deemed an important topic to be included in the guidelines, from personal experience of the researcher.
11. Governance issues/ How to provide capacity building to facilities	<p><b>Day-to-day Management of the Project</b></p> <p>The management committee of the ECD or After School Care project appoints a supervisor or principal to manage the programme on their behalf. When appointing a supervisor, the management search for people with leadership abilities, knowledge and skills. Ideally a principal should have a minimum NQF level 4 qualification (Allie, 2011).</p>

In the Table 6, objective 3 highlighted the themes that social workers identified to be included in the proposed guidelines. They indicated a long list of topics, which the researcher clustered together, in order to retain valuable input from the participants. The relevance of these topics was linked to the literature, in order to validate or refute its importance for inclusion in the guidelines.



## 7.5. Discussion of findings for objective 4

Objective 4 involves the refinement of the proposed guidelines, using the Delphi study. This technique is “designed as a group communication process that aims to conduct detailed examinations and discussions of a specific issue for the purpose of goal setting, policy investigations, or predicting the occurrence of future events” (Ulschack, 1983; Turnoff & Hiltz, 1996; Ludwig, 1997: all cited in Hsu & Sandford, 2007). These authors maintain that surveys are used to establish ‘what is’ as compared to the Delphi technique, which tries to focus on ‘what could or should be’.

Delbecq *et al.* (1975, cited in Hsu & Sandford, 2007) also identified 5 objectives, which the Delphi technique can employ to achieve its aim, of which the following one is most applicable to this study:

7.5.1. To seek out information may generate a consensus on the part of the respondent group.

The literature concurs with the practical implementation of the Delphi study by the researcher. The results were adequately analysed, in line with the theoretical elements of the Delphi study, and the literature offered various opinions regarding this.

Hsu and Sandford (2007) is of the opinion that “decision rules must be established to assemble and organise the judgments and insights, provided by Delphi subjects”. Conversely, Miller (2006, cited in Hsu & Sandford, 2007) indicates that “the kind and type of criteria to use to both define, and determine consensus, in a Delphi study, is subject to interpretation. Basically, consensus on a topic can be decided if a certain percentage of the votes fall within a prescribed range”. One criterion recommends that consensus is achieved by having 80 per cent of subjects’ votes fall within two categories on a seven-point scale (Ulschak, 1983, cited in Hsu & Sandford, 2007). The researcher used this opinion by gauging 70 per cent of the participants as consensus.

The conclusion of the first round of the Delphi study was that the proposed guidelines were adequate for social workers and supervisors, as a guiding document, when the participants reached a 90% consensus rating. Further to this, 100% consensus rating was reached by the participants that the proposed guidelines were user friendly, clear and direct for use by the social workers. The second round of the Delphi study with local experts in ECD, outside of the DSD, concluded in much the same way as round one. This concludes the objective 4 that aimed at refining the proposed guidelines for social workers in the ECD setting of the DSD.

## 7.6. Summary

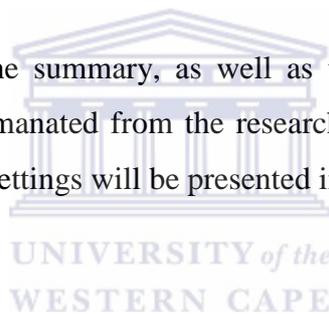
This chapter presented a discussion of this study’s findings in relation to the literature available, on the need to develop guidelines for social workers in the ECD sector of the DSD, in order to render effective child protection services to young children. The findings of this study revealed that the ECD social workers in the DSD *have* a need for guidelines. In the absence of guidelines for the DSD social workers in ECD settings, guidelines should be developed to equip social workers with the required knowledge on how to adhere to the legislative mandates of the Children’s Act (2005). Some participants highlighted the need for

a clear guideline or framework for ECD facilities to encourage, or coerce, them to operate legally, and in this manner, protect the children in their care.

This chapter highlighted the important themes that were identified in each objective from the Chapter Six. These themes were aligned to the available literature, which substantiated or refuted the need for them to be part of guidelines for social workers in ECD settings. The themes were clustered in order to retain any valuable input from the participants.

The development of guidelines appeared to be a much-needed resource for social workers, as the findings of this study revealed. The findings also highlighted a range of topics that emerged from the data analysis, to be included in the guidelines. Each objective was substantiated by the available literature in this study. The proposed guidelines were developed and refined, in line with the findings of the research and the literature.

The next chapter will present the summary, as well as the conclusion of this study, and provide recommendations that emanated from the research. The guidelines proposed to the DSD social workers in the ECD settings will be presented in the next chapter.



## CHAPTER EIGHT

### RECOMMENDATIONS AND CONCLUSION

#### 8.1. Introduction

The Children's Act (38 of 2005), as amended by the Children's Amendment Act (41 of 2007), includes three chapters that highlight the care and protection of children. However, despite the fact that this is regarded as very essential, no formal operational guidelines exist to assist practitioners and social workers with the implementation of these chapters. Due to the lack of operational guidelines for the DSD's ECD social workers, who are responsible for the care and protection of children, this study became necessary.

In this chapter, the researcher presents the outcomes of the IR model, which was operationalized in this study, to achieve the goal and objectives of the study, underpinned by the qualitative research approach. The researcher will further highlight the outcomes of each phase of the IR model, which are aligned to the objectives of the study. Since this study conformed to an adapted IR research methodology, the structure of this chapter does not emulate the manner, in which conventional research reports are structured and, therefore, the findings are not presented in the usual way.

The anticipated outcome of this research methodology is the development of social work guidelines. In this chapter, the intention is to highlight the goal and objectives of this study, to present the notable outcomes of the research method and to offer a merging of the key findings, in order to propose suitable recommendations.

#### 8.2. Goal and objectives of the study

The primary goal of this study was highlighted in chapter one of this report. The goal was to develop guidelines that will assist social workers to render effective ECD services and enhance the implementation of legislation in Early Childhood Development Partial Care facilities in the DSD. To achieve this goal the following objectives were identified:

1. To explore and assess the needs of early childhood development social workers in the Department of Social Development;

2. To explore the current methods of service delivery by Early Childhood Development social workers in the DSD;
3. To develop guidelines for Early Childhood Development social workers in the DSD; and
4. To refine the guidelines with the use of a Delphi study.

### 8.3. Summary of the research methodology

The operationalization of the IR research model of Rothman and Thomas (1994) assisted the researcher to realise the reported objectives. This methodological model and the use of basic research practices and procedures allowed the researcher to attain the goal of the research study. The following table displays the phases, used by the researcher to embark on the achievement of the stated objectives:

**Table 7: Adapted IR Research model and operationalization**

PHASES OF IR MODEL USED	OPERATIONALISATION
Phase one: Part one	The analysis of the problem was done through a qualitative research approach, which was semi-structured interviews with social workers, coordinators and managers
Phase one: Part two	Information gathering and synthesis was done by a literature review of previous studies, review of papers and legislation, as well as site visits to local offices.
Phase two	Design and development involved the outcomes of phase one, which was analysed thematically to identify emerging themes that could be included in the guidelines.
Phase three	Early design and piloting involved the outcomes of two rounds of the Delphi study that was implemented. Proposed guidelines were refined by this process.

Following the completion of the above process or research methodology of IR, as adapted for this study in particular, the guidelines for ECD social workers were developed. The researcher did not employ all the phases and steps of the IR model, but was able to achieve the goal and objectives of the study as envisaged.

### 8.4. Summary of the findings

This section will provide a synopsis of the findings in each phase of the model used in this study.

**Table 8: An outline of the main threads that emerged from the study**

<b>PHASES OF INTERVENTION RESEARCH MODEL USED</b>	<b>RESEARCH FINDINGS</b>
Phase one: part one	<p>Child Protection and care is the basis of the Children's Act (2005) and the legislative mandate of social workers is enshrined within the Act. However, no implementation guidelines for social workers exist, particularly one for ECD social workers in the DSD. This was firmly highlighted by participants, who were interviewed during this phase of problem analysis.</p>
Phase one: part two	<p>Social work is a scarce skill – this was declared by the state, and Recruitment and Retention strategy was introduced, which did not have the desired outcome (SA DSD, 2009).</p> <p>Gaps in Children's Act (2005) – New legislation was introduced for the protection and care of children, but not enough human resources to implement, effectively, and certain sections are not clear or contradictory.</p> <p>Lack of resources – studies reveal that social workers do not have the resources required to perform their jobs effectively</p> <p>Need for social workers – studies have revealed that social problems are escalating and the need for this scarce skill is increasing</p> <p>Poor working conditions of social workers – research findings report that poor working conditions of social workers are affecting service delivery and morale</p> <p>ECD is marginalised – research studies and papers have found that although South Africa is a signatory to the CRC, have proposed up-scaling ECD and have plans in the NDP and MDG's, children are still not receiving the services they need, especially in rural areas</p> <p>ECD provisioning not up to standard – something is being done, but at a slow pace, which is negatively affecting the future generations of South Africa.</p>
Phase two	<p>The following factors were deemed important to be included in the development of the guidelines:</p> <ul style="list-style-type: none"> <li>• Simplifying of legislation</li> <li>• Knowledge of stakeholder</li> <li>• Procedural steps</li> <li>• Norms and standards</li> <li>• Roles and responsibilities of social worker</li> <li>• Tips for best practice models</li> <li>• Fit for purpose social workers</li> <li>• Monitoring</li> <li>• Needs of disabled children</li> <li>• Municipal bi-laws</li> <li>• Training</li> <li>• Link to early intervention and prevention services for children and families</li> <li>• Managing of databases</li> <li>• Conducting investigations</li> <li>• Governance training</li> <li>• Capacity building for facilities</li> </ul>

	It is not possible to include all of the above in the guidelines, since some of the factors are not within the scope of the regional office and must be deferred to the provincial office for governance training, capacity building for facilities, and tips for best practice models.
Phase three	The Delphi study revealed that the participants were generally very satisfied with the outcome of this current research study. There were two additions proposed to the guidelines, after the 2 rounds of the Delphi study was concluded.

During the completion of this research study, the following conclusions were made:

- Social workers of the DSD, in the ECD setting, have varied years of experience in different social work settings;
- The needs of social workers are vast and impact negatively on service delivery;
- The development of guidelines for social workers of the DSD, in the ECD setting, is a welcome tool for the participants; and
- Social workers had the opportunity to give input into the proposed guidelines and they are satisfied that the guidelines are useful, clear, user friendly and direct.

### 8.5. Recommendations

The results of this research study concur with the literature review trends, as highlighted in the discussion on ECD, and the need for social workers to have guidelines to guide their practice. National and Provincial offices realise the vital role social workers play in registering partial care facilities and programmes, as was established through the various policies and strategies that have been developed. Therefore, the researcher recommends that:

- The management of ECD social workers should be specialised, as per probation services, in order to be resourced adequately with both human resources and other resources;
- The child protection and early learning functions should be separated to ensure that there is proper oversight and management by appropriately trained supervisors (concurring with NDSD);
- The researcher arranges a presentation of the proposed guidelines to the ECD directorate in the Western Cape DSD, as these guidelines could assist in the improvement of service delivery on ground level;

- The implementation of the proposed guidelines should to be prioritised in order to improve service delivery to young children in the Western Cape Province. The ECD Directorate pledge the implementation of the proposed guidelines;
- Social workers should be adequately trained, before being expected to perform tasks, about which they are not appropriately knowledgeable.
- The provision of sufficient numbers of DSD staff, as the current numbers are insufficient to meet the demand, together with the diverse roles they fill, which translate into insufficient capacity, to provide parenting support services and other social ECD services (concurring with NDSD); and
- Clear implementation guidelines (see Appendix J on page 175) on policies and legislation are provided to staff on ground level;

## 8.6. Limitations of the Study

The following is viewed as the limitations of the study by the researcher:

- The literature on ECD social work across the globe and in particular the Western Cape Province is very limited; therefore, many references are outdated.
- During phase one, part two, while doing document analysis; most of the documents were policies, papers from conferences, strategies and legislation. Even though these documents were meaningful to this research, more decisive policies, relative to this research, emerged after the conclusion of this project. The National ECD Policy is an example (November 2015). The result of the ECD audit that was undertaken in 2013 has not been formally released yet.
- The researcher was not able to provide an indication of ECD social work in other provinces of South Africa, since much of the study reflects practices and experiences in the Western Cape, due to its progressive nature.
- The researcher was unable to illicit any response from the Gauteng Province and the reasons are unclear. The researcher made every effort to get the contact persons interested, but no feedback was received after telephone conversations, social media and emails were sent.
- The researcher made use of email and telephonic interviews in order to obtain information from social workers in the Eastern Cape Province. However, the

researcher would have preferred face-to-face interviews, in order to reflect on body language and non-verbal responses.

- The implementation of the proposed guidelines for social workers of the DSD, working in the ECD field, will not be possible at present, since it has not been presented to the Head of Department, for approval, however, it will be recommended to the DSD.
- The lack of interest from significant senior departmental officials, namely, the director of the ECD directorate, limited the input from management.

### **8.7. Significance of the Study**

The significance of the study is to highlight the importance of early childhood development and that the implementation is carried out in a developmental manner in the best interest of young children. This study will contribute to the field of social work by creating an understanding on the significant role of the social worker in the Department of Social Development, with specific reference to Early Childhood Development service rendering. As clearly outlined by the Children's Act (2005), it is mandatory that social workers, employed by the DSD, ensure that implementation of the legislation is realised.

In summary, this study contributes to the development of social work expertise in South Africa, by highlighting some of the challenges experienced by social workers of the DSD, working in the ECD sector.

### **8.8. Recommendations for Future Studies**

The recommendations presented are established on the inferences of this research. These recommendations should inform future research, particularly studies in the field of the intervention design and development approach to intervention research. The researcher recommends that:

- Testing of the guidelines should be done, by using a sample from the Metro North Region for improvement;
- That this research methodology be considered to evaluate the efficacy of interventions in the field of Early Childhood Development; and

- That the situation regarding Early Childhood Development Centres be explored to determine what remedies are required to improve the ECD service, as well as the working conditions of staff engaged in this field of work.

### **8.9. Concluding remarks**

Developing guidelines for social workers of the DSD, working in the ECD field was the goal, outcome and conclusion of this study, presented as a separate attachment to this report. The Intervention Research Model of Rothman and Thomas (1994), provided the researcher with the opportunity to develop these guidelines through a procedure that was also substantiated by empirical examination. The adaptability of the chronological phases of the model permitted the modification of the model, in order to align them with the goal and objectives of this study. This research model was very suitable for the development of guidelines in a participatory way, which also created an intervention.

The researcher is aware that ECD social workers still face many challenges, but the development of these guidelines could bring some improvement to the way services are rendered to children in ECD facilities. This research emphasised that the relevance of social work in the ECD sector, necessitates a serious re-evaluation, in order to deliver on the promises made on various platforms.

## REFERENCES

Albino, N. (2013). Early childhood development services in South Africa: What are the next steps? *South African Child Gauge*, 78-81. Retrieved from [www.childrencount.ci.org.za](http://www.childrencount.ci.org.za)

Allie, R. (2011). *Standard operating procedures: registration and funding of partial care facilities and after school care services*. Cape Town: FCW.

Allie, R. (2015). *The role of ECD organisations and the struggle for democracy in South Africa*. Revelation desktop publishing.

Alpaslan, A. & Schenck, R. (2012). Challenges related to working conditions experienced by social workers practising in rural areas. *Social Work*, 48(4).

Approach, A.S.A.R. (2007). *Monitoring Child well-being: A South African Rights-based approach*. Africa.

Atmore, E., Van Niekerk, L. & Ashley-Cooper, M. (2012). Challenges Facing the Early Childhood Development Sector in South Africa, (April), 49.

Australian National University. (2010). *Annual Report. Academic Skills Learning Centre*. Retrieved from <https://academicskills.anu.edu.au/sites/default/files>. Accessed on 29 November 2015.

Babbie, E.R. & Mouton, J. (2001). *The Practice of Social Research*. Oxford University Press. Retrieved on 07 August 2015 from [https://books.google.co.za/books/about/The\\_Practice\\_of\\_Social\\_Research.html?id=vdOgQgAACAAJ&pgis=1](https://books.google.co.za/books/about/The_Practice_of_Social_Research.html?id=vdOgQgAACAAJ&pgis=1)

Barker, R.L. (1998). *Milestones in the Development of Social Work and Social Welfare*. Washington, DC: NASW Press.

Berlinski, S., Galiani, S. & McEwan, P.J. (2009). Preschool and maternal labour market outcomes: evidence from a regression discontinuity design. *Economic Development and Cultural Change*, 59(2), pp. 313-344. Retrieved from <http://eprints.ucl.ac.uk/14792/>

Berry, L., Jamieson, L. & James, M. (2011). Children's Act Guide for Early Childhood Development Practitioners, (November).

Biersteker, L. [HSRC]. (2008a). *The Early Years: Building the foundation for child well-being*. Retrieved November 30, 2015, from <http://www.hsrc.ac.za/en/review/june-2008/early-years>. Published by the HSRC.

Biersteker, L. (2008b). Towards a job hierarchy for ECD provision and supervision in SA. ECD Knowledge Building Seminar, (November), pp. 1-12.

Biersteker, L. (2012). Early childhood development services : Increasing access to benefit the most vulnerable children. *South African Child Gauge 2012*, pp. 52-57.

Biersteker, L., Burns, J., Desmond, C.H., Feza, N., Harrison, D., Martin, P., ... Slemming, W. (2012). Diagnostic review of early childhood development, pp. 1-69.

Boddy, J. & Statham, J. (2009). European Perspectives on Social Work: Models of Education and Professional Roles, A Briefing Paper. Retrieved from [http://eprints.ioe.ac.uk/717/1/European\\_Social\\_Work\\_Briefing\\_Paper\\_final](http://eprints.ioe.ac.uk/717/1/European_Social_Work_Briefing_Paper_final) print, accessed on 31 October 2015

Boise State University. (2008). School Social Work. Education for the Real World. Northern Idaho.

Bless, C., Higson-Smith, C. & Kagee, A. (2006). *Fundamentals of Social Research Methods: An African Perspective*. Juta and Company Ltd. Retrieved from [https://books.google.com/books?hl=en&lr=lang\\_en&id=7aKGSIsNk-IC&pgis=1](https://books.google.com/books?hl=en&lr=lang_en&id=7aKGSIsNk-IC&pgis=1)

Breiner, S. (1980). Early child development in China. *Child Psychaitry and human development*, 11(2), pp. 109-137.

Budlender, D. (2010). Development of a subsidy model for home- and community-based early childhood development services for children 0-5, (February), pp. 1-38.

Cherry, S. (2012). *Social Justice and Equal Rights*. Unpublished dissertation. University of Southern California. USC Social Work.

Child Justice Act of the Republic of South Africa, Act 75 of 2005. (Government Gazette No. 32225, GN 549, 11 May 2009) Pretoria: Government Printers.

Children's Act of the Republic of South Africa, Act No 38 of 2005. (Government Gazette No. 33076, GN R261, 19 June 2006). Pretoria: Government Printer.

Children's Amendment Act of the Republic of South Africa, Act No 41 of 2007. (Government Gazette No. 30884, Notice 513, 13 March 2008). Pretoria: Government Printer.

Collins, P. (1998). Restricted Access to Full Text. Retrieved November 29, 2015, from <http://www.socresonline.org.uk/3/3/2.html>

Constitution of the Republic of South Africa. Act No. 108 of 1996. (Government Gazette No. 17678, Notice 2083, 18 December 1996). Pretoria: Government Printer. Retrieved from <http://www.gov.za/documents/constitution/constitution-republic-south-africa-1996-1>

Creswell, J. (1998). *Qualitative inquiry and research design (1st ed.)*. London: Sage Publications.

Cresswell, J. (2009). *Research design: Qualitative, Quantitative and Mixed Methods Approaches*. London: Sage Publisher.

Crime Stats SA - Crime Stats Simplified. (n.d.). Retrieved December 1, 2015, from <http://www.crimestatssa.com/toptenbyprovince.php?ShowProvince=Western Cape>

D'Cruz, H. (2004). *Social Work Research: Ethical and political contexts*. London: Sage. Retrieved 29 November, 2015. Available from: [http://www.amazon.co.uk/Social-Work-Research-Political-Contexts/dp/0761949712#reader\\_0761949712](http://www.amazon.co.uk/Social-Work-Research-Political-Contexts/dp/0761949712#reader_0761949712).

De Vos, A.S, Strydom, H., Fouche, C.B. & Delpont, C.S.L. (2005). *Research at grassroots. for the social sciences and human service professions* (3rd ed.). Pretoria: Van Schaik.

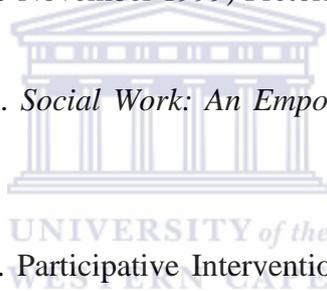
De Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. (2011). *Research at grass roots for social sciences and human service professionals* (4th ed.). Pretoria: Van Schaik.

Dictionaries Ltd. 2001. Retrieved from <http://kictionaries.com>. Accessed on 14 September 2014

Dolley, C. (2010, October 18). *Remembering lovable Ava Rose*. IOL NEWS. Retrieved from [sbeta.iol.co.za/news/south-africa/western-cape/remembering-lovable-ava-rose-687002](http://sbeta.iol.co.za/news/south-africa/western-cape/remembering-lovable-ava-rose-687002).

Domestic Violence Act of the Republic of South Africa, Act No. 116 of 1999. (Government Gazette No. 20601, GN R1311, 05 November 1999) Pretoria: Government Printer.

Du Bois, B & Miley, K.K. 1992. *Social Work: An Empowering Profession*. Boston: Allyn and Bacon, pp. 135-141.



Du Preez, P. & Roux, C. (2008). Participative Intervention Research: The Development of Professional Programmes for In-service Teachers. *Education as Change*, 12(2), pp. 77-90. <http://doi.org/10.1080/16823200809487208>

Du Toit, W.J. (2013). *The Operationalisation of Foster Care Cluster Schemes: A Social Development Perspective*. University of South Africa.

Earle, N. (2008). *Social Work as a Scarce and Critical Profession*. Research Consortium: Human Science Research Council, Development Policy Research Unit, Sociology of Work Unit.

eNCA. (2014, April 5). Breaking news: Mother of abandoned N1 toddler arrested. eNCA News. Retrieved from [www.enca.com/south-africa/mother-abandoned-n1-toddler-arrested](http://www.enca.com/south-africa/mother-abandoned-n1-toddler-arrested)

Engle, P.L., Fernald, L.C., Alderman, H., Behrman, J., O’Gara, C., Yousafzai, A., ... Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for

young children in low-income and middle-income countries. *The Lancet*, 378(9799), pp. 1339-1353. [http://doi.org/10.1016/S0140-6736\(11\)60889-1](http://doi.org/10.1016/S0140-6736(11)60889-1)

Fernandez, E. & Barth, R.P. (2010). *How does foster care work? International Evidence on outcomes*. London and Philadelphia: Jessica Kingsley Publishers. [www.jkp.com/uk/how-does-foster-care-work.html](http://www.jkp.com/uk/how-does-foster-care-work.html). Retrieved on 04 January 2016.

Ganyaza-Twalo, T. (2010). *Guidelines for the development of an HIV/AIDS workplace support programme for teachers*. Unpublished PhD Dissertation. University of the Western Cape.

Gialdino, I.V. 2009. *Forum: Qualitative Social Research: Ontological and epistemological foundations of qualitative research*. *Forum: Qualitative Social Research* (ISSN 1438-5627). 10(2). Berlin: Institute for Qualitative research and the Centre for Digital Systems

Giese, S. (2008). *Setting the Scene for Social Services: The gap between service need and delivery*. South African Child Gauge 2007/2008: Children's Rights to Social Services, 28 (January), 17-22. Retrieved from [http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2007/part\\_two/setting\\_scene.pdf](http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2007/part_two/setting_scene.pdf)

Gomby, D.S. (2005). Home Visitation in 2005: Outcomes for Children and Parents, 94086(7). Retrieved from [http://www.readynation.org/docs/ivk/report\\_ivk\\_gomby\\_2005.pdf](http://www.readynation.org/docs/ivk/report_ivk_gomby_2005.pdf)

Grantham-Mcgregor, S. & Cheung, S. (2007). Developmental potential in the first five years for children in developing countries. *Lancet* 369.

Gray, M. & Lombard, A. (2008). The post-1994 transformation of social work in South Africa. *International Journal of Social Welfare*, 17(2), pp. 132-145. <http://doi.org/10.1111/j.1468-2397.2007.00545.x>

Harrison, D. (2012). *The state of provision of Early Childhood Development services in South Africa*. Paper presented by CEO, DG Murray Trust at the 'Towards Carnegie 3 Conference', University of Cape Town, South Africa. 7-9 September 2012. Cape Town. Retrieved from

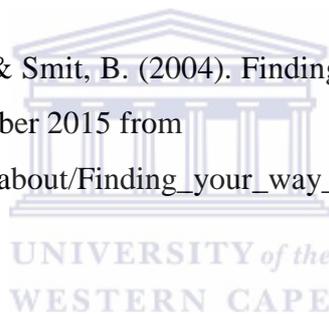
<http://www.dgmt-community.co.za/organizations/documents/state-ecd-south-africa>, on 10 November 2015

Harrison, D. (2012). *The state of Early Childhood Development in South Africa*. Strategies to overcome poverty and inequality: Towards carnegie iii. 3 -7 September 2012, Conference on poverty and inequality. University of Cape Town. Cape Town, South Africa. pp. 12-25.

Havnes, T. & Mogstad, M. (2009). *No child left behind: universal child care and children's long-run outcomes*. IZA Discussion papers no. 4561. Retrieved from <http://hdl.handle.net/10419/36326> or [www.econstor.eu](http://www.econstor.eu)

Heckman, J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, 312 (5782), pp. 1900-1902.

Henning, E., Van Rensburg, W. & Smit, B. (2004). Finding your way in qualitative research. Van Schaik. Retrieved 29 November 2015 from [https://books.google.co.za/books/about/Finding\\_your\\_way\\_in\\_qualitative\\_research.html?id=6J98AAAAIAAJ&pgis=1](https://books.google.co.za/books/about/Finding_your_way_in_qualitative_research.html?id=6J98AAAAIAAJ&pgis=1)



Hölscher, D. (2008). The Emperor's new clothes: South Africa's attempted transition to developmental social welfare and social work. *International Journal of Social Welfare*, 17(2), 114-123. <http://doi.org/10.1111/j.1468-2397.2008.00547.x>

Hsu, C. & Sandford, B.A. (2007). The Delphi Technique. *International Journal of Forecasting*, 12(10), pp. 353-375. [http://doi.org/10.1016/S0169-2070\(99\)00018-7](http://doi.org/10.1016/S0169-2070(99)00018-7)

Hsu, C.C. & Sandford, B.A. (2007). The Delphi Technique : Practical Assessment, Research & Avaluation, 12(10), pp. 1-8. [http://doi.org/10.1007/978-3-642-70634-9\\_22](http://doi.org/10.1007/978-3-642-70634-9_22)

Human Sciences Research Council. (2008 November). *Scaling up Early Childhood Development (ECD) (0-4 years) in South Africa*. Research paper presented by Linda Biersteker at the ECD Knowledge Building Seminar, Durban November 2008, pp. 1-6.

Human Science Research Council. (2010 February). *Audit of Early Childhood Development Facility Quality: Final Report Western Cape Department of Social Development 2009*, pp. 1-136. Retrieved from [http://www.westerncape.gov.za/Text/2010/6/hsrc-qualitativeassessment-eed-final\\_report-22-02-10.pdf](http://www.westerncape.gov.za/Text/2010/6/hsrc-qualitativeassessment-eed-final_report-22-02-10.pdf)

Hwenha S. (2014). *Laying the foundation for success. Lessons learnt from CSI -Funded ECD Programmes in South Africa*, Tshikululu Social Investments.

International Federation of Social Workers. (2014). *Definition of Social Work*. Definition of Social Work, jointly agreed, 27 June 2014, Australia.

International Association for Schools of Social Work (IASSW). (2014). Retrieved on 29 October 2015, from [www.IASSW.org](http://www.IASSW.org).

Jackson, R. Karp, J. Patrick, E. & Thrower, A. (2006). *Social Constructivism Vignette*. University of Georgia. Accessed 30 June 2015 Retrieved from [epltt.coe.uga.edu/index.php?title=Social-Constructivism](http://epltt.coe.uga.edu/index.php?title=Social-Constructivism)

Kammerman, S. (2006). *A global history of early childhood education and care, Background paper prepared for the Education for All Global Monitoring Report 2007 Strong Foundations: Early Childhood Care and Education*. Paris: UNESCO

Kemp, R. (2014). *The development of management guidelines for school social work in the Western Cape*. Unpublished PhD Dissertation. University of the Western Cape.

Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. *American Journal of Occupational Therapy*. <http://doi.org/10.5014/ajot.45.3.214>

Kumar, R. (2005). *Research methodology: Step-by-step guide for beginners*. (2nd ed.). Thousand Oaks: SAGE Publications.

Kuther, T. (2012). *What are Employment Projections for Social Work*. Education Graduate School. Occupation Outlook Handbook. (book)

Landry, S. (2008). *Effective early childhood programs: Turning knowledge into action. Investing in Early Childhood Development: Evidence to Support a Movement for Educational Change*. New York: Palgrave Macmillan, pp. 67-84.

Leedy, P.D. & Ormrod, J.E. (2005). *Practical research: planning and designing (8th ed.)*. New Jersey: Pearson Education Limited.

Loffell, J., Allsopp, M., Atmore, E. & Monson, J. (2007/8). *Human resources needed to give effect to children's right to social services*. South African Child Gauge 2007/8, pp. 48-54.

Loggenberg, C. (2014, March 18). *Nine-year-old rape victim dies*. IOL NEWS. Retrieved from [www.iol.co.za/news/crime-courts/nine-year-old-rape-victim-dies-1.1663225](http://www.iol.co.za/news/crime-courts/nine-year-old-rape-victim-dies-1.1663225).

Londt, M.P. (2004). *Management of Domestic Violence: Risk-based Assessment and Intervention Guidelines with Perpetrators of Intimate Violence*. Unpublished PhD Dissertation. University of the Western Cape.

Maleka, E. (2010). *Social Work Management and Leadership in a Democratic South Africa: Perceptions of Social Workers in senior positions in non-Governmental Organizations*. Unpublished master's thesis, University of Witwatersrand, Johannesburg, Gauteng Province, South Africa.

Maree, K. & Pietersen, J. (2008). *Sampling* edited by Maree, K. First steps in research. Pretoria: Van Schaik.

Marlow, C.R. (n.d.). *Research Methods for Generalist Social Work (SW 388R 1-RESEARCH METHODS I)* - AbeBooks - Marlow, Christine R.: 0840033273. Retrieved November 29, 2015, from <http://www.abebooks.com/9780840033277/Research-Methods-Generalist-Social-Work-0840033273/plp>

Martin, P., Berry, L., Biersteker, L., Desmond, C., Harrison, D., Naicker, S., ... Slemming, W. (2014). *Draft Full Report National Early Childhood*, (February), 1-101.

Massachusetts Institute of Technology. (n.d). Information systems and technology site. Accessed on 10 November 2015 at 18h00 from <http://ist.mit.edu/for-ist/policies/guidelines>

McKendrick, B.W. (1987). *Introduction to Social Work in South Africa*. Pinetown: Owen Burger Publishers.

Meyer, W. & Capazorio, B. (2010, November 6). Baby dies at unregistered crèche. IOL NEWS. Retrieved from [sbeta.iol.co.za/news/south-africa/western-cape/baby-dies-at-unregistered-creche-722655](http://sbeta.iol.co.za/news/south-africa/western-cape/baby-dies-at-unregistered-creche-722655).

Midgley, J. (2014). Book review : Social Development : Theory and practice by James Midgley , SAGE , London , Social Development Issues , 2014 , (July 2015).

Montie, J.E., Xiang, Z. & Schweinhart, L.J. (2006). Preschool experience in 10 countries: Cognitive and language performance at age 7. *Early Childhood Research Quarterly*, 21, 313-331.

National Association of Social Work. (2008). *Standards for Social Work Case Management*. Retrieved from [www.socialworkers.org/practice/naswstandards/casemanagementstandards](http://www.socialworkers.org/practice/naswstandards/casemanagementstandards).

National Association of Social Work. (2012). *Standards for School Social Work Services*. Washington DC 20002-4241: NASW Press.

National Health Act of the Republic of South Africa, Act No. 61 of 2003. (Government Gazette No. 26595, notice number 869, dated 23 July 2004). Pretoria: Government Printers.

Newman, W.L. (2000). *Social Research Methods. Qualitative and Quantitative approaches*. 4th edition. Boston: Allyn & Bacon.

News24 (2014). Reporting on the preliminary results of the national audit that was done in 2013. Sourced on 12 May 2014 from S.A. News.gov.za.

Niewenhuis, J. (2007). Introducing qualitative research. Edited by Maree, K. First steps in research. Pretoria: Van Schaik.

Occupational Outlook Handbook. (2010)

Patnaik, G. & Wood, L. (2012). Purpose Statement and Research Questions. Methodology. Retrieved from [http://www.gopapatnaik.com/uploads/1/7/2/1/17218490/ed\\_836\\_c\\_art.docx](http://www.gopapatnaik.com/uploads/1/7/2/1/17218490/ed_836_c_art.docx)

Patton, M. (2002). Qualitative research and evaluation methods (3rd ed.). Thousand Oaks: SAGE Publications.

Practices, P. (n.d.). Promoting Early Childhood Development for OVC in Resource Constrained Settings : The 5x5 Model.

Promising Practices. (2005). *Promoting ECD for OVC in resource constrained settings by CARE USA: 5x5 Model.*

Proudlock, P. & Jamieson, L. (2007). The Children's Act : Providing a strong legislative foundation for a developmental, 28(1): pp. 35-40.

Richter, L., Desmond, C., Biersteker, L., Burns, J., Feza, N., Harrison, D., ... Town, C. (2012). Early childhood development : Providing the best chance for all children, (September).

Rocher, H.J.W. (1977). An investigation into the role of schoolwork with special reference to the RSA. Unpublished D.Phil thesis, University of Pretoria.

Rothman, J. & Thomas, E.J. (1994). Intervention Research: Design and Development for the Human Service. Psychology Press. Retrieved from [https://books.google.co.za/books/about/Intervention\\_Research.html?id=plG1Ax27OMsC&pgis=1](https://books.google.co.za/books/about/Intervention_Research.html?id=plG1Ax27OMsC&pgis=1)

Sello, L. (2014, April 8). *Crèche shutdown after abuse video goes viral.* eNCA News. Retrieved from [www.enca.com/south-africa/creche-shutdown-after-abuse-video-goes-viral](http://www.enca.com/south-africa/creche-shutdown-after-abuse-video-goes-viral).

Schools Act of the Republic of South Africa, Act No. 84 of 1996. (Government Gazette No. 34620, Notice 776, 01 January 1997). Pretoria: Government Printer.

Sibanda, S. & Lombard, A. (2015). Challenges faced by Social Workers working in Child Protection Services in implementing the Children's Act 38 of 2005 Social Work/ Maatskaplike Werk 51 ( 1 ), doi : <http://dx.doi.org/51-3-452>.

Sliverster Hwenha Investements, T. S. (2010). Laying The Foundation for success, lessons learnt from CSI- funded ECD programmes in South Africa. Communication.

Social Assistance Act of the Republic of South Africa, Act No. 13 of 2004. (Government Gazette No. 26446, Notice number 714, dated 10 June 2004). Pretoria: Government Printer.

Social Service Professions Act of the Republic of South Africa, Act No. 110 of 1978. (Government Gazette No. 9054, Notice 11, 20 June 1978). Pretoria: Government Printer.

South African Council for Social Services Professions (SACSSP). (1978). *Policy Guidelines for Course of conduct, code of ethics and rules for social workers*. Accessed: 29 November 2015 from [www.sacssp.co.za/Content/document/EthicsCode.pfd](http://www.sacssp.co.za/Content/document/EthicsCode.pfd)

South African Council for Social Services Professions (SACSSP). (2013 February/March). *SACSSP Newsletter 2(2)*. Available on: [www.sacssp.co.za](http://www.sacssp.co.za). Accessed on 10 January 2016.

South Africa. Department of Education. (1995). *Education White Paper 1 on Education and Training*. (Notice 196, 15 March 1995, WPJ/1995). Cape Town: Government Printer.

South Africa. Department of Education. (1996). *Interim Policy for Early Childhood Development*. Pretoria: Government Printers.

South Africa. Department of Education. (2001). *Education White Paper 5 on Early Childhood Development*. Pretoria: Government Printer.

South Africa. Department of Education. (2001). *Education White Paper 6 on Inclusive Education*. Pretoria: Government Printer.

South Africa. Department of Education. (2001). *Education White Paper 6. Special Needs Education. Building an inclusive education and training system*. Pretoria: Government Printer.

South Africa. Department of Health. (1997). *The White Paper for the Transformation of the Health System in South Africa*. Notice 667 of 1997. Pretoria: Government Printer.

South Africa. Department of Health. (2011). *National Health Insurance Green Paper*. Pretoria: Government Printer.

South Africa. Department of Performance Monitoring and Evaluation in the Presidency and the Inter-Departmental Steering Committee on ECD. (2012). In collaboration with Richter, L., Biersteker, L., Burns, J [Prof.], Desmond, C [Dr.], Feza, N [Dr.], Harrison, D [Dr.], Martin, P., Saloojee, H [Prof.] & Slemming, W. *Diagnostic Review of the Early Childhood Development Sector*. Pretoria: Government Printer.

South Africa. Department of Social Development. (2012). *Buffalo City Declaration: Early Childhood Development Conference*. (Gazette Number 38558). Pretoria. Government Printer.

South Africa. Department of Social Development. (2014). *Draft ECD Policy and Comprehensive ECD Programme Provincial Consultation*. Pretoria: Government Printer.

South Africa. Department of Social Development. (2015). *INDABA - Action plan Social work - METRO NORTH*. (Internal)

South Africa. Department of Social Development. (2011). *Internal Departmental Circular*.

South Africa. Department of Social Development. (2009). *Recruitment and Retention Strategy for Social Workers*. Pretoria. Government Printer. Retrieved from [www.nawongo.co.za/UserFiles/Recruit and Retent Booklet.pdf](http://www.nawongo.co.za/UserFiles/Recruit_and_Retent_Booklet.pdf). Accessed on 09 January 2016.

South Africa. Department of Social Development. (2011). *The Framework for Developmental Social Welfare*. Pretoria. Government Printer.

South Africa. Department of Social Development. (2010). *Western Cape Government Integrated Provincial ECD Strategy 2011-2017*. Pretoria: Government Printer. Retrieved from [www.dgmt-Community.co.za/sites/dgmt/files/documents/INTEGRATED PROVINCIAL ECD STRATEGY\\_FINAL FOR HDSSC](http://www.dgmt-Community.co.za/sites/dgmt/files/documents/INTEGRATED%20PROVINCIAL%20ECD%20STRATEGY_FINAL%20FOR%20HDSSC)

South Africa. Department of Social Development & Human Sciences Research Council. (2014). In collaboration with Martin, P., Berry, L., Biersteker, L., Desmond, C [Dr]., Harrison, D [Dr]., Naicker, S., Richter, L., Saloojee, H [Prof.]. and Slemming, W. *National ECD Policy* (Draft). Pretoria: Government Printer.

South Africa. Department of Social Development & SACSSP. 2012. *Supervision Framework for the Social Work Profession in South Africa*. Pretoria: Government Printer.

South Africa. Department of the Presidency & National Planning Commission. (2011). *Our Future – make it work*. National Development Plan 2030: Pretoria: Sherino Printers.

South Africa. Department of Women, Children and People with Disabilities. (1996). *National Action Plan for Children in South Africa*. Pretoria: Government Printer.

South Africa. Department of Women, Children and People with Disabilities. (2012). *National Plan of Action for Children (NPAC) in South Africa: 2012-2017*. Pretoria: Government Printer.

South Africa. Department of Women, Children and People with Disabilities. (2013). *South African Integrated Programme of Action for Early Child Development (IPAECD) 2013-2018*. Pretoria: Government Printer.

South African Inter-sectoral Forum for ECD [SAIF-ECD]. (2014). *Terms of reference*

South Africa. Ministry of National Government. (2013). *Millennium Development Goals: UN Progress Report*. New York: USA

South Africa. Ministry for Welfare and Population Development. (1997). *White Paper for Social Welfare*. Pretoria: Government Printer.

Statistical release - Report-03-19-002012.pdf. (2015). Retrieved December 1, 2015, from <http://www.statssa.gov.za/publications/Report-03-19-00/Report-03-19-002012.pdf>

Tannenbaum, N & Reisch, M. (2001). *Form Charitable to Architects of Social Welfare: A brief history of Social Work*. University of Michigan. School Social Work.

The college of social work. (2014). Roles and Functions of Social Workers in England Advice Note Roles and Functions of Social Workers in England. Retrieved from <http://www.tcsw.org.uk/uploadedFiles/TheCollege/CollegeLibrary/Policy/RolesFunctionsAdviceNote.pdf>

UNICEF. (2005). National Integrated Plan for Early Childhood Development (NIPECD) in South Africa: 2005-2010. Pretoria.

U.S. Bureau of Labour Statistics. (2010). *Social Workers: Occupational Outlook Handbook* Retrieved from <http://www.bls.gov/ooh/community-and-social-service/social-workers.htm> on 13 November 2015.



Van Breda. A. (2004). *Multicultural Scale Development in Social Work*. Unpublished PhD Dissertation. University of Johannesburg.

Viviers, A. (UNICEF SA), Biersteker, L. (Early Learning Resource Unit) & Moruane, S. (Department of Women, Children and People with Disabilities). 2013. *Strengthening ECD service delivery: Addressing systemic challenges*. South African Child Gauge.

Williams, R. & Samuels, M.L. 2001. The nationwide audit of ECD provisioning in South Africa.

Yegidis, B.L. & Weinbach, R.W. (2009). *Research methods for social workers (5th ed.)*. London: Allyn and Bacon Publishers.

## APPENDICES

### Appendix A

#### National Norms and Standards for Partial Care

For the purposes of section 79(2) of the Act, the following are national norms and standards for partial care:

##### 1. A safe environment for children

- a. Children must experience safety and feel cared for whilst at the partial care facility.
- b. Premises inside and outside must be safe, clean and well-maintained.
- c. Equipment used must be safe, clean and well-maintained.
- d. There must be adult supervision at all times.
- e. The structure must be safe and weatherproof.
- f. Floors must be covered in washable and easy to clean material that is suitable for children to play and sleep on and walls must be safe and easy to clean.
- g. All reasonable precautions must be taken to protect children and staff from the risk of fire, accidents or other hazards.
- h. Safety measures must be undertaken when transporting children.
- i. Such safety measures include ensuring that transport operators transporting children are registered, suitably trained, screened against Part B of the Child Protection Register and possess the necessary licences and permits as prescribed by the National Land Transport Transition Act, 2000 (Act 22 of 2000), and other relevant national transport policies and regulations determined by the Department of Transport;
- ii. The requirements published by the Minister of Transport periodically in terms of the National Land Transport Transition Act, 2000 are adhered to;
- iii. Transport is appropriate to the ages of children transported and that it is accessible and suitable to children with disabilities and other special needs;
- iv. Transport providers comply with safety measures regulated by the Department of Transport, including adherence to speed limits, and that all passengers are seated regardless of the transport mode used;
- v. Vehicles used to transport children are safe and have the necessary safety characteristics, such as windows and doors opening instructions, safety equipment and appropriate speed devices;
- vi. Children are not transported in open vehicles;
- vii. There is an adult supervisor in a vehicle transporting children under the age of nine years, and
- viii. There is no overloading of children in vehicles.

##### 2. Proper care for sick children or children who become ill

- a. Staff must have the ability to identify children who are ill and be able to refer them for appropriate health services. (b) Policies and procedures relating to the health care of children whilst at the partial care facility must be in place. Such policies and procedures must cover the following:
  - i. Criteria for identifying ill children;
  - ii. Safe keeping of all medication at a partial care facility;
  - iii. Procedures for dealing with children who are ill; and
  - iv. Guidelines for preventing the spread of diseases at the partial care facility.

2

- b. The following procedure regarding children who are ill must be adhered to:
- i. After identifying children who are ill, the illness or problem must be reported to the parent(s), care-giver or family as soon as possible;
  - ii. The child must be removed from other children to a safe place or room designed to care for ill children;
  - iii. Any child assessed to have an infectious disease (measles, chickenpox, etc) must be immediately isolated from other children and referred to the nearest hospital or clinic for further assessment and treatment;
  - iv. If a child is already on prescribed medication, that child must receive the medication as prescribed and as advised by the parents; and
  - v. In cases of emergency, the child must be taken to the nearest hospital or clinic for treatment and appropriate referral.
- c. The following medical records must be kept:
- i. Up-to-date records of each child's medical history;
  - ii. Records of each child's immunisation programme and Vitamin A schedule; and
  - iii. Records of health incidents and accidents occurring at the facility.
- d. Every partial care facility must have a first-aid kit.

### **3. Adequate space and ventilation:**

- a. The partial care facility must have adequate ventilation and sufficient light.
- b. Space for different activities and functions must be clearly demarcated.
- c. Where applicable, new buildings and alterations to buildings must comply with the building standards as set out by the National building Regulations and Building Standard Act, 1997 (Act 103 of 1997).

### **4. Safe drinking water:**

- a. Safe and clean drinking water must always be available.
- b. Where water is not from a piped source, it must be treated and made safe using approved national health guidelines for the treatment of water by adding one teaspoon of bleach to 25 litres of water.
- c. All water containers must be covered at all times.

### **5. Hygienic and adequate toilet facilities:**

- a. Partial care facilities catering for toddlers must have potties, toilets and washbasins;
- b. Toilet and hand washing facilities must be reachable for children over the age of three years.
- c. For children up to the age of three years:
  - i. There must be appropriate toilets;
  - ii. Where there are no sewerage or ablution facilities, potties must be made available;
  - iii. Every child under the age of three years must have his or her own potty;
  - iv. Waste from potties must be disposed of hygienically;
  - v. Potties must be cleaned after use and disinfected in a properly demarcated area; and
  - vi. There must be a clearly demarcated nappy changing area with a surface that can be easily cleaned. This area must be situated away from the food preparation area.
- d. For children between the ages of three and six years:
  - i. Where sewerage systems are available, there must be one toilet and one hand washing basin for every 20 children;
  - ii. Where no sewerage facilities area available, an appropriate toilet must be available at the

3

- iii. Where no running water is available, there must be a minimum of 25 litres of drinkable water supplied on a daily basis;
- iv. Where no washbasins are available, one suitable container for every 20 children must be made available, provided that such container is cleaned and changed regularly and closed; and
- v. All toilets must be safe and hygienic.
- e. For children of six years and older, there must be:
  - i. Hygienic and safe toilets; and
  - ii. One toilet and one hand washing basin for every 20 children.
- f. There must be adult supervision at all times when children use the toilet.
- g. Where applicable the local authority regulations and by-laws in respect of physical characteristics of building and health requirements must be adhered to.

### **6. Safe storage of anything that may be harmful to children:**

- a. Medicine, cleaning substances and any dangerous substances must be kept out of reach of children.
- b. Medicine and dangerous substances must be kept in separate locked or childproof cupboards.
- c. Dangerous objects, materials, sharp instruments and utensils must be kept out of reach of children.
- d. Dangerous substances may not be used in the vicinity of children.
- e. Electrical plugs must be covered.
- f. Paraffin, gas and other electric appliances must be kept out of reach of children.
- g. Cleaning agents must be kept in clearly marked containers and out of reach of children.

### **7. Access to refuse disposal services or other adequate means of disposal of refuse generated at the partial care facility:**

- a. Where possible, refuse must be disposed of according to municipality regulations. (b) Waste disposal methods must be safe and covered.
- b. Waste must be kept out of reach of children.
- c. Waste disposal areas must be disinfected regularly.

### **8. A hygienic area for the preparation of food for the children:**

- a. There must be a separate, clean and safe area for the preparation of food as well as for cleaning up after food preparation.
- b. There must be a separate clean and safe area for serving food to the children.
- c. There must be cooling facilities for storage of perishable food.
- d. The food preparation area must be clearly marked and out of reach of children.
- e. There must be a sufficient supply of clean water as well as cleaning agents.
- f. There must be sealed containers to store all prepared food before serving such food.

### **9. Measures for the separation of children of different age groups:**

- a. Where possible, children must be separated into the following age categories in separate rooms or places to ensure their development:
  - i. Children under the age of 18 months; ii. children between the ages of 18 and 36 months;
  - ii. Children between the ages of three and four years; and iii. children between the ages of four and six years.
- b. Where a partial care facility provides after care facilities to children of school going age, these children must be kept separate from the children in the above mentioned age groups in order to ensure that they are able to rest and complete their homework upon their return from school.

4

c. Where more than 50 children are enrolled for a full day at a partial care facility, there must be a separate room or place to be used as an office and as a sickbay.

10. The drawing up of action plans for emergencies:

a. Reasonable precautions to protect children from risk of fire, accidents and other hazards must be taken.

b. Policies and procedures for dealing with structural and environmental emergencies and disasters must be in place.

c. Emergency procedures with relevant contact details must be visibly displayed.

d. Emergency plans must include evacuation procedures.

e. Emergency plans must be up-to-date, regularly tested and reviewed.

f. Staff must be trained in dealing with emergencies.

g. Children must be made aware of emergency procedures.

11. The drawing up of policies and procedures regarding health care at the partial care facility: Policies must:

a. Include procedures to deal with infectious diseases at the partial care facility;

b. Include procedures for dealing with the medical needs of sick children and of children with chronic illnesses;

c. Ensure that there are standards relating to cleanliness and hygiene at the partial care facility;

d. Ensure that there is an adequate supply of cleaning agents and towels at the partial care facility;

e. Provide for the training of staff in first aid;

f. Include record keeping and registers pertaining to storage and use of medicines at the partial care facility;

g. Promote confidentiality when dealing with health related information;

h. Encourage staff to take care of their health, undergo regular medical check-ups, and must include procedures to deal with contagious diseases contracted by staff in order to prevent transmission to children; and

i. Promote on-going staff training and development on keeping a healthy environment, identifying illnesses, preventing the spread of diseases and infectious diseases as well as promoting universal health precaution.

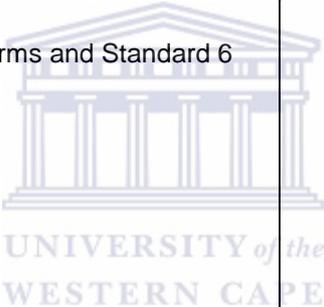
## Appendix B



### OPERATIONAL NORMS AND STANDARDS FOR ECD PROGRAMMES

<p>All ECD programmes must provide for appropriate developmental opportunities.</p>	<p>National Norms and Standards 1</p>	<ul style="list-style-type: none"> <li>• Programmes must:           <ul style="list-style-type: none"> <li>○ Be appropriate to the developmental stages of children.</li> <li>○ Provide opportunities for children to explore their world.</li> <li>○ Be organised in a way that each day offers variety and creative activities.</li> </ul> </li> </ul>
<p>All ECD programmes must be aimed at developing children to their full potential.</p>	<p>National Norms and Standards 2</p>	<ul style="list-style-type: none"> <li>• Programmes must:           <ul style="list-style-type: none"> <li>○ Be stimulating in nature.</li> <li>○ Promote self discovery.</li> <li>○ Promote and support the development of motor, communication and sensory abilities in children.</li> <li>○ Promote self control, independence and developmentally appropriate responsibility.</li> <li>○ Promote free communication and interaction amongst children.</li> <li>○ Be rehabilitative in nature.</li> </ul> </li> </ul>
<p>All programmes must be aimed at caring for children in a constructive manner and providing support and security.</p>	<p>National Norms and Standards 3</p>	<ul style="list-style-type: none"> <li>• Creative play and exploratory learning opportunities must be provided to children and adhere to the following conditions:           <ul style="list-style-type: none"> <li>○ Structured programmes/activities are designed, documented and implemented.</li> <li>○ Children have access to recreational/sport facilities and are given the opportunity to participate in these activities.</li> <li>○ In-door and out-door programmes/activities must be supervised.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ Children with special needs must be integrated in programs/activities according to their abilities.</li> <li>• Care programmes must adhere to the following conditions: <ul style="list-style-type: none"> <li>○ Appropriate toilet and bathing facilities according to the different age groups must be provided.</li> <li>○ Where there are no sewerage facilities, sufficiently covered potties must be available.</li> </ul> </li> <li>• Appropriate disciplinary measures must be affected.</li> <li>• Structured daily programmes/activities are designed, documented and implemented.</li> <li>• The daily programs/activities must be clearly displayed.</li> <li>• Health programmes must adhere to policies, procedures and guidelines as prescribed by the Health Authorities and must include practices aimed at preventing the spread of contagious diseases.</li> <li>• Safety programmes must adhere to policies, procedures and guidelines and ensure that children are supervised by an adult at all times.</li> <li>• Nutrition programmes must adhere to policies, procedures and guidelines as prescribed by Health.</li> <li>• Children must not be punished physically by hitting, smacking, slapping, kicking or pinching.</li> </ul>
<p>All ECD programmes must promote the development of positive social behaviour.</p>	<p>National Norms and Standards 4</p>	<ul style="list-style-type: none"> <li>• Parents and care-givers must participate in activities that promote positive social behaviour in children.</li> <li>• Programmes must be value based.</li> <li>• Staff must demonstrate behaviour that promotes positive behaviour by modelling attitudes and interactions with children.</li> <li>• Appropriate disciplinary measures must be affected.</li> </ul>

<p>All ECD programmes must promote the respect for and nurturing of the culture, spirit, dignity, individuality, language and development of each child.</p>	<p>National Norms and Standards 5</p>	<ul style="list-style-type: none"> <li>• Programmes must promote appreciation and understanding for children’s culture and language.</li> <li>• Children must be allowed to communicate in the language of their choice.</li> <li>• Programmes must contribute to the development of a sense of identity in children.</li> </ul>
<p>All ECD programmes must meet the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children.</p>	<p>National Norms and Standard 6</p> 	<ul style="list-style-type: none"> <li>• Programmes must: <ul style="list-style-type: none"> <li>○ Be appropriate to the developmental stages and evolving capacity of children.</li> <li>○ Ensure that parents and care-givers are involved in the development of children.</li> <li>○ Must provide education and support to parents, caregivers and families to fulfil their responsibilities towards child-rearing and the holistic development of their children.</li> <li>○ Must be accessible to especially vulnerable children in their homes.</li> <li>○ Must promote cognitive development in children.</li> <li>○ Promote the development of fine sensory and gross motor skills in children.</li> <li>○ Must teach age appropriate self-control and independent behaviour.</li> <li>○ Address the emotional needs of children.</li> </ul> </li> </ul>

## Appendix C



**OFFICE OF THE DEAN  
DEPARTMENT OF RESEARCH DEVELOPMENT**

14 November 2014

**To Whom It May Concern**

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:  
Mrs B Govender (Social Work)

Research Project: The development of a standard operating manual for social workers involved in early childhood development.

Registration no: 14/9/27

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

## Appendix D



Research, Population and Knowledge Management

tel: +27 21 483 4512 fax: +27 21 483 5602

14 Queen Victoria Street, Cape Town, 8000

Reference: 12/1/2/4

Enquires: Clinton Daniels/Petra Bink

Tel: 021 483 8558/483 4512

Ms B. Govender

35 Joubert Street

Parow Valley

Dear Ms Govender

**RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT**

1. Your request for ethical approval to undertake research in respect of *The development of a standard operating manual for social workers involved in early childhood development' roles.*
2. It is a pleasure to inform you that your request has been approved by the Research Ethics Committee (REC) of the Department, subject to the following conditions:

- That the Secretary of the Research Ethics Committee be informed in writing of any changes made to your proposal after approval has been granted and be given the opportunity to respond to these changes.
- That ethical standards and practices as contained in the Department's Research Ethics Policy be maintained throughout the research study, in particular that written informed consent be obtained from participants.
- The confidentiality and anonymity of participants who agree to participate in the research, must be protected, should be maintained throughout the research process and should not be named in your research dissertation or any other publications that may emanate from your research.

- In the undertaking of the approved research, please ensure that any possible conflict of interest as well as influencing of participants to participate in view of your dual role as researcher and official, is avoided.
- The Department should have the opportunity to respond to the findings of the research. In view of this, the final draft of your dissertation should be send to the Secretariat of the REC for comment before further dissemination.
- That the Department be informed of any publications and presentations (at conferences and otherwise) of the research findings. This should be done in writing to the Secretariat of the REC.
- Please note that the Department supports the undertaking of research in order to contribute to the development of the body of knowledge as well as the publication and dissemination of the results of research. However, the manner in which research is undertaken and the findings of research reported should not result in the stigmatisation, labelling and/or victimisation of beneficiaries of its services.
- The Department should receive a copy of the final research dissertation and any subsequent publications resulting from the research.
- The Department should be acknowledged in all research papers and products that result from the data collected in the Department.
- Please note that the Department cannot guarantee that the intended sample size as described in your proposal will be realised.
- Logistical arrangements for the research must be made with your Regional Manager, subject to the operational requirements and service delivery priorities of the Department.
- Failure to comply with these conditions can result in this approval being revoked.

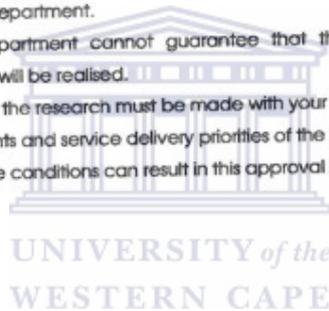
Yours sincerely



Ms M. Johnson

Chairperson: Research Ethics Committee

Date: 9/3/15



## Appendix E

---



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 21-9592274, Fax: 27 21-9592271*

**E-mail: Mlondt@uwc.ac.za**

### INFORMATION SHEET

#### **Project Title:**

The development of guidelines for social workers involved in early childhood development.

#### **What is this study about?**

This is a research project being conducted by Badroonesa Govender at the University of the Western Cape. We are inviting you to participate in this research project because you are a social worker working with partial care facilities (crèches). The purpose of this research project is to obtain information about the current methods of monitoring ECD facilities by social workers in the employ of the Department of Social Development, nationally. The researcher would like to develop a standard operating manual to be used by social workers to monitor the implementation of legislative prescripts by facilities.

#### **What will I be asked to do if I agree to participate?**

You will be asked to take part in an interview that will be facilitated by the researcher. Your comments from the interview will be written down by the researcher for analysing purposes. The interview should take a half an hour to forty five minutes to complete. I will request for permission from your employer beforehand in order to do the interview at your workplace. Attached is the list of the questions that maybe asked during the interview.

#### **Would my participation in this study be kept confidential?**

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not be included in the interview data collected. A code will be placed on the interview schedules which will be used as an identification code by the researcher. Please be assured that only the researcher will have access to the identification key. To ensure confidentiality, the data collected will be stored in a locked filing cabinet which will be in locked store room. All data

on my computer will be protected by password on my computer. If we write a report or article about this research project, your identity will be protected. This study will also make use of a Delphi study which involves a group, and the extent which your identity will remain confidential is dependent on participants in the group maintaining confidentiality.

**What are the risks of this research?**

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Also, should you identify any risks in participating in this research project, you may contact the researcher, who will try her best to minimise that risk in a suitable manner.

**What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about the challenges faced by social workers working with ECD facilities in monitoring and will help to develop a manual to help improve conditions and quality at facilities. We hope that, in the future, other people might benefit from this study through improved understanding of the plight of social workers working in this field.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. There are no consequences to your withdrawal at any time from this research project.

**What if I have questions?**

This research is being conducted by Badroonesa Govender and the University of the Western Cape.

If you have any questions about the research study itself, please contact:

Researcher: Badroonesa Govender, University of the Western Cape.

Telephone: (021) 931 4535, (021) 572 3124/6, 082 3778 334 or email [bgovender143@gmail.com](mailto:bgovender143@gmail.com).

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Prof Jose Frantz

Telephone: (021) 959 2274

University of the Western Cape

Private Bag X17

Bellville 7535

[chs-deansoffice@uwc.ac.za](mailto:chs-deansoffice@uwc.ac.za)

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

---

## Appendix F



**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 21-9592274, Fax: 27 21-9592271*

**E-mail: [MLondt@uwc.ac.za](mailto:MLondt@uwc.ac.za)**

### CONSENT FORM

#### TITLE OF RESEARCH PROJECT:

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own free choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study without giving a reason at any time and without fear of negative consequences or loss of benefits.

**Participant's name:**.....

**Participant's signature:**.....

**Date:** .....

UNIVERSITY of the  
WESTERN CAPE

Should you have any questions regarding this study or wish to report any problems you have experienced related to this study, please contact the study co-ordinator:

**Study Co-ordinator's Name: Dr. M. Londt**

**University of the Western Cape**

**Private Bag X17, Bellville 7535**

**Telephone: (021) 959 2274**

**Fax: (021) 959 2271**

**Email: [MLondt@uwc.ac.za](mailto:MLondt@uwc.ac.za)**

---

**Appendix G****ANNEXURE IV****INTERVIEW GUIDE FOR SEMI-STRUCTURED INTERVIEWS:****Introductions and purpose of interview explained and consent form signed.**

1. Can you elaborate on your experience as a social worker, and whether you have experience of the private sector?
  2. What is your experience in your current post?
  3. Do you know what is expected from you as a social worker working with partial care facilities?
  4. What training did you receive to perform these tasks that are expected from you?
  5. Who monitors your work?
  6. Who is responsible to make sure that the implementation of legislative prescripts is adhered to?
  7. What challenges do you have as a social worker working with partial care facilities?
  8. Do you think that guidelines for social workers will assist in making your work easier, and will it assist in getting facilities to comply?
  9. What should be included in the guidelines?
-

## Appendix H



## Children & Families: ECD Programme

nmguda@pgwc.gov.za  
Tel: +27 21 483 8598 Fax+27 21 483 8719  
14 Queen Victoria Street, Cape Town, 8001  
www.capegateway.gov.za

Reference: 15/12/2011

Enquiries: Ms N Mguda

### **GUIDELINES/OUTLINE FOR ECD PROGRAMME DEVELOPMENT**

As a result of the promulgation of the Children's Act, ECD has shifted from being viewed as a place where children are only cared for and kept safe from physical harm (equated to a physical site).

ECD is now perceived as a programme that will meet the purpose of protecting the child's rights to develop full cognitive, emotional, social and physical potential. The Act also serves to ensure that all children in need of this service will be in a position to access a programme that will meet their development needs. These programmes can either be community based or home based, and may be delivered by a range of stakeholders.

As depicted in the White Paper for Social Welfare, no single model or programme is appropriate to meet the varied ECD needs, thus a range of options should be made available, such as home and centre-based services; stimulation programmes including part-day programmes; and family, education, health and nutrition programmes.

Any person intending to deliver an ECD programme is obliged in terms of the Children's Act to register the ECD programme with the Department of Social Development. It is in this respect that these guidelines have been developed. The guidelines reflect the minimum requirements for a range of programmes (as some programmes may focus more on psychosocial aspects of development than on cognitive development while others will focus solely on preparation of capacity that is required for schooling). This is an outline of basic elements that should at least be reflected when an ECD programme is presented for registration. This guideline document is adaptable and will serve as a basis for developing programme assessment criteria.

*What we need to see when a programme is presented?*

## **1. OVERVIEW OF PROGRAMME**

### **1.1. Name of programme**

- State nature of programme and what developmental areas are covered (social, cognitive, emotional, etc)
- Specify if it is an in/out of centre programme

### **1.2. Theoretical basis / research base of programme**

- Brief explanation of what theory (if any) informs the programme and adaptability thereof to the target group intended for.
- If programme is based on a model already implemented by an ECD service organisation or elsewhere, a brief account and known outcomes are necessary.
- State 1 or 2 significant sources of information used in developing the programme.

## **2. TARGET GROUP**

### **2.1. Age group/s**

- Clearly specify the age group/s and number of children the programme is intended for.

### **2.2. Target area**

- A brief account of the socio economic circumstances (optional) of the area and whether the programme had to be adapted to cater for a specific needs or shortcomings as a result of the socio economic background.

## **3. METHOD OF LEARNING**

### **3.1. Desired Outcomes**

- For each developmental area listed under sub1.1, specify desired (learning) outcomes - these are simply, abilities children are expected to display as they progress through the developmental areas.

### **3.2. Competencies (standards)**

- Specify skills, competences (capabilities) and attitudes acquired for each developmental stage – competences refer to what children are able to do at different phases of their development.



### 3.3. Thematic approach

- These are specific weekly or monthly themes that are followed through the language of play. Children perform different activities based on specific themes. Flexibility in terms of planned themes should be exercised to cater for unexpected events in the facility or community that may be relevant to the development of children. E.g. elections, major sporting event, etc.
- Themes may be presented in a tabular form reflecting the theme, concept to for the day /week, activity and desired outcome and developmental area being supported.

#### Example 1: Approach (based on NELDS framework)

<b>THEME - Healthy food</b>			
<b>Concepts</b>	<b>Activities</b>	<b>Desired outcome</b>	<b>Developmental area being addressed</b>
Food I like	Cut out favourite food pictures (collage of food pictures)	Children learn about healthy food and understanding of a healthy lifestyle	Physical and cognitive (Shapes, colour, texture, etc.)
Food garden (vegetable garden)	Develop a food garden and children take responsibility to look after it.	Understanding of the concept of *growing* and a healthy lifestyle. Also obey rules and follow routines.(e.g. rule to water garden every morning)	Physical, social and cognitive
Garden utensils	Read a story / book and naming garden utensils, appropriate use thereof and how keeping them clean and safe.	Learn to communicate (language use and increasing vocabulary), and demonstrate awareness of health and safety.	Physical, motor and cognitive.
Fruit and vegetables	Matching game (fruit to fruit and vegetable to vegetable) or identify one that does not fit (three types of fruit and one vegetable and ask children to identify the mismatching item)	Understanding of a healthy lifestyle, communicate effectively and learn about mathematical concepts	Physical, motor, cognitive and social.

### 3.4. Parental involvement

- Parental involvement is viewed as one of the building blocks of a quality ECD programme. Parents play an essential role in reinforcing positive behaviour

and other aspects of what the children learn from programmes. A brief account of how parents will be involved in the development of children is recommended.

#### **4. ASSESSMENT OF CHILDREN**

##### **4.1. How will the children's competences be assessed?**

- To ascertain the extent to which children have acquired the expected competencies, they have to be assessed.
- The nature of assessment must be specified. E.g. observing the children in the setting, oral assessment, etc.

##### **4.2. Parental participation in assessment**

- Explain how the outcomes of assessment will be communicated to parents.
- Parents giving rating on children's competences, e.t.c.

#### **5. BARRIERS TO LEARNING**

##### **5.1. Procedure for reporting learning difficulties**

- Children are unique and thus may differ in respect of developmental progressing. As a result competencies may not be acquired at the same pace.
- The programme must briefly highlight procedures in place for referral of children with identified learning difficulties and other forms of disability or distress to appropriate interventions.

#### **6. IMPLEMENTATION PLAN**

##### **6.1. Tabulate how the programme will be implemented throughout the year, including:**

- Theme and duration thereof – refers to what topics or subjects will be covered for specified time period.
- Concepts - refers to what exactly it is the children need to learn about – behaviour, ideas, culture or nature of a particular thing or aspect of it / life and or functioning thereof (e.g. Concept of a dog: children learn about its behaviour, body, food and how it is to be treated).
- Activities – what the children will be doing in order to enhance their understanding of the above.
- and Objective - what the topic seeks to achieve

**Example 2: Implementation Plan (based on quarterly themes)**

Duration	Topic/Theme	Concepts/ideas	Activities	Objective / outcome
January–March 20..	How things grow	Flowers		
		Animals		
		People		
Duration	Topic/Theme	Concepts/ideas	Activities	Objective / outcome
April – June 20..				
Duration	Topic/Theme	Concepts/ideas	Activities	Objective / outcome
July – Sept 20..				
Duration	Topic/Theme	Concepts/ideas	Activities	Objective / outcome
Oct – Dec				

Over and above the broad year plan, the service provider is expected to have in place a detailed plan reflecting daily activities and specific outcomes linked to these activities.

**7. INTERNAL PROGRAMME MONITORING AND EVALUATION**

Without monitoring and evaluating of the programme, it may be challenging to follow progress over time in terms of implementation. Moreover, constant or on-going evaluations and assessments will help in determining whether the programme is being implemented appropriately.

- Specify if there are plans to internally monitor implementation of the programme
- State how implementation will be monitored and by whom.
- Any plans to review the programme? If so specify.

APPENDIX I



PERFORMANCE AGREEMENT

BETWEEN

(.....)  
 ECD Assistant (Expanded Public Works Programme Participants)

And  
 Grassroots Educare and Training Trust (Service Provider)



Period agreement from 01/04/2016 – 31/03/2017

JOB DETAILS

**Component:** Social Welfare Services: Early Childhood Development & Partial Care

**Location:**.....

EPWP Allowance (Stipend):.....

**Occupational Classification** Expanded Public Works Programme

**Designation:** Early Childhood Development Assistant as Expanded Public Works Programme Participant

## Expanded Public Works Programme Background Information

Expanded Public Works Programme has its origins in Growth and Development Summit (GDS) of 2003. At the Summit, four themes were adopted, one of which was 'More jobs, better jobs, and decent work for all'. The GDS agreed that public works programmes 'can provide poverty and income relief through temporary work for the unemployed to carry out socially useful activities'.

The programme is a key government initiative, within contributes to governments Policy Priorities in terms of decent work and sustainable livelihood, education, health, rural development, food security and land reform and the fight against crime and corruption.

EPWP subscribes to outcome 4 "Decent employment through inclusive economic growth"

The Expanded Public Works Programme (EPWP) is a Nation- wide government initiative which seeks to draw a significant number of unemployed people to participate /enter into a productive work where they can earn a stipend while in the same time gain work-based learning / experience in Home and Community ECD services.

Expanded public Works Programme is an integral part of the government's Second Economy and Anti-Poverty Strategies.

In- light of the above –mentioned brief explanation, EPWP is one element within a broader government Strategies which seek to reduce poverty in our communities through alleviation and reduction of unemployment. Expanded Public Works Programme involves creating job opportunities for unemployed persons, and so allowing them to participate economically and contribute to the development of their communities and the Country as a whole.

The Social Sector recognizes that harnessing opportunities and empowering human beings remains the end purpose and the means of confronting the inherited legacies of the past as well as its consequences. The Sector also recognizes further that our work is not the end but the means to realize the fulfillment of EPWP participants that the programme seeks to address.

### PROJECT PURPOSE

To assist (Fundamental tasks) Social Workers in Early Childhood Development and Partial Care field to enhance their chances for decent employment.

**JOB PURPOSE**

To assist with the effective implementation of the Early Childhood Development Programme and Partial Care registration by monitoring and rendering support within the Service Delivery Areas.

**JOB FUNCTIONS (Fundamental activities)**

- To assist with awareness of norms and standards within partial care facilities;
- To assist partial care facilities with the registration process;
- To assist partial cares as well as ECD programme application process;
- To assist in the compilation of databases;
- Compile statistics of monthly and quarterly reports

**REPORTING REQUIREMENTS**

The participant ..... shall report to ..... as her mentor/supervisor on all parts of the agreement;

The participant shall;

1. Timeously alert the mentor/supervisor of any emerging factors that could preclude the achievement of any performance agreement undertaking, including the contingency measures that she proposes to take to ensure the impact of such deviation from the original agreement is minimized
2. Establish and maintain appropriate internal controls and reporting systems in order to meet performance expectations
3. Discuss and thereafter document for the record and future use any revision of targets as necessary as progress made towards the achievement of performance agreement measures.

In turn the mentor/supervisor ....., shall;

1. Create an enabling environment to facilitate effective performance by the employee.
2. Provide access to skills development and capacity building opportunities.
3. Work collaboratively to solve problems and generate solutions , common problems within the Service Delivery Area that may be impacting on the performance of the employee.

**KEY RESULT AREAS**

Key result areas (KRA)	Weight
To assist with awareness of norms and standards within partial care facilities	30
To assist partial care facilities with the registration process	20
To assist partial cares as well as ECD programme application process	20
To assist in the compilation of databases	15
Compile statistics of monthly and quarterly reports	15
<b>Total</b>	<b>100</b>

**REVIEW DISCUSSIONS**

1<sup>st</sup> Review 01/04/2016 - 30/09/2016

2<sup>nd</sup> Review 01/10/2016 - 31/03/2017

**DISPUTE RESOLUTION**

Any disputes about the nature of the participants performance agreement, whether it relates to key responsibilities, priorities, methods of assessments and/or stipends payment in this agreement shall be dealt with in terms of the Ministerial Determination: Expanded Public Works Programme.

If this mediation fails, the Code need to be followed, read, in conjunction with the Ministerial Determination for Expanded Public Works Programme.

**SIGNATURES OF PARTIES TO THE AGREEMENT**

The content of this document has been discussed and jointly agreed upon by participant concerned and his/her Mentor/supervisor.

Name of Participant:.....

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Mentor/Supervisor:.....

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PERFORMANCE PLAN

KEY RESULT AREAS (KRA)	WEIGHT	MEASURABLE OUTPUTS	WEIGHT	RESOURCES	TARGET DATE
To assist with awareness of norms and standards within partial care facilities	30	Number of onsite visits done	30	Social Worker Computer Stationary Transport/ Travelling allowance ECD Assistant	01/04/2015 – 31/03/2016
		Number of norms and standards checklists completed	30		
		Number of follow up visits with regards to guidance and support done	30		
		Number of process notes complete	10		
To assist partial care facilities with the registration process	20	Number of application forms (form 11) distributed	30	Social Worker Computer Stationary Transport/ Travelling allowance ECD Assistant	01/04/2015 – 31/03/2016
		Number of follow ups done	30		
		Number of facilities assisted and guided	30		
		Number of application packages received	10		
To assist partial cares with the ECD programme application process	20	Number of application forms distributed (form 16)	20	Social Worker Computer Stationary Transport/ Travelling allowance ECD Assistant	01/04/2015 – 31/03/2016
		Number of onsite visits done	20		
		Number of norms and standards checklists completed	15		
		Number of follow up visits done with regards to guidance and support	20		
		Number of application forms received	15		
		Number of process notes completed	10		
To assist in the compilation of databases and maintaining database	15	Data registers on registered- and registered funded Partial care facilities compiled and maintained	20	Social Worker Computer Stationary ECD Assistant	01/04/2015 – 31/03/2016
		Data register on unregistered Partial Care facilities compiled and maintained	20		

		Data register on registered ECD programmes compiled and maintained	20		
		Data register on unregistered ECD programmes compiled and maintained	20		
		Data register on practitioners qualifications in registered funded partial care facilities compiled and maintained	10		
		Data register on practitioners qualifications in unregistered partial care facilities compiled and maintained	10		
Compile statistics of monthly and quarterly reports	15	Timeously submission of monthly statistics	50	Social Worker Computer	Monthly
		Timeously submission of quarterly progress reports	50	Stationary ECD Assistant	Quarterly

**APPENDIX J****GUIDELINES FOR ECD SOCIAL WORKER  
IN DEPARTMENT OF SOCIAL DEVELOPMENT****INTRODUCTION**

These guidelines are intended as a guide to social workers who enter the field of early childhood development within the Western Cape Department of Social Development. It is intended to provide guidance to social workers in rendering services to early childhood development (ECD) or after school care programmes and services.

The Department of Social Development acknowledges that families and communities must be the starting point of all interventions. Thus, providing ECD services and programmes for young children or afterschool care programmes for older children which may prepare children for the challenges of the formal school system as well as equipping them with life skills and knowledge to make them less vulnerable to abuse and exploitation.

Services for young children are important to strengthen the safety nets for children in our communities. Unfortunately, many regard this as an opportunity to generate income instead of providing quality services. Many disregard the guidelines set out by the Department of Social Development and start their services before they are actually registered.

It is anticipated that this easy-to-follow guidelines will serve as a guide to assist social workers to perform their tasks in accordance with good standards determined by the Department of Social Development. The rights of the child are guaranteed by South Africa's constitution and supported by South African legislation, government white papers, policy documents and by national plans and programmes. These are backed up by international conventions, charters and United Nations Committee statements.

It is, therefore, important for you as an ECD social worker, advocating for young children in preschool and after school care programmes, to have some knowledge about these rights and policies. This knowledge will guide and empower you in your work with children. Since the advent of 1994, the government has been reforming the legal status of children in South Africa and has introduced the Children's Act (38 of 2005) which came into effect on 1 April 2010 and took our country into a new era of child-care and protection and play a critical role in safeguarding children's protection rights.

The Children's Act takes a developmental approach, which accentuates the State's responsibility in the delivery of social services to strengthen the capability of families and communities to care for and protect children and this is part of this responsibility. Quality service is an important issue for the Department of Social Development and registering with the DSD is their way of making sure this vision is achieved.

Your supervisor is to provide you with the required registration packages containing all the documentation required to perform your job functions.

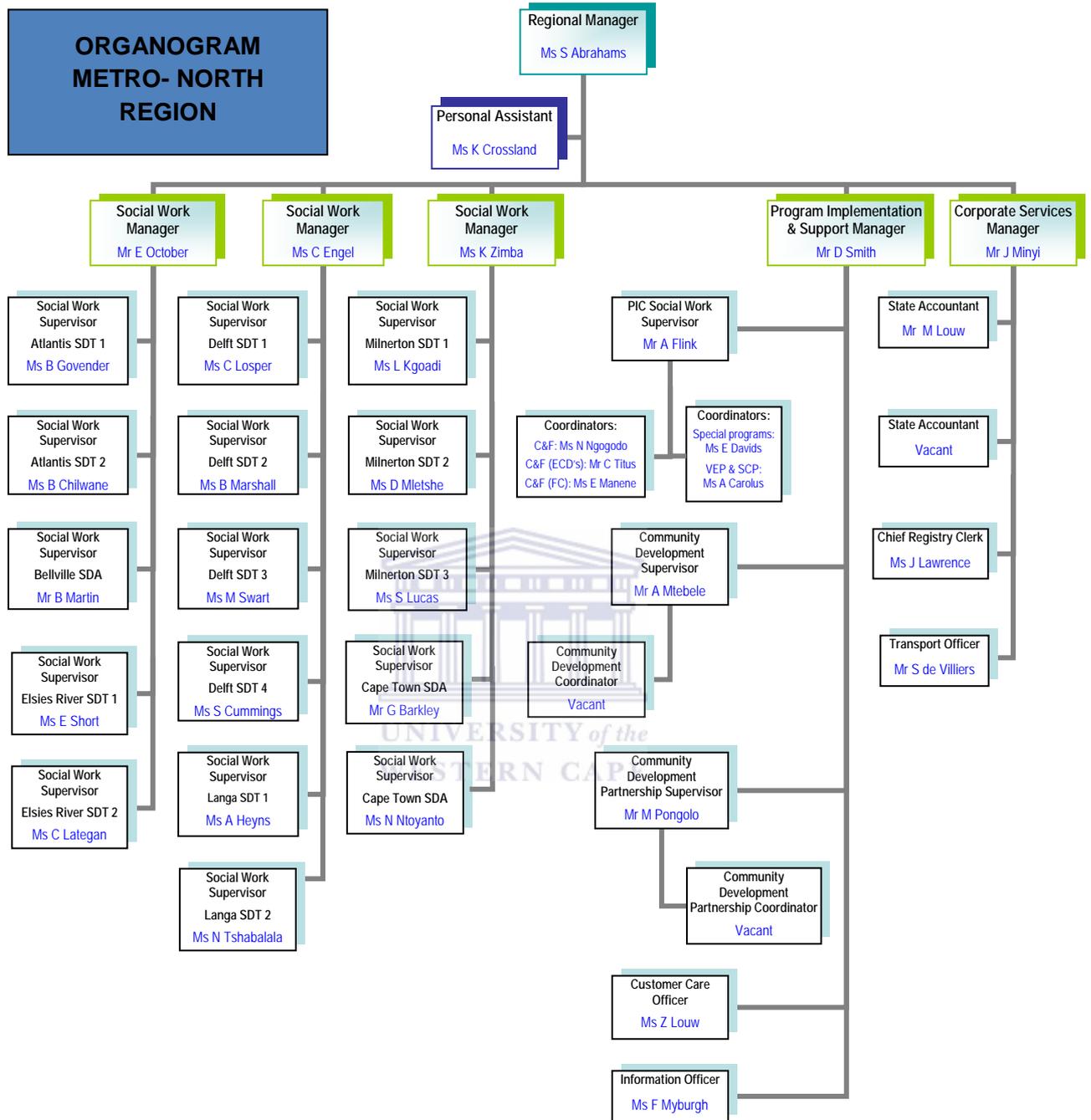
<b>Registration of PCF/ASCF</b>	<b>Roles and responsibilities of the social worker when registering of a partial care facility</b>
<p>Put together a <b>registration package</b> which includes the following:</p>	<p>Application form(regulation 14)</p> <p>List of requirements for registration with DSD and municipality</p> <p>Example of a constitution</p> <p>Example of emergency plan</p> <p>Copies of the Minimum norms and standards</p> <p>Copies of the Regulations pertaining to partial care, chapter 4</p> <p>Form 29 and 30 application forms for clearance certificates from the Child Protection Register</p> <p>List of City of Cape Town officials for your area of operation</p> <p>Your contact details</p> <p>Keep a register of all packages issued. Only issue package after an interview where the following is discussed:</p> <p>Explain Child Protection</p> <p>Explain registration requirements in terms of the Children's Act</p> <p>Registration procedure</p> <p>Highlight the relevant sections of the minimum norms and standards as well as regulations 14(4)(a)-(f) and 15</p> <p>Explain the application for subsidy (criteria)</p> <p>Explain your roles and functions</p> <p>Explain monitoring and evaluation procedures</p>

Registration of PC programmes	Steps aligned to this job function
<p>The facility must be <b>registered with DSD</b> before applying for programme registration</p>	<p>Put together a registration package which includes the following:</p> <ul style="list-style-type: none"> <li>Application form (regulation 24)</li> <li>A list with requirements needed to register such as: <ul style="list-style-type: none"> <li>Overview of the programme to be registered</li> <li>An implementation plan for the programme</li> <li>Staff composition including exposition of prescribed and other skills</li> <li>Copies of qualifications</li> <li>Certified copies of identity documents</li> <li>Certified copy of your facility registration certificate</li> <li>Certified copies of clearance certificates from National Child Protection Register</li> <li>Your contact details</li> </ul> </li> <li>Keep a register of packages issued. Only issue package after an interview where the following is discussed: <ul style="list-style-type: none"> <li>Registration process</li> <li>Evaluation of programme in line with legislation and policies i.e: Nelds, Policy on ECD, Curriculum from WCED.</li> </ul> </li> <li>Explain the relevant sections of the minimum norms and standards for programme registrations <ul style="list-style-type: none"> <li>(S94(2))</li> </ul> </li> <li>Explain your roles and responsibilities</li> <li>Explain monitoring of the programme</li> </ul>



Monitoring of PCF/PCP/ASCF	Steps to follow when monitoring services are rendered to registered and or funded facilities and unregistered facilities
<p><b>When do you monitor?</b></p> <p><b>Registered/funded facilities:</b></p> <p><b>Existing unregistered facilities:</b></p> <p><b>Purpose of site visits:</b></p>	<p><b>This is noted by each one below</b></p> <p>Quarterly –as funded facilities must supply the head office with quarterly reports. Measured against the targets in their Transfer Payment Agreements.</p> <p>Did they deliver what they were paid to deliver?</p> <p>If facilities are operating within the prescripts, ECD assistants can visit and do assessment reports; otherwise the social worker has to intervene with capacity building for facilities. Some of the facilities maybe registered but NOT funded. These facilities must still be monitored on a quarterly basis by the social worker or ECD assistants.</p> <p>Frequent site visits are required by both the social worker and the ECD assistants. Assessment reports to be written by ECD assistants after each site visit and a copy of the report to be given to the facility manager</p> <p>Inform facilities of the legal responsibility to register with DSD. Refer to relevant municipality if there is a need</p> <p>Refer to relevant municipality sections for zoning of private property/place where facility is</p> <p>Refer to relevant environmental health officers and fire inspectors</p> <p>Follow up if progress is being made with regards to obtaining the necessary documents needed for registration.</p> <p>Arrange capacity building sessions regarding governance and financial management issues</p> <p>Assist as far as possible to get the facility registered.</p> <p>Attend ECD forum meetings and get to know your client’s needs. Use this platform to impart information and knowledge to clients</p>

**APPENDIX K**



**Organogram Acronyms**

**SDT** – Service Delivery Team  
**C & F** – Children and Families  
**FC** – Foster Care  
**SCP** – Social Crime Prevention

**PIC** – Programme Implementation and Co-ordination  
**ECD** – Early Childhood Development  
**VEP** – Victim Empowerment Program  
**SDA** – Service Delivery Area

## APPENDIX L

10 January 2016

To whom it may concern

Dear Sir/Madam

**RE: Editorial Certificate**

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

**Thesis title**

THE DEVELOPMENT OF GUIDELINES FOR SOCIAL WORKERS  
INVOLVED IN EARLY CHILDHOOD DEVELOPMENT WITHIN  
THE DEPARTMENT OF SOCIAL DEVELOPMENT

**Author**

Badroonesa Govender (nee Salie)

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax number, e-mail address or website.

Yours truly,



E H Londt  
Publisher/Proprietor

Idea Corporation t/a



**AQUARIAN  
PUBLICATIONS**

**STREET ADDRESS**

9 Dartmouth Road  
Muizenberg 7945

**POSTAL ADDRESS**

P O Box 00000  
Muizenberg 7946

**TELEPHONE**

021 788 1577

**FAX**

021 788 1577

**MOBILE**

076 152 3853

**E-MAIL**

eddi.aquarian@gmail.com

**WEBSITE**

www.aquarianpublications.com

**PUBLISHER/PROPRIETOR**

E H Londt