

**Early Childhood Care and Development: The Missing
Link, a Challenge for Swaziland**

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**A Research Report submitted to the Faculty of Humanities at the University of
Witwatersrand in partial fulfilment of the requirement for the award of
Master in Educational Psychology.**

University of the Witwatersrand

Johannesburg, 2006

ABSTRACT

This study explored the current practices implemented by Early Childhood Care and Development (ECCD) caregivers / preschool teachers in Swaziland. It further investigated how the lack of an appropriate policy on Early Childhood Care and Development impacted on the delivery of services to the sector. The research was conducted using a qualitative methodology, eliciting responses through semi-structured interview schedules.

In order to conduct a more in-depth analysis, eight interviews were held at various early childhood care and development sites. The criteria for selection depended on whether the participating caregiver had direct, hands-on experience of the day-to-day care and running of ECCD sites. They also had to be involved in a full-time preschool teaching programme and were purposively selected from the geographical location of Manzini, in Swaziland. The sites could be distinguished into three categories, namely: community (non-profit making), private and church or mission-run centres. The results showed that caregivers implemented diverse and uncoordinated practices and that there was no uniformity in terms of professional training, classroom practice and curriculum application. It was evident that the participants did not link the theory of their training to their practice, leaving gaps in the provision of services and educational programmes to the children.

The study concluded that unless the government of Swaziland and the ECCD unit at the national level of Education made a concerted effort to formulate a national ECCD policy, *Education for All* would remain a pipedream. The study recommended that government should formulate national ECCD policy guidelines to encourage uniformity in practice and provision of ECCD sites. Not only should government accelerate the development of the guidelines but they should also support the caregivers by continuous professional development activities.

KEY WORDS

- ❖ Caregivers/ Preschool Teachers
- ❖ Child Development
- ❖ Curriculum
- ❖ Early Childhood Care and Development (ECCD)
- ❖ Education for All
- ❖ Free choice activities (free play)
- ❖ Leavers certificate (O- Level)
- ❖ Policy
- ❖ Swaziland

DECLARATION

I hereby declare that this dissertation is my own unaided work. It is submitted for the Degree of Master of Education (Educational Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

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February, 2006.

ACKNOWLEDGEMENT

With all the opportunities and the gift of an education that can never be taken away from me, I thank the Almighty God for granting me strength, courage and power to overcome the obstacles and challenges encountered during my period of study. Through Him we are more than conquerors.

I thank my supervisor, Dr Hermanean Laauwen for her thoughtfulness and the time spent shaping the document to what it is. The experience passed on to me was invaluable.

I thank my family for their support and encouragement. My husband, Bongane, for believing in me and for allowing me the opportunity to be absent in his life. I greatly appreciated the opportunity. To my children Bonga, Nokulunga and Makaziwe thank you for the sacrifice of living without me. It has been tough and I owe this achievement to them.

I extend sincere gratitude to the Swaziland Government Ministry of Public Service and Employment for the financial assistance granted to me.

Finally, the caregivers that allowed me access to their centres and to put their teaching skills under the microscope. I thank you sincerely for your assistance.

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CHAPTER 1 INTRODUCTION

Only lifelong learning can win us the prize of economic success ...we learn more and develop faster in our first five years than at any other time in our lives. If we want to be serious about investing in people, we must start at the beginning.

(Commission on Social Justice, 1994 in Daniel & Ivatts, 1998)

1.1 INTRODUCTION

Early childhood care and development (ECCD) preschool teachers / caregivers in Swaziland currently face a policy vacuum regarding delivery of service and practice, which this research project assumes is a major obstacle, not only to ECCD but to the overall educational aims. According to the Swaziland government (1972), education in the country is supposed to be inalienable right for every child and citizen. The lack of policy has delayed the achievement of the world declaration on *Education for All (EFA)*, which the Swazi government signed in Jomtien, 1990 (Swaziland – European Community, 2001 - 2007). Meanwhile, the demand for early educational intervention for children has been increased by the release of some mothers from the burden of caring for their children as they seek opportunities to participate in activities outside the domestic environment and their replacement by caregivers who are not always suited to the role. Meanwhile, the situation has been exacerbated by calls for earlier introduction to formal education amongst children in preparation for lifelong learning (Vilakazi, 2000). The question arises as to whether the caregivers are adequately trained to identify any behavioural problems and provide the necessary intervention amongst early childhood participants?

The number of children experiencing traumatic experiences has drastically increased, some of which later manifest into childhood behavioural and or emotional difficulties varying intensity and impact (Lewis, 1999). Most of these children lack the social and problem-solving skills necessary to interact pro-socially, or to deal with conflict, depending on the intensity of the event, the child's personality and coping strategies. Many of these childhood disorders start in the early years and persist through school

into adult life. According to Cooper, Paske, Goodfellow and Muhlheimal (2002), this is particularly true with aggressive behaviour. Withdrawn and anxious behaviour is also a stable characteristic starting in early childhood. Briere, Berliner, Bulkley, Jenny, and Reid (1996:142) states that the development of self-capacities and self-functions occur during childhood, with child abuse or neglect an unfortunately potent source of later self-difficulties. Children with externalising behaviour (aggression, defiance, non-compliance, disobedience, tantrums) often misinterpret other children's actions, choosing aggression rather than pro-social solutions to social problems. In addition they may lack empathy (Cooper et al., 2002), and those who exhibit internalising behaviour, passivity and anxiety are often severely deficient in social skills. However, there is increasing evidence that early intervention, between birth and the age of five, is more effective than later intervention with these children (Yoshikawa, 1994 cited in Cooper et al., 2002).

According to Swaziland Government, (1985) the education commission had the intention of reviewing and improving the quality and relevance of education, and of providing basic education. However, the Commission did not consider pre-school education as a prerequisite for formal learning. Following the 'Education for All' conference held in Thailand in 1990, another education review was commissioned, focusing on '*meeting the basic learning needs*' of the children, youth and adults, yet this also failed to put ECCD issues on the education policy agenda. The result of these failures has been poor coordination and regulation of operational standards (Swaziland – EU Country Strategy, 2001-2007), with poor and inconsistent provision of service. This has been made worse by the attitude of the individual pre-school authorities towards the value of pre-school education.

Ball (1994:10, cited in Ball & Goodson, 2005) defines policy as an '*economy of power*', a set of technologies and practices that are realised and struggled over in local settings. Policy is text and action, words and deeds; it is what is enacted as well as what is intended. The language and style of policy reflect the cultural values and moral systems, as well as cognitive styles of the governments and bureaucracies for which the policies are developed. Policy also reflects a hierarchy of social concerns through lexical choices that emphasise certain aspects of social life as problematic, but not others. In addition, Ball explains that: "*policies are intended to bring about*

idealised solutions to diagnosed problems, embodying claims to speak with authority, to legitimise and initiate practices in the world, and to privilege certain visions and interests. They set the limits for what can be thought through and done in educational practice, both inside and outside of classrooms". The questions arise as to how, in the absence of ECCD policy in Swaziland, the educational rights of children are to be fulfilled and what policy informs the pre-schools that provide and deliver services?

1.2 AIM OF THE STUDY

The aim of this study was twofold: firstly to explore the practices implemented by ECCD caregivers in Swaziland and secondly to examine how lack of an appropriate policy on ECCD in Swaziland impacts on the delivery of services to the sector and delays the implementation of *Education for All*.

The above aims were formulated so that through the ensuring study ECCD practices could be described and compared among the different categories of ECCD centres i.e. church, private and community (non-profit making). Existing practices could further be interrogated to determine their appropriateness for early stimulation and for holistic development (cognitive, social, emotional, physical and language development) of the child.

1.3 RATIONALE

Swaziland is amongst the Southern African countries affected by the HIV/AIDS epidemic with a prevalence rate above 35% (UNAIDS, 2004). Analysis of this data reveals that children below eight years of age are exposed to traumatic experiences due to exposure to terminally ill parents or relatives, death, rape, abuse, domestic violence and poverty. Furthermore, the children experience a lack of emotional support from their parents and families, therefore participation of a child in any form of ECCD centre can assist him or her to develop. Regardless of the domestic situation, caring and nurturing caregivers can provide children with the necessary assistance or refer them for further intervention.

ECCD is important for the development of the child, especially where there is no appropriate early stimulation and helps the child to acquire more skills necessary for lifelong learning. It is important that all children are exposed to such services and so bridge the gap that exists between those who are exposed to rich stimulating environments and others from disadvantaged homes. Their participation in any form of ECCD structured to meet their developmental needs is vitally important.

Children are not only the responsibility of caregivers, but they spend quality time with them. Caregivers have the opportunity to observe children interact and through their observations they can make enormous contributions. It is believed that early intervention is more effective during the formative years than in the later ones. Through the researcher's experience, the concern to understand whether caregivers are in a position to provide intervention to children in their centres has emerged. Holistic development in children, and the aims of ECCD, cannot be fulfilled without appropriate service delivery.

Parents release their children to ECCD centres because they trust the caregivers, but are those caregivers aware of their obligation and responsibility for the lives of the children? There is no systemic training for caregivers in Swaziland to deal with the emotional and psychosocial aspects of children's development, yet due to the limited number of psychologists and counsellors, trained teachers and caregivers are needed to identify children and intervene where necessary. The provision of services within the proximity of the community would prevent delays in treatment. The current study can be used as a springboard to identify the gaps in training or in the practice.

1.4 RESEARCH QUESTION

Swaziland has a great variety of provisions for children. According to Vilakazi (2000), over six hundred ECCD centres are registered. Within these centres there co-exist many kinds of practices, as well as staff with varying levels of experience and training, and those who are informed by diverse theories on child development. They include pre-primary schools, dedicated to academic preparation, pre-schools, often

struggling to compromise between their belief that children learn through play and the demands of parents, and primary schools. It is in respect of the uneven nature of practice in the country that the researcher embarks on the study with a view to explore the consequences for practice when there is no policy.

Against the above background, to explore the different approaches used by caregivers and how these approaches result in inconsistency within the practice, the following research question can be posed:

How does the lack of ECCD national policy impact on the provisioning of services to the sector?

1.5 ASSUMPTIONS

The study assumes that currently there is no ECCD national policy framework in Swaziland. Caregivers implement different practices, which are incoherent and not aligned to each other, nor set in a general framework. This affects the provision of ECCD services and the study assumes that without policy to guide them critical issues relevant to child development are neglected.

1.6 HISTORY OF EARLY CHILDHOOD CARE AND DEVELOPMENT

Traditionally, Swazi children were cared for and educated within the context of the family or homesteads, often as part of large, '*extended*' families. Some did receive education but this has not tended to take place in formal institutions outside the family or community. According to Tyobeka (1985) the goal of pre-school education in Swaziland was to assist parent groups within communities to participate in developmental activities within the community.

There is no formal record of ECCD in Swaziland prior to 1970 but it is believed that some private pre-schools were already in existence in the 1940s (Tyobeka, 1985). ECCD is a comprehensive approach to organised activities intended to provide for the healthy growth and developmental needs of children from birth until eight years of

age (UNESCO, 1998). There are many forms of ECCD, but the most common in Swaziland are pre-schools, which cater for children between three and six years. Pre-school education is aimed at providing supervision, care and preparation for primary education to children (Swaziland- European Community, 2001-2007). Other forms include day care centres, play and kindergarten schools, and pre-primary schools, though these are not common. The ECCD unit in Swaziland is located in the Ministry of Education, which plays a central role in the co-ordination of activities such as monitoring, supervision and provision of training. Due to the absence of government policy, private institutions also provide training, which is not regulated, for caregivers / preschool teachers. This training can range between two consecutive weeks to two years part time, attending once a week.

The government of Swaziland might support the notion of ECCD, but no adequate funds are allocated to this area, as competition between primary and secondary schooling has been given priority. The Ministry of Education funds the different levels of education according to priority at the time (Swaziland – European Community, 2001-2007). Currently, the proportions of funding to each sector are as follows: 0.8% for pre-primary, 34 % for primary and 28% for secondary. Currently, children with access to ECCD centres can start learning at the age of three years. However, other children due to constraints experienced by parents can attend a year-long school readiness program while others do not attend at all. The term '*pre-school*' is often used because the focus does not cover the entire age bracket for ECCD. For the purpose of this study, the terms, '*pre-school*' and '*ECCD*', will be used to embrace all types of centres. Other terms used interchangeable in the study are '*pre-school teacher*' and '*caregivers*'. ECCD in Swaziland faces a lot of practical constraints (Ministry of Education, as cited in Mkhonza, Vilakati & Mundai, 2003), mainly in the areas of individuals, non-governmental organisations (NGOs), churches and communities, largely because private businesses run pre-schools. Some of these pre-schools are not registered with either the Ministry of Education or the Ministry of Enterprise and Employment. The fees charged are very high and far exceed those levied by formal basic education institutions. The exorbitant fees charged limit the participation of children from low socio-economic families. Even though the fees are high, some pre-schools do not offer an environment that sufficiently stimulates holistic development to offset deficiency in the homes.

The need for psycho-educational assessment and intervention at the earliest possible stage, so as to reduce wrong placement and labelling, is not being addressed. In the light of the above, several questions arise regarding the effectiveness of the delivery of services among the centres.

1.7 OVERVIEW OF CHAPTERS

A detailed outline of the study follows:

Chapter 1: A broad introduction to ECCD is defined within the context of this study, the aim and rationale.

Chapter 2: An outline of the conceptual theoretical background is provided, covering literature on the important theories relevant to child development. Several theories pertinent to child development are discussed, namely: constructivism, psychodynamic, motivation and curriculum development.

The next section focuses on theories, which relate to child and caregiver in the absence of the parent, such as attachment theory. Lastly, the literature study focuses on the comparison of other African countries namely, South Africa and Kenya, as well as Malaysia, which is also considered to be a developing country.

Chapter 3: The methodology that was used when carrying out the research is outlined. It covers detailed descriptions of the research design, research procedure, sample, piloting, data analysis and ethical considerations.

Chapter 4: A report on the findings is provided and the emergent themes outlined.

Chapter 5: The results are discussed in relation to the conceptual theoretical background.

Chapter 6: The recommendations that would improve service delivery to ECCD in Swaziland are provided and the study is concluded.

CHAPTER 2 LITERATURE REVIEW

2.1 INTRODUCTION

This literature review focuses on the analysis of key principles, in child psychology related, to ECCD. It also examines the increasing attention placed by researchers on early cognitive development and on the short as well as the long-term effects of children's participation in quality early childhood programmes. This initiative has led to a growing interest in early childhood programmes and services in countries around the world (Myers, 2000; UNESCO, 2000). The first part of this chapter examines the definition of ECCD, its importance and the tools which are necessary for providing quality ECCD. The second part provides a brief analysis of experiences from other countries and the implementation of the principle of *Education for All (EFA)* (1990, 2000).

2.2 PART ONE: THEORETICAL CONSTRUCTS

In the document, *The State of the World's Children* (UNICEF, 2001), the following definition of Early Childhood Development (ECD) is given: "*The acronym ECD refers to a comprehensive approach to policies and programmes for children from birth to eight years of age, 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*". Community-based services that meet the needs of infants and young children are vital to ECD and should include health, nutrition, education, water and environmental sanitation in homes and the community. The definition is consistent with developmental psychology's view of the continuum of children's development.

According to the World Bank (1999, UNESCO, 2000) early childhood is defined as: "*the period of a child's life from conception to age eight*". Children below the age of eight learn best when they have objects they can manipulate, when they have chances to explore the world around them, when they can experiment and learn by trial and error within a safe and stimulating environment. The period from birth to eight in terms of learning theory presents a developmental continuum. The term '*Early*

Childhood Care and Development is a phrase with three components namely: 1- *Early Childhood*, 2- *Care*, and 3- *Development*.

The internationally recognised definition of '*early childhood*' includes the early primary years (six to eight), because of the importance of the transition for children from either home or from pre-school into primary school. If pre-school programmes for children are to be effective, there needs to be an interface between what happens in the pre-school and the lower primary school. The lower primary teachers must be aware of the experiences and skills children bring to primary school, if they were in a programme.

'*Care*', was included by UNICEF in relation to nutrition programs as it was recognised that children need care and nurturing. They require more attention to their health and nutrition, their evolving emotional and social abilities, as well as their intellectual faculties. Engle and Lhotska, (1998 in Evans, Myers and Llfeld, 2000) viewed '*Care*' as a process that results in the creation of an "enabling environment", which can support the child's optimal development. '*Care*' is a key factor in the promotion of children's optimal development.

The term, '*Development*', is the process of change in which the child comes to master increasingly complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves a gradual unfolding of biologically determined characteristics, as well as the learning process. Learning is the process of acquiring knowledge, skills, habits and values through experience (experimentation, observation and reflection) and instruction. Both, the physical growth (the child's historical and current health and nutritional status) and the intellectual, emotional and social growth are crucial in the child's overall development. The child's developmental status either facilitates or inhibits future learning, which is part of the development process.

Different countries use the term '*early childhood development*' differently, with major differences between the types of early childhood services provided in most developed countries, and those provided in the developing countries. For instance, Mbugua (2004) observed that more industrialised nations consider early childhood to be the

period from birth to age eight (Essa, 1999; Wortham, 2000 as cited in Mbugua, 2004), while developing nations focus on birth through age six (Eville-lo & Mbugua, in Mbugua 2001, UNICEF, 2002). Another observation is that different countries use different terms, for example in Kenya it is called Early Childhood Care and Education (ECCE), which is an alternative label for programming for children during the early years, and is used primarily in situations where it is important to emphasise the need to include educational inputs in programmes of basic care for young children.

In South Africa, the term Early Childhood Development (ECD), follows a more traditional label which includes programmes for children during the early years, and it extends to cover the period from birth to nine years. Regardless of such determinations, the increased interest in early childhood education around the world reflects respective national philosophical beliefs about children. However, all definitions and terms are in line with the international perspective that believes that the years before formal schooling are critically important to a child's personal and social development and to their attitudes to learning later in life. Davidson (2004) observed that children learn through practical activities that necessarily challenge and motivate them.

Education is considered the cornerstone for economic and social development, with ECCD as its foundation. The values of adequate ECCD and early intervention for later school success are currently well recognized at international level (UNESCO, 2000), and from this perspective it is essential that all children in Swaziland have equal access to ECCD prior to formal education. Children in ECCD centres have the opportunity to develop psychosocially, cognitively, emotionally and physically. Indeed, the main aim of education in Swaziland is to create a '*participatory citizenry*' (Swaziland Government, 1972), the goal of pre-school education is to lay the foundation for lifelong learning.

Goals or aims are often based on the philosophy of the institution. According to Lovat and Smith (1995) educational philosophers have ideas about the goals, practices and intents of education. These thinkers should have ideas about education, how it should proceed, about what teachers should do, what direction should schools take, who should control the curriculum and what purpose it should be serving with the long term goals to be achieved. This conceptual basis could provide a framework of what one would likely expect to find in educational institutions such as pre-schools. In Swaziland, the national ECCD unit in the ministry of Education is tasked with the responsibility of developing the curriculum, running workshops, training teachers and providing the necessary monitoring and supervision. However, despite Swaziland having been a participant in *EFA*, the country is still lagging behind in terms of policy and the entire implementation.

An appropriate policy would ensure an optimal use of existing structures and reduce the delay in implementation of *Education for All (EFA)*. An *EFA* conference held in Thailand in 1990, set goals such as '*Meeting the Basic Learning Needs*', whereby every person, whether child, youth or adult, should benefit from educational opportunities that would meet their basic learning needs. This is an expanded vision of basic education, which is a broader concept than primary schooling, comprising expansion of early childhood education, improving learning achievement and reducing the male-female literacy gap. The expanded vision ensures that the basic learning needs are met effectively, but it is important to ensure that the socio-economic status of children does not deprive them of quality participation in any ECCD.

The *EFA* conference further suggested certain areas for national planning, including: "*assessing basic education needs and planning action; developing a support policy environment; and designing policies to expand and improve basic education*". According to the principles of *EFA*, "*basic education services of quality should be expanded and consistent measures taken to reduce disparities*". Further basic education is not about access to primary education, but learning begins at birth and aligned with ECCD, the first few years being formative. As Kendall (2000) states:

“The early formative years are important to later adjustment and difficulties during these years are the precursors of later maladjustment”.

Thus the following principles will be underpinned namely:

- The early years provide a significant opportunity for influencing the long-term development of an individual.
- Children’s life circumstances can restrict the optimal development of their adaptive powers, hence also their ability to engage actively in the world (Dawes & Donald, 1994); and
- Children who are given opportunities to extend their powers are able to apprehend a wider range of physical, cognitive, emotional and social challenges.

Guralnick (2001) argues that early intervention with quality programmes for children with disabilities requires the existence of early childhood programmes. There is therefore a need to expand and improve comprehensive early childhood care and development, especially for the most vulnerable and disadvantaged children, and those with barriers to learning.

In the following section, theories of early childhood development are explored, i.e. the concepts in constructivist, psychodynamic, attachment and motivational theories. Additional literature pertinent to child development, such as language acquisition, the role of curriculum, home and school, and inter-sectoral collaboration are also highlighted.

2.1.1 Constructivist Theory

Constructivist theory has a long history, based on the work of Jean Piaget and Lev Vygotsky (as cited in Donald, Lazarus & Peliwe, 1997; MacNaughton, 2003). The central idea is that human learning is constructed and that learners build new knowledge upon the foundations of previous learning. These processes of taking in and working with information are internal cognitive processes that one controls as an individual (ibid). Piaget believed that the movement between each stage of thinking was driven by maturation, experience, social interaction and the bringing together

(equilibration) of these three to create new ways of thinking (MacNaughton, 2003: 41).

An extension to this theory namely: social constructivism emphasises that knowledge and understanding are highly social, that is, children do not construct meaning, knowledge and understanding in isolation, but rather co-construct it with others. Through interaction with others by means of sharing ideas, discussion and role-play, children are active participants in their own learning. Piaget (1980) considered the social factors that individuals cannot come to symbolic thought because language is essential to it and is essentially gained through social interaction. A relationship exists between the development of language and the development of play (Westby, 1988); both developments constitute an underlying symbolic ability, and the beginning of representational thought. Thus play forms an important part of child development.

Play

Play enables children to integrate their cognitive, social, emotional, linguistic and motor skills in order to demonstrate their knowledge and views of the world (Westby, 1988). Piaget, (1980) argues that: *“The same types of knowledge, schema, objects, materials and events are involved in a child’s play and non-play activities”*. Jacobs (1995) states that: *“During the pre-school years play is the child’s principal means of solving the emotional problems that belong to development. Play is also one of the child’s methods of expression, a way of telling and asking”*. Thus, the teacher needs an intuitive realisation of this if s/he is to help the child with painful problems, which inevitably exist. Adults are often unaware of these factors and the teacher needs training which will help her to develop and use this realisation of the significance of play to the pre-school child. Emanating from the discussion is the need for creating an environment where a learner’s formative years provide him/her with foundational exposure that will lead to optimal experiential maturation.

Play can easily be seen to link the individual’s relation to inner personal reality with his or her relation to external or shared reality. Another way of looking at this highly complex matter is that in play the child links ideas with bodily function. Play is the alternative to sensuality in the child’s effort to keep whole. It is well known that sensuality becomes compulsive, and play becomes impossible, when anxiety is

relatively great. On the other hand, Vygotsky, a founding exponent of social constructivism, argues that learning cannot be forced on the child from the outside. Vygotsky believed that inner psychological structures control learning (Robson & Smedley 1996), and that before children can function as independent agents, they must rely on outside regulation of tasks by others. The external environment, especially the social environment, is the key instructor, guiding and challenging the child to learn new and different ways of thinking. Mediation by others is central to the Vygotskian concept of the term *Zone of Proximal Development (ZPD)*, which refers to: “*The distance between the actual developmental level as determined by individual problem-solving, and the level of potential development as determined through problem-solving under adult guidance or in collaboration with more capable peers*” (Tharp & Gallimore 1988:45). According to Vygotsky, an educator prioritises learning with others and provides activities that challenge the child at the upper level of their *ZPD*. The basic assumption behind the concept is that both development and instruction are socially embedded. Vygotsky (as cited in du Plessis, 2003), describes the zone of proximal development as:

“Those functions that have not yet matured but are in the process of maturation, functions that will mature tomorrow but are currently in an embryonic state. These functions could be termed the ‘buds’ or ‘flowers’ of development rather than fruits of development. The actual developmental level characterises mental development retrospectively, while the zone of proximal development characterises mental development prospectively”.

One method of assisting performance within the *ZPD* is known as ‘*scaffolding*’, which suggests that the adult or capable peer provide support for building on what the child is already capable of, and helps to close the gap between the skill level of the learner and what is required of him or her. The adult attempts to establish a context for the child so that s/he is able to understand the new information and take over the responsibility for the task. The adult is able to support the child who is then capable of performing at a level that he/she would not be capable of on his or her own. These skills are conveyed by means of mediator or teacher, that is a knowledgeable person who guides, supports, motivates, instructs and facilitates the pre-schooler’s literacy acquisition, by means of incorporating instructional events with developmental trends

in order to prevent the development of special educational deprivation (du Plessis, 2001 in du Plessis, 2003:26).

Piaget believed that educators should create the right environment for learning but allow the child to solve problems and learn through his or her own active discovery. Constructivism shifts the emphasis to a more active position where human beings are seen as agents in their own development, and constructors of knowledge.

In conclusion, children in ECCD should be allowed space and time to actively interact with their environment, and to discover and find solutions to their problems. It is important that children at this age are exposed to a variety of learning and the conditions altered to allow the most desirable experiences that would positively impact on their learning. In addition, the environment should challenge and stimulate the child, while the mediator is ready to expose him or her to further problems and finding solutions.

2.1.2 Home and School

Internationally it is acknowledged that some parents are important contributors to the informal education of children. When children come to pre-school they already possess some acquired knowledge from home which may contribute towards a basis for later learning. The need for pre-school to be seen as an extension of family life is becoming widely recognised (Berger, 1995, UNESCO, 2000). The involvement of parents in the education of their children is essential, with the recognition of both family and school as socialisation agencies of considerable significance in child development. With the home serving as an informal agency, schools are relatively formal, regularised institutions, so pre-schools stand at a crucial and transitional stage on the continuous socialisation process. The goal of ECCD is to involve parents in strengthening parenting skills, working with siblings and other family members to recognise the specific developmental needs of younger children and finding out how they can support them.

When children receive quality ECCD, the benefit is widespread, including for the children, their families and the communities. Missouri (1997) observed that quality

programmes view children's parents as critical partners in their work. The relationship between the home and the pre-school forms the basis for future learning of the child, and education should build on experiences with which the children are familiar. It is the duty of the caregivers to compliment the role of the parent/s during absence and assume some of the responsibilities. Hence, parental collaboration is necessary in the total development of the child, which proves to have overriding effects in addition to other contributory factors, such as emotions and concern. Parental ability to protect the child during the very early period in his/her life has a profound effect on later development. Parents are indeed partners in child development and, according to other theorists (Rutter, 1985 as cited in Dawes & Donald, 1994; Chazan, 2002), many children who behave in a disturbed way at school and in the community are manifesting childhood disturbances. The established partnership of the school and the family opens more opportunities as it reduces the separation anxiety of the child and makes adjustments to the new situation acceptable.

2.1.3 Psychodynamic Theory

The psychodynamic approach is based on the views of Sigmund Freud. Psychodynamic theorists focus on the place of emotions in learning and explore the extent to which '*our thinking life*' and '*our feeling life*' are interconnected. Freud postulated that movement occurs from one stage to the next, with '*unfinished business*' and with '*remnants*' of the previous stage leading to conflict. The early years are seen as very important since they impact on later life. Some children with traumatic experiences from childhood later in life react to those experiences in different ways. They may become fixed at a certain stage, e.g. oral and oedipal fixation. Miller (1993:126) concurs with Freud that development is a troubled process in which maturation forces, such as physical and hormonal change, produce needs that lead to internal conflicts and frustration. Failure to address the needs creates the sense of personal inadequacy (MacNaughton, 2003).

Freud further identified the significance of the relationship between the therapist and client as a determinant of psychological well being. This theory paved the way to an understanding of the unconscious interaction between people. In psychotherapy the

quality of relationship has consistently emerged as one of the major determinants of therapeutic outcome (Nuttall, 2004). Clarkson (1995) observed that an increasing number of research studies demonstrate that it is the relationship between the patient and the psychotherapist, more than any other factor, which determines the effectiveness of psychotherapy. Thus the quality of the relationship experienced in an ECCD setting impacts on the emotional well being of children.

Erickson, a developmental theorist, focused on the role of inner biological structures in constructing the personality. The theory focuses on the role of society in personality development and the capacity to build an identity for oneself. Erickson developed a number of psychosocial crises stages that are essential to growth and identity formation. Erickson holds that development occurs in sequential, clearly defined stages, and that each stage must be satisfactorily resolved for development to proceed smoothly. According to this theory, if a successful resolution of a particular stage does not occur; all subsequent stages reflect the failure in the form of physical, cognitive, social and emotional maladjustment. Erickson concluded that human personality is determined not only by childhood experiences, but also those of adulthood (Sadock and Sadock, 2003:211).

Thus, significant in terms of applying the psychodynamic view to ECCD, is the idea that the child has to work through the psychic crises to become emotionally self-reliant and emotionally healthy. This has implications for the caregivers who should provide an environment conducive to young children receiving help to resolve the crises. Young children require large amounts of energy to play and concentrate. The need for empathy, congruence and unconditional positive regards to their everyday needs becomes a necessity. Further, allowing them the opportunity to learn to accept and live with others. At this age, children practice many rivalries, some depicting the home situation, whilst trying to build self-confidence.

Thus, ECCD centres should also act as a therapeutic space for children in which the young child is able to resolve their emotional needs. The provision of a fantasy play area, art materials as well as engaging in free play activities under supervision, would allow children the opportunity to work on their unresolved issues.

2.1.4 Attachment Theory

The attachment theory relates to the child and caregiver relationship in the absence of the parents. Bowlby (1988:120) defined attachment as the emotional tone between children and their caregivers, and evidenced by an infant's seeking and clinging to the care-giving person, usually the mother. Bowlby observed that every newborn baby arrives in the world with an innate tendency to remain close to his or her primary caretaker, and that adults, the mother in particular, have an innate tendency to remain close to the child and protect it.

Although in society a dispute remains as to whether children do grieve, there is now a movement towards the belief that indeed they do so. A re-examination of psychological theories shows that children exhibit anxious behaviour after loss. Winnicott concurs with Bowlby that early development is in close relationship with later adolescent development in the concept of a '*good enough mother*'. In Sadock and Sadock (2003:228) Winnicott is cited as emphasizing the importance of the relationship between a mother and a child in the establishment of the '*true self*', which develops in the context of a responsive *holding environment*, provided by a 'good-enough mother'. Furthermore Bowlby, states that if the mother is sensitive, responsive and available, and if she responds promptly and adequately to the child's signals, a secure attachment will develop. Similarly, the child of a non-sensitive and unavailable mother will cling to her from fear, or pretend not to need her. Such children do not develop self-confidence or a feeling of having a secure base.

Bowlby (1980) developed his theory of attachment and loss after observing institutionalised children showing separation anxiety. He felt that the breaking of the affectionate bond formed in infancy can be disturbing, producing protests behaviour. Attachment disorders are characterised by bio-psychosocial pathology that results from maternal deprivation and a lack of care by interaction with the mother or caregiver.

Children of ECCD age have experienced undesirable events which later lead to separation from attachment figures (significant others, such as parent or caregiver).

Separation can take the form of death, divorce, separation or incarceration of caregivers. Other children are exposed to traumatic experiences through the death of parents, or watching them dying of HIV/AIDS - related illnesses. The traumatic experiences disturb the child's interpersonal relationship and would have an effect on the ability to form healthy interpersonal relationships later in life. The increasing number of orphans or disturbed children means more experienced people are needed in the area of psychosocial development. ECCD caregivers have a major contribution to make in this area, since children spend more time with them.

Attachment relations are those relationships children have that convey the meaning of being loved by a caring adult over a continuing period of time. Bronfenbrenner (1979) suggests that children need to have adults who are 'irrationally' in love with them. The child's attachment to a loving parent helps the child experience caring in an intimate manner. The attachment theory gives guidelines based on the role of caregivers which can only take place if a proper relationship is established between the caregiver and the child. Attachment can take place if the caregiver is trained, knowledgeable and experienced on how to provide proper care.

The developmental importance of human relationship was further elaborated by the work of the humanistic psychology based on the principles of Abraham Maslow, and this can similarly be considered in ECCD.

2.1.5 Motivational Theory

Abraham Maslow, considered by some to be the father of the humanistic revolution, attempted to describe internal processes in order to prove that all behaviour has purpose and meaning. Maslow looked at the hierarchy of needs and stated that: "*Physiological needs must be satisfied before higher needs can be felt and fulfilled*" (Mwamwenda, 2004). Physiological needs are food, clothing and shelter, these being the most potent of all. Maslow emphasised that human life cannot be understood unless its highest aspirations are taken into account. Children who are deprived of proper nutrition normally do not develop in the most appropriate manner. In addition, the child who is hungry has little interest in anything other than food (Hildebrand, 1993). The above outlined theories could be used to develop an ECCD curriculum

that would be child-centred, stimulating and allow children to develop in their own environment at the appropriate rate.

The role of language in ECCD is also significant as it is important for communication, learning and socialisation. A discussion on how language facilitates learning in ECCD follows.

2.1.6 Language

Bruner, Piaget and Vygotsky stressed the importance of language as a tool for social interaction and learning (MacNaughton, 2003). In Vygotsky's view language is an essential 'psychological tool' for thinking and learning. In Swaziland there are two official languages, English and Siswati (Swaziland Government, 1972). In the early years children acquire words and concepts simultaneously, but how effectively they use the concepts is related to their language development. Tyson (1987) states that: "*those children should be exposed to language through stories, rhymes, games and drama, in order to synthesize concepts and grasp language*". The period before the age of five is considered the critical period for learning language. Studies have shown that children after the age of five who are deprived of language stimulation can acquire language, although the richness is not the same. Children will acquire language when provided with opportunities that will stimulate expressive and receptive language. It will help them realize that print has meaning and develop visual literacy when stories are read to them. The acquisition of language is the most important tool for children in order to express themselves and to socialize with others.

Another tool necessary is assessment and making judgement on a child's development is integral to ECCD programmes. Assessment helps to improve instruction and should be formative.

2.1.7 Assessment

Bredenkamp, Knuth, Kunesh & Shulman (1992), defines assessment in early childhood as the process of observing, recording and otherwise documenting the work children do and how they do it. This in turn forms a basis for a variety of educational decisions that affect the child, including planning for groups and individual children and communicating with parents. Assessment is used to determine the extent to which an instructional strategy or programme is working and is integral to curriculum and instruction. Shepard (1994) outlines five major purposes of early childhood assessment:

- The support of learning;
- In early childhood programmes, assessment provides a basis for identifying children with special needs;
- Evaluating programmes and demonstrating accountability;
- Planning instruction;
- Communicating with parents.

The most important element of any assessment is the ultimate use of the assessment information (Messick, 1992). The decision to extend a lesson for a few additional days, to identify a child with diverse learning needs or to provide additional resources to a programme, constitute uses of assessment data that should be linked to the stated purpose of the assessment process. An assessment should be used for the intended purpose and based on a thorough understanding of the assessment. Assessment practices serve as barometers to teaching and learning and quality ECCD programmes should ensure that it forms part of the programme.

2.1.8 Curriculum

Curriculum is defined as an organised framework that delineates the content children are to learn, the processes through which they achieve the identified curricular goals, what teachers do to help children achieve these goals, and the context in which teaching and learning occur (Bredenkamp et al. 1992). Curriculum development should

take into account its many sources, such as (1) child development knowledge; (2) individual characteristics of children; (3) knowledge base of various disciplines; (4) value of our culture; and (5) parental desires. Thus curriculum approaches in ECCD must emphasise a stimulating, challenging and informal environment where there is a cohesive interrelationship between curriculum processes and the developmental needs of children.

2.1.9 Inter-sectoral/ Multi-sectoral Collaboration

An old African idiom states that “*it takes the whole village to raise a child*”, and children are seldom the sole responsibility of their biological parents. Similarly, urbanisation and cultural diversity have transferred some responsibility to the Government departments and NGOs dealing with children. Professionals are being exhorted to work together across disciplinary and institutional boundaries to develop professional practices that prevent the worst kinds of miscommunications and misunderstanding (Billington & Pomerantz, 2004). The South African Government (2001) accepts that providing ECCD for children younger than five years requires varying combinations of programmes that draw on the work of several state departments, different levels of government and NGOs. It has been recognised for some time that successful outcomes for children in the care system depend upon close collaborative working between all the adults involved in their lives. Inter-sectoral collaboration brings expertise from various fields and maximises the use of scarce resources, since duplication is prevented. In Swaziland, however, there is no clear formulation of these responsibilities in policy documents for the very young children and their needs.

ECCD is based on the principle of working holistically, with the ‘*whole*’ child, which means that the development and needs do not easily separate into discrete categories, such as ‘*health*’, ‘*education*’ and ‘*social welfare*’. Central to this process is that service providers recognise the importance of holistic child development and that, when making policy and delivering services, a co-ordinated and integrated inter-sectoral approach is adopted. ECCD requires support from various experts dealing with children, in order to provide comprehensive services. Article 34 of the

Convention of the Child's Rights 1990 calls upon citizens to play a role in protecting children's fundamental rights. Article 34, for example, stresses the importance of "protecting children from sexual exploitation and abuse" (Cantwell, 1995 as cited in MacNaughton, 2003). The Ministry of Education, through the ECCD unit will take a leading role to co-ordinate and support activities that are planned in an integrated and comprehensive manner. These strategies and services will be provided through the effective use of existing resources. The Ministry of Health and Social Welfare, Ministry of Agriculture and NGOs working with children in Swaziland have to collaborate and network with other agencies committed to working with children in order to achieve the goals of *EFA*.

The second part of the literature review focuses on the ECCD experiences in other countries, providing lessons for how Swaziland might use their experiences to establish her own ECCD policy that will be relevant to her needs and situation.

2.2 PART TWO: OTHER DEVELOPING CONTEXTS

Three countries have been selected for comparative purposes. The three countries were identified on the basis that historically, although different from Swaziland, they also share much. The identified countries are Kenya, South Africa and Malaysia.

2.2.1 The Kenyan Experience

Kenya gained independence in 1963 from British colonial rule. Kenyans perceive education as a key to success in life, facilitating social mobility and personal development (Mbugua, 2004). The new Kenyan sovereign state articulated the educational goals as national development, or '*Kenyanisation*' of the curriculum. This included respect for Kenyan culture, social equality, and national unity and collaboration (Mbugua, 2004). The Ominde Commission of 1964 highlighted the importance of universal primary education as a basic right, and marked the ongoing effort to link early childhood and primary education. In Kenya, the term Early Childhood Education Care (ECEC), is used rather than ECCD, with many Kenyan women groups instrumental in sustaining it as they adopted a variety of networking

strategies through women's self-help groups (Mbugua, 2004). The women groups generated funds to build nursery schools and primary schools and identified an educated member of each community to be a pre-school teacher.

The government encouraged the formation of partnerships as a way to co-ordinate resources and share costs of early childhood. The Ministry of Education became involved in overall administration, policy-making, and provision of grants for training and professional guidance of pre-school. The Ministry of Culture and Social Service was responsible for training teachers and paying their salaries. Non-governmental institutions formed partnerships with communities and parents continued to contribute significantly to the development of ECEC programmes in a variety of ways, such as through paying school fees and teachers' salaries. In some communities the parents gathered to produce toys, using locally available resources. It appears that Kenya regards early childhood as a priority.

2.2.2 The South African Experience

The approach to early childhood development was taken by South Africa even before the democratic elections of 1994 began. A team consisting of ECCD specialists from the country and an international consultant undertook the study (Padayachie, Atmore & Bierster, 1994). The new government took responsibility for redressing the imbalances of the past, including areas of education where certain groups of the population had been deprived, including ECD services. A study conducted in 1994 indicated that only ten-percent of children in South Africa between the ages of zero to six years were receiving '*educare*' services (Department of Education, 1997:35, cited in Du Plessis, 2003). The main aim of the research team was to conduct a needs analysis and make recommendations to the government. It was revealed that many ECD centres existed but that they were different in terms of quality, infrastructure, curriculum and instruction. It found that disparities existed, especially between Black and White pre-schools and participation was low for the former. One of several recommendations of the report, was making the reception year compulsory, in order to increase participation of children in ECD. In addition, children were to participate for at least a year before entering formal school and a reception year (Grade R) was to be established in schools (using existing structures), with all children from

disadvantaged homes to participate in the bridging class. The Grade R arrangement was not aligned with ECCD, since education begins at birth, not at five. This meant there were some gaps in rendering services as available resources were directed mainly to the five years old. The other age brackets, zero to four year olds, and were not included since their participation was determined by parents, whose responsibility it was, along with NGOs and Trade Unions, to provide funding for their services. The target of the South African government is that by the year 2010, all children entering Grade One would have participated in an accredited reception year programme (South African Government, 2001). The government of South Africa has also directed its attention to the needs of children, by ensuring the provision of free health services and social grants to children up to the age of six. Thus ECD is regarded as a high priority and efforts are being made to improve services.

2.2.3 The Malaysian Experience

Malaysia and Swaziland are both monarchies and developing contexts. According to Evans (1995), the main thrust, of the 6th Malaysian Plan (1991–1995) was to: “*sustain growth and balanced development of the economy*”, one strategy for development was to: “*enhance human resource development*”. The proportion of women joining the labour force increased in 1990, and the traditional extended family structure was further disrupted by women entering formal employment. Such changes demanded alternative child care support systems, and the government conducted a needs assessment in order to formulate an ECCD policy that would support national development goals. In 1995 the study in Malaysia reflected that ECCD programmes lacked a comprehensive policy to support the overall development of young children (Evans, 1995). The services were fragmented and there was no interface among the agencies that served young children and their families.

The Malaysian study made the following recommendations (Evans, 1995):

- A comprehensive and integrated ECD policy for Malaysia was to be adopted to meet the needs of children from conception through the early primary school years.

- The policy should be related to ‘*Vision 2020*’, and a national development policy.
- A national ECD training system was to be established which would provide a framework for the development of training packages, certification for trainees, accreditation of trainers and training centres, a decentralised resource centre, and mechanisms for monitoring and evaluating training programmes.

In 1994 the Malaysian government heavily subsidised the provision of ECCD, while the alternatives were being sought. In the National ECD Policy it was hoped that other alternatives would be found to help provide support, such as close collaboration with the private sector in the implementation of appropriate programmes.

However, there are significant differences between Malaysia’s ECCD national policy and that of South Africa and Kenya. For instance, because it is based on the country’s manifesto, development strategy and educational principles and priorities, *Education for All* uses an open plan approach without prescribing the kind of ECCD policy each country should follow. The only prescription is that it enhances holistic development and early intervention. Malaysia has formulated an ECCD policy from which Swaziland may observe some of the strategies.

2.2.4 CONCLUSION

Drawing on the experiences of other countries, it is firstly important that Swaziland follows the guidelines set out in *Education for All*. EFA believes that education begins at birth and that lifelong learning should be made available to every member of society.

This statement is aligned with the country’s vision, Swaziland government (1972) that: “*Education is an inalienable right*”. To fulfill the dream of the country and EFA, due consideration should be given to other guidelines international and also how it has been interpreted in other contexts. The policy for ECCD in Swaziland could then be adapted to suit her unique circumstances.

CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

There are generally perceived to be two main areas of preference in educational or social research, namely quantitative and qualitative research design. This research project is qualitative, with inquiry which focuses on meaning in context, and requires a data collection instrument that is sensitive to underlying meaning when gathering and interpreting data (Merriam 1998:1). This chapter provides a description of the research methodology and tools used in this research study.

3.2 RESEARCH DESIGN

The study was qualitative in nature, as it aimed to achieve a deep understanding of how the ECCD caregivers viewed the practices they implement in their centres in the absence of a national ECCD policy, and how they interpreted what they experienced (Merriam, 2002:4). Qualitative researchers are interested in understanding the meaning people have constructed of their lives, that is how they make sense of their world and their experiences. Qualitative research *'implies'* a direct concern with experience as it is *'lived'* or *'felt'* or *'undergone'* (Sherman & Webb, 1988:7, as cited in Merriam, 1998:6).

3.3 SAMPLING

Sampling refers to the process of selecting a smaller group, the *sample*, from a large group, the *population*, with the intent that it is representative. The study was carried out in Manzini, one of the four geographical regions of Swaziland. This region was found to have all the different types of pre-schools required for the study. Nine caregivers were selected from the private sector, the community and from church pre-schools. Each caregiver was to meet the following criteria:

- To have been trained in ECCD;

- To have at least five years experience;
- Practising as caregivers; and
- Be attached to a centre.

These criteria were deemed important, as the caregiver needed to be in a position to think and reflect on their experience and view these with current understanding.

The Manzini region has one-hundred-and-ninety-four registered pre-schools. The researcher obtained a list of all the preschools in the region and then classified them according to the three categories namely: private, community and church. The researcher then applied the non-probability method of purposeful sampling because it was suitable for “*solving qualitative problems, such as discovering what occurs, the implications of what occurs and the relationships linking occurrences*” (Merriam, 1998). Purposeful sampling is based on the assumption that the researcher wants to discover, understand, and gain insight, and therefore should select a sample from which the most can be learned (Merriam, 1998). Each pre-school identified was visited with the objective of formally requesting their participation in the study. Those interested were then given further details verbally, regarding the times and dates of the intended sites visits. The map of Swaziland below (Figure 1) indicates that Manzini lies in the middle of the country.



Figure 1 Map of Swaziland

3.4 DATA COLLECTION

The major focus in collecting data for the research was to capture the current experiences of individuals (see *APPENDIX A*) from different pre-schools in Swaziland. Data was collected through nine interactive individual (see *APPENDIX B*) face-to-face interviews (three from each category) in the Manzini region, as well as through observation and document analysis. The interviews were in-depth, backed up by a semi-structured questionnaire (see *APPENDIX D*). They were conducted with caregivers individually in their respective pre-school centres. The questionnaire consisted of open-ended questions that probed caregivers around various issues concerning the delivery of ECCD programmes. Neuman (1994) holds the view that interviews represent a direct attempt by the researcher to obtain reliable and valid responses from one or more respondents. They are adaptable in that one can modify the sequence of questions, repeat or change wording, explain them, probe responses or contribute to them and follow up ideas and feelings.

To facilitate the interviews, the semi-structured interview schedule was used. According to Mertens (2005:388), the use of a questionnaire is sometimes regarded as

a discretionary matter in qualitative research interviews, but for long interviews it is indispensable. As Silverman (2001:40) points out, it can be appropriate, provided that the researcher does not solely depend on them. A questionnaire has several functions, notably establishing channels for the direction and scope of discourse and allowing the researcher to pay attention to the informant's testimony. Mertens (2005) emphasises that the use of the questionnaire does not pre-empt the *open-ended* nature of the qualitative interview, rather the semi-structured interview protocol was aimed at collecting demographic details of participating caregivers and the pre-schools, in this case largely quantitative data. Meanwhile, the interview elicited profile information of the participants' educational activities and the general approaches to ECCD within the pre-schools. Interviews were conducted in Siswati and audio-taped (see *APPENDIX C*). Mertens (2005) states that the researcher should determine the individual's dominant language and make arrangements to collect the information using this dominant language. The audio-taped information was translated and then transcribed (see *APPENDIX E*).

3.5 INTERVIEWS AND INTERVIEWEES

It is generally accepted that small samples are characteristic of qualitative research (McCracken, 1988). Qualitative researchers collect much detailed information from a relatively small number of individuals. It is important to work longer, and with greater care, with a few people than superficially with many (McCracken, 1988:17). The richness of the information gathered is most important in this type of study, rather than an emphasis upon large sample sizes as would be used in quantitative research. For many research projects, eight respondents will be sufficient (McCracken 1988:17). This researcher set out to observe trends and patterns in the training amongst a group of caregivers who worked in ECCD centres.

3.6 PILOTING THE QUESTIONNAIRE

The questionnaire was piloted in four ECCD centres, three of them in Swaziland, with each representing the different categories in the study, though based in different region from the main study, namely Lubombo. The fourth school was a private school in Johannesburg. The questionnaire was piloted for the following reasons:

- To gauge the length of interviews;
- To check and ensure that the wording of questions was clear;
- To identify and remove unnecessary questions which did not yield usable information; and
- To identify topics and questions that had been omitted, but were necessary to yield usable data.

3.6.1 Results of Piloting

The questionnaire was long, with some repetition, so these were subsequently re-framed, though not deleted from the main study as they were still regarded as important. It was also important to listen to the views of caregivers from another context as this prepared the researcher for the main interviews. A number of other concerns arose, such as the numbering of questions not being sequential. Further, some questions were not responded to, as caregivers had no experience in that line of enquiry, for example the issue of quality assurance. The secondary data sources, which included documents as well as field notes, were taken during the interview. Relevant documents, such as assessment reports, monitoring reports, memos and timetables, were analysed as supportive data where available.

3.7 DATA ANALYSIS

Dey (1993) defines data analysis as: “*A process of resolving data into its constituent components, to reveal its characteristic elements and structure*”. The data was analysed in order to classify and create concepts (Henning, van Rensburg & Smit, 2004). Qualitative data analysis is content analysis, in that it is the content of

interviews, field notes, and documents that are analysed (Merriam, 1998). Emergent themes and recurring patterns were identified and analysed, reported in the findings chapter and further interpreted in the discussion chapter. Content analysis is defined by Stone, Dunphy, Smith & Oglivie (1966, as cited in Holsti, 1969) as any research technique for making inferences by systematically and objectively identifying specified characteristics within the text. It therefore involves making inferences from a given text utilising systematic procedures.

Thematic (content) analysis, therefore, forms part of content analysis (Banister et al., 1994; Berg, 1998). It is the term used to describe a more clearly interpretative application of the method in which the focus of analysis is upon thematic content which is identified, categorised and elaborated upon on the basis of systematic scrutiny. This study made use of thematic content analysis procedures in order to reduce and categorise the material into more meaningful units from which interpretations were made.

3.8 ETHICAL CONSIDERATIONS

The participants were given covering letters, which provided information on the purpose of the study and its aims. They were also given consent forms from which informed consent was obtained before they took part in the study. The researcher, moreover, ensured that the anonymity and confidentiality of the participants was maintained. To ensure that no personal details were known by anyone other than the researcher, the participants were allocated pseudonyms to conceal their identity. The researcher tried to ensure that the participants were treated with dignity and respect throughout the duration of the study. The information gathered was analysed by the researcher only and handed over to the supervisor as a research report. While the informants were asked to reflect upon their personal views and experiences, they were not forced into answering the questions asked by the researcher, thereby ensuring she adhered to ethical norms of good conduct. The informants were not disadvantaged or advantaged in any way for choosing to participate in the study.

CHAPTER 4 RESULTS OF FINDINGS

4.1 INTRODUCTION

This chapter presents the findings gathered from the eight participants who took part in the study. The aim of this study was to explore the practices implemented by ECCD caregivers in Swaziland and how the lack of an appropriate ECCD policy impacted on the delivery of services to the sector. The findings of the study are presented in themes according to the sequence in the questionnaire

Tables were used to summarise information comparatively and are followed by discussion.

4.2 IDENTIFYING INFORMATION OF CENTRES

Sections 4.2.1 – 4.2.9 describe pertinent identifying evidence regarding the centres and the qualifications, the duration of study and years of teaching experience of the participants at the various centres.

4.2.1 Centre A

The study was carried out in the Manzini region. Centre A is situated in a rural area, Luyengo. The area is rural but most of the people are employed either in the major towns of Bhunya or Malkerns, because of their accessibility. Centre A is situated within the grounds of a residential home. The pre-school structure for centre A was designed specifically for this purpose. The home and the pre-school are both fenced. The centre has no running water; hence the caregiver augments this by bringing a bucket of water from the main house. During the interview it was established that the centre had no toilet so children used the facilities in the main house, situated approximately 100 metres away. A pit had been dug for drainage but was not completed.

The group consisted of 14 children between the ages of five to six year olds. The caregiver had no assistant. Caregiver A, who was aged between 25 to 29 years, had an

O-Level Certificate. She possessed a Pre-school Teacher's Certificate which she obtained after training for a year, and had been attached to a centre for apprenticeship for the duration of six months.

The content areas covered during her professional training included Child Development, Health and Nutrition. She remembered the teachings of the theorist Jean Piaget and felt her training was adequate at that time. However, she now feels that: *"...we should be told what problems we are going to encounter so that we are ready for those things. Child Psychology was an area that was not emphasised during training and now I think I need it"*.

4.2.2 Centre B

Centre B is a large centre in a peri-urban environment and is situated about two kilometres from the city centre. The centre is at a mission which has a hall that is used for both pre-school activities as well as church functions. It has eight groups of learners with not more than twenty children per group. The administration of the centre does not allow the admission of more than twenty children per group. The centre was well fenced with outdoor equipment in the play areas. Each class has been provided with plastic furniture (child-sized) and was carpeted. Flushing toilets were available.

Caregiver B who was aged between 30 to 35 years had an O-Level Certificate. She possessed a three-year Pre-school Teacher's Certificate. She used to attend training once-a-week for three years. In addition, she had recently attended a two-week training programme during school holidays. The content areas covered during her professional training included Child Development, Health and Nutrition. She was not able to recall specific theorists, except for the teachings of Jean Piaget. She felt that her training had been generally adequate, but not for all eventualities: *"nowadays children experience difficult circumstances such as child abuse and I am not able to assist in anyway"*. Neither was she trained to deal with orphans, and indicated that: *"We are not doing anything to help them deal with grief"*.

4.2.3 Centre C

Centre C is a large mission centre within the city of Manzini. Two schools, one for boys and one for girls, surround the centre. Large classrooms had been built for the pre-school and the centre had long wooden desks arranged in four rows. The children were paired in such a way that they sat facing each other. Each working space had a pencil and an eraser that had been secured to the desk with pieces of string. Caregiver C mentioned that: *“This is my own arrangement. When children need to write, each child should be in a position to access his or her materials within reach and it saves time as well”*. Flushing toilets were available.

Caregiver C who was aged between 35 to 39 years had an O-Level Certificate. She possessed a two year Pre-school Teacher’s Certificate. Caregiver C had no assistant. Caregiver C indicated that she could not remember most things covered during her training, but stated that: *“Some topics were not covered but with experience you realise the needs of the children”*. According to the caregiver, each group should consist of at least thirty-five children, and there were six groups in the centre.

4.2.4 Centre D

Centre D is situated in a suburb of the city of Manzini, and is privately owned. It is accommodated in an old leased house with one large room and a toilet. The centre had a flushing toilet but as there is no running water, buckets of water had to be brought to the centre for the day. The fence around the centre was dilapidated. The outdoor equipment and swings were broken.

Caregiver D who was aged between 25 to 29 years had an O-Level Certificate and a two year Pre-school Teacher’s Certificate. The content areas covered during her professional training were Health and Nutrition. She indicated that she remembered the teachings of Jean Piaget. She felt that her training was adequate. There were thirty-nine children in the centre and eleven children were in the aged between four to five years. All groups were accommodated in one room, with children sitting on the carpet facing the caregiver. There was no partitioning of the room for the different groups.

4.2.5 Centre E

Centre E is situated near Mafutseni, in a rural area. All primary schools are a distance from the centre. The structure was specifically constructed to serve as an ECCD centre, and is privately owned. It consists of two classrooms, with a flushing toilet in the centre to serve both rooms and another toilet outside the building. The centre is surrounded by a fence, with outdoor equipment, some of which was requiring repair. The rooms were small, and the furniture scanty, albeit appropriately child- sized.

Caregiver E who was aged between 40 to 44 years had an O-Level Certificate and a two year Pre-school Certificate of Attendance. The content areas covered during her training were Health and Nutrition. Whilst she indicated that she could not distinctly remember any theorists, she felt however that her pre-school training was adequate.

Centre E had twenty-two children within the two to six year old age group. Caregiver E had no assistant.

4.2.6 Centre F

Centre F is situated at Mhlambanyatsi and is privately owned. The centre was initially built to serve the children of employees of a large explosives company and later outsourced as a private institution. It was built specifically to serve as an ECCD centre and had five classes. The centre was well-fenced with three outdoor play areas for each age group. It was furnished with plastic chairs and tables. On the activity tables, the theme of the week was displayed. This supported the content of the curriculum. The veranda was used as an extension to the classroom. The outdoor area also had sand and water play features. Each classroom had three flushing toilets.

The Caregiver E who was aged between 45 to 49 years old, had O-Level Certificate and a three-year Diploma in Pre-school (Montessori). She received her training through correspondence courses and supplemented it with group discussions which were run at the centre. She would occasionally attend classes in South Africa as the need arose.

The content covered during her professional training included Child Development, Health and Nutrition and Child Psychology. She recalled theorists such as Maria Montessori, Jean Piaget and Eric Erikson, as part of her training programme. She felt that her pre-school training was adequate but would have liked to have furthered her studies.

4.2.7 Centre G

Centre G was situated at Kwaluseni, a busy informal area where most parents work. The ECCD site was a community centre and was housed in an old church building. Children at the centre were provided with three adult-sized benches. The floors were not carpeted and toys were not in sight. The centre was not fenced and had no outdoor equipment. There was no water or toilet for the children in the centre, so they used facilities available to the public which were situated away from the centre, next to the market.

Caregiver G, who was aged between 40 to 44 years old, had an O-Level Certificate and a two-year Pre-school Certificate of Attendance. She clearly indicated that she could not recall anything theoretical that had been covered during her training because she had trained a long time previously. She thought that: “*Health and Nutrition*” were covered in her training programme. She felt that her training was adequate. There were forty-nine registered children in the age range three to six years old. The caregiver of centre G had no assistant.

4.2.8 Centre H

Centre H was situated in an old church building outside a shopping complex at Sidvokodvo. The churchyard was surrounded by a fence and there was outdoor equipment. The centre had no furniture and children sat in groups on the carpet. There were three groups of different ages all in a single room, sitting facing different directions with no dividers between the groups. Water and toilets were available but were situated outside the building.

Caregiver H, who was aged between 35 to 39 years old, had an O-Level Certificate and a three-year Pre-school Certificate. Her training was conducted during every school vacation for two weeks for the duration of three year. She indicated that Child Development, Health and Nutrition and Child Psychology were covered during her professional training and she could recall the teachings of Jean Piaget as a theorist in child development. She felt that her training was adequate.

The centre had an enrolment of ninety children, grouped according to ages. Each group consisted of thirty children with no assistant. The caregiver interviewed was the owner of the centre. She commented that: *“There are a lot of parents who want to bring their children to the centre but my space does not allow me”*.

4.2.9 Summary

Centre	Qualification of Caregiver	Length of time teaching	Length of time in the specific centre	Duration of training
A	Certificate	5 years	2 years	1 year + 6 months apprenticeship
B	Certificate	7 years	7 years	3 years
C	Certificate	15 years	10 years	2 years
D	Certificate	5 years	2 years	1 year
E	Certificate	22 years	22 years	2 years
F	Diploma	17 years	17 years	3 years
G	Certificate	10 years	8 years	2 years
H	Certificate	10 years	2 years	3 years

Table 1: Biographic information

Table 1 presents the biographic information of the eight caregivers who provided usable information. All caregivers who participated appear to have suitable qualifications to teach at pre-school (ECCD) centres. They were all female. They had undertaken training of different durations but in most cases obtained more or less similar qualifications. For instance, Caregiver D trained for a year and received a certificate in Early Childhood, while Caregiver B and H completed a three-year

training course and received a similar qualification. Caregiver A received training for a year and completed six months of apprenticeship and was awarded a certificate.

Generally, all the caregivers had certificates, but worth noting was that the curriculum covered varied, as was the duration of the training.

All caregivers were exposed to the teachings of the developmental theorist Jean Piaget, only a few were sure of other theorists, such as Eric Erickson and Sigmund Freud. Most had knowledge of health and nutrition, which was also covered during their professional training. Most believed that their training had been adequate.

Caregivers who participated in the study were professionally trained in ECCD. Most had participated in two-year programmes. Others had participated in three-year programmes. Most centres operated without assistants, despite the size of the group. The centres varied in enrolments and class ratios, some having very few children per group, while others had large groups. The centres were diverse in terms of structure and maintenance; some had adequate space and facilities. Not all centres were safe and secured in terms of fencing. Some centres tended to overcrowd the groups of children.

4.3 ORGANISATIONAL STRUCTURES AND PRACTICES

Organisational structures refer to all activities that take place in an institution, ranging from planning to the practices that are implemented. It also reflects the philosophy and objectives of the institution (Hildebrand, 1993). This section is arranged in sub-themes, such as centre infrastructure, enrolment policies, and child to caregiver ratio, facilities, employment principles, community and parental involvement.

Sections 4.3.1 – 4.3.6 provides details regarding the organisational structures and practices found in the participating centres.

4.3.1 Centre Infrastructure

Pre-schools were accommodated in structures which were designed specifically for ECCD or for other purposes, such as a church or community hall. Centres A, B, C, E and F were accommodated in structures, which were constructed for the purpose although varied in size. Similarly, centres G and H are accommodated in old church buildings. In two centres, D and H, children were accommodated together in a single room with groups facing their caregivers in different directions. The centres had no dividers or partitioning to minimise interference from other groups.

Centres E and G had children of different age groups under the care of one caregiver, without an assistant. Caregiver G commented that: *“I need to have more children since parents are not paying fees properly and it is impossible to have an assistant”*.

Caregiver E felt the arrangement to have all ages together was fine because: *“The children are few so there is no need for an assistant”*.

4.3.2 Enrolment Policies and Admission Practices

The enrolment for each centre varied depending on the needs of the community, for example, one centre had only twenty-two children, with all ages included. The enrolment for centre C was one-hundred-and-ninety-seven children in six groups and children were admitted throughout the year. Caregiver C stated that the centre admitted children whenever a child came looking for space, and commented that: *“There is a child in my class who arrived in January and was not in a pre-school before but I have worked with the child very hard and now he is ready to go to school”*. In addition she added that: *“We are not responsible for admission, it is only now that I have been appointed deputy”*. Caregivers therefore could not determine the admission of children. Their role was to teach.

Centre B had an enrolment of one-hundred-and-fifty five children and the admission policy limits the number to twenty children per group. The regulations of the centre stated that a child should spend at least three years there. Caregiver B indicated that:

“Our programmes are structured such that a child cannot skip a class; each level has its own programme”.

Centres B and F had admission practices, which were clearly stated, and which were adhered to. Children were admitted at a certain age and the number per group restricted, while centres A, C, D, E and H admitted children throughout the year without limiting numbers per group.

4.3.3 Caregiver to Learner Ratio

The term group can mean many things, such as the number of children in a room or in a learning centre or the number of children assigned to a teacher. Decker and Decker (2001) defines group as the number of children assigned to a staff member or a team off staff occupying an individual classroom. In the study the number of children in a group per caregiver ranged between twelve and forty-nine. All the centres ran without assistants. The caregivers mentioned that they had no control over the situation, because parents were not paying the proper fees. Caregiver G stated that: *“The more children in the group the better, at least some will pay”*. Centre G had forty-nine children of mixed aged groups.

The group sizes for centre F was tailored to the ages of the children, the younger they were the fewer there were in the group. The caregiver reported that: *“When I used to teach the baby group who were two to three years old they were between 10 and 12 children per group with an assistant”*. She elaborated on the fact that: *“The older children, five to six years old, are usually 15 to 18 children in a group. We expect children to spend at least two years at the centre”*.

Caregiver to learner ratio refers to the number of children cared for by each caregiver. Findings of this study suggest that there was no uniformity between the centres with regard to admission and class size. Practices varied between the centres, the number of children per caregiver also varying greatly.

4.3.4 Facilities

Each centre had equipment of varying quality and quantity. Some had equipment packed away in the store room or on shelves out of reach of the children. The caregivers in most of the centres A, C, D, E and G feared that children would break the equipment. One caregiver noted: *“The children are very destructive and new equipment is broken within a day”*. Caregivers seemed happy to have equipment in their centres but it was not always available to the children who were supposed to benefit from using it. In addition, the focus was largely on commercially-bought equipment. It appeared that caregivers were not keen to improvise, Caregiver G stating that: *“I do not have time to make new things and when you make them the committee does not bother to buy”*. In Centre G, children shared three benches, even though more were kept in the storeroom. Caregiver A mentioned that she *“brought down”* the equipment whenever it was required. However, on the day of the interview with her, no equipment had been made available to the children.

Significantly in terms of teaching methods, and perhaps due to the lack of equipment and interest, caregivers resolved to teach children to recite rhymes and write in the traditional teacher-centred (rote learning) mode. Children were also not exposed to learning support materials. Caregiver A and C stated that: *“Parents are happy when children returned home with a written piece of work”*. Meanwhile, Caregiver E mentioned that she was helping the children so that: *“When they get to school they can write and read their names”*.

Caregivers participating in this study seemed to have been aware of the importance of providing children with learning support materials and equipment to facilitate their learning. Even though centres were minimally equipped, caregivers in some instances deprived their learners further by not allowing children to access the material or equipment.

4.3.5 Employment Conditions

Centres A, C, G seemed not to follow any stipulated employment procedures. Caregivers generally did not apply or fill in forms upon recruitment, but were employed on a verbal contract basis. Some of those, employed by the community and private centres, were paid after the month-end and there was no clear date set for this payment. Caregiver A mentioned that: *“When I was still new I was paid before the last day of the month but now it depends on when my employer wants”*. Caregiver G claimed that: *“For the past year I did not get my money on time, sometimes she (Treasurer) sends me half the amount until I write her a reminder”*.

Some caregivers of the study implied that there were unfair labour practices with some employers. The lack of appropriate labour practices in some centres reflected that employers were not guided by any policy or labour laws.

4.3.6 Community / Parental Involvement

Caregivers in all centres reflected that parents were supportive because they made efforts to provide what the centre required from them by paying for school fees and excursions. Centres C, E, G and H seemed not to involve parents in other activities, such as meetings, consultations and open days.

According to caregiver F, parents were involved on a monthly basis during open days, and generally in activities with their child. Caregivers in some cases allowed parents to view the child’s portfolio, and also had other opportunities to engage with them. When major problems arose parents were requested to make appointments and come for consultations (centre C, F). The caregiver F mentioned that when a child experienced problems they called the parents in without waiting for open day. Centre F hosted two meetings a year, one at the beginning of the year to meet parents and discuss procedures, main activities and concerns. The other meeting is held at the end of the year to discuss the children’s graduation ceremony.

Caregiver A felt parents were supportive and attended meetings when called to do so. The school hosted only two meetings per year. They also did not need to see the parents often as children carried written messages to them. When they needed to convey anything to parents they would write the message down in a book. Caregiver G mentioned that: “*Parents never attended meetings*”, and she had therefore decided to stop calling meetings. Instead, she would send home messages and reminders with the children.

The findings revealed that some caregivers perceived parents as only important for paying of school fees and not for other aspects. Thus communication in some cases centred mostly on the matter of fees.

4.4 CURRICULUM AND ASSESSMENT PRACTICES

Curriculum is important in the learning of children and guides what learning activities should take place. Sections 4.4.1 – 4.4.2 contains data pertaining to curriculum and assessment practices implemented in the centres of study

4.4.1 Curriculum

Caregivers A, B and F indicated that they used various teaching materials, such as “*Bridging with a Smile*” and “*Teaching around a Theme*” because of the shortcomings in the current curriculum.

Caregiver C believed that the local school curriculum was “...adequate, as she did not have anything else”. She felt some topics were not included, for instance parts of the body and road safety. The caregiver included topics which she felt were necessary.

Caregiver D felt the current curriculum was not “*user friendly*” because it required “*photocopying of materials*”, something which was not possible as most centres do not have photocopying facilities. Activities such as colouring or matching of items are traced onto children’s exercise books.

Caregiver E was still using a curriculum that was outdated and had been used before 1998.

Caregivers were free to supplement their teaching programmes from other sources. However, the lack of a nationally approved and appropriate curriculum encouraged the use of curriculum from other countries as well as outdated versions which resulted in inconsistent implementation across the system.

4.4.2 Assessment of Child's Progress

Assessment is an important tool because it can be used to determine the child's needs for intervention as well as the suitability of the curriculum (Gordon & Browne, 2000).

Caregiver E used formal assessment with the children. Children were not assessed through the use of a checklist but were asked to perform certain tasks. The caregiver administered corporal punishment to children when incorrect responses were given. This caregiver indicated that: *"I want to make their life easier in primary school because they will be able to recite information, read and write their names"*.

Caregiver H adapted a progress checklist for her centre and children were assessed twice a year. The progress checklist was used as a school readiness test, which she said was carried out in *"August and November"*.

The findings confirmed that most caregivers, except for centre F, were not sure of assessment procedures and practices. Centre F applied a commercially developed checklist that they used to observe a child and record what he or she was able to do at a given moment. Centres A, C, D, E and H implemented assessment strategies that were suitable for primary school level. Most caregivers, it appeared, did not understand the importance of assessment. Centre B mentioned that reports were issued to the parents at the end of the term, or upon request. Not assessing the learner's progress could promote rote learning at the cost of developing understanding in the child. The children of some centres were intimidated during the process of assessment.

4.4.3 Summary

This section highlighted the fact that participants on this study were not sure about curriculum and or the related assessment practices. Only one centre used a checklist that was appropriate.

4.5 DIDACTICAL PRACTICES

Didactical practices focus on how the theory acquired during professional training is linked or applied into practice, both inside and outside the classroom.

Data regarding the psychosocial aspects, language development, free play, cognitive development, and time allocation for activities, perceptions regarding the ECCD policy and experience as well as expectations was captured in sections (4.5.1 - 4.5.7).

4.5.1 Psychosocial Aspects

Caregiver F believed that children should not be forced to participate in activities. The child, who seemed uninterested, according to her: *“Should be encouraged to join groups and work with other children”*. She said a child who was not participating needed to be followed and observed to determine if there was a problem. Children should be active participants in the learning process. She qualified her response by stating that: *“It is true that they may not participate in an activity because they don’t like it or they are not comfortable”*. Caregiver F further mentioned that: *“Children should know that as a caregiver you love them and support them. When you reprimand them it is for a reason”*.

Caregivers A and D felt that children sometimes do not participate because of problems at home, which they bring to school. Children are sometimes hungry or they indeed had serious problems. She said she would spend time with a child who was not participating so that she: *“...could discover the cause”*. Caregiver A commented that: *“Sometimes you want to help but due to lack of skills you remain at a distance except alerting the parent”*.

4.5.2 Language Development

In centre A, children are read stories three times a week, then given the opportunity to dramatise the story.

In centre F, during first term, new children who were second language English speakers received individual lessons with the caregiver in the morning to help them develop their language skills. She believed that language development was important and that it had to be developed as early as possible.

Some caregivers indicated that stories were used often to help children develop language skills and learn that printed text was important. They believed that stories used should always be relevant to the theme of the week.

Centre C and G had no story books. Caregiver C mentioned that she had observed the use of stories in another centre and had realised that: *“Stories were important for language development and pre-reading”*. She would then adapt stories used at primary school to read to her class. Other classes in centre C were not read stories since the centre did not have any books and the educators were not able to improvise.

Caregiver B emphasised the use of biblical stories to help children develop morally, and said they discussed the moral meanings of the stories. She mentioned that drama was also important because: *“Children learn to take on roles and participate in front of the others. It helps the shy ones to learn to talk and share roles with others”*.

4.5.3 Free Play

All centres had allocated time for free play planned within their daily schedules, and caregivers were aware of its importance. The duration of free play varied depending on the importance placed on it by the particular centre, from half-an-hour to one-and-a-half hours. Centre F had free and structured play that was monitored by the caregiver. It was important to note that some caregivers were not aware that free play, both inside and outside, needed to be under supervision at all times. Caregiver C and

D mentioned that when they supervised they would get time to relax, albeit that this was not supposed to happen. Caregiver C stated that: *“During free play we sit outside and talk with colleagues not that I was aware we are still in the classroom”*.

Centre G lacked equipment for both indoors and outdoors. Free play was mainly associated with outdoor activities and most caregivers cited being unaware that free play could take place both inside and outside a learning site. No learning activities were laid out to provide for structured free play. It seems certain important aspects of an appropriate ECCD programme are neglected.

4.5.4 Cognitive Development

Cognitive development equipment in the centres consisted mainly of puzzles, construction toys and building blocks. Caregivers however did not open their classrooms up for these kinds of activities, either because space was not available or, as one caregiver stated: *“I do not know how to work with them”*.

4.5.5 Time Allocation for Certain Activities

Centre	Free Play	Language Development	Cognitive Development
A	30 minutes	30 minutes	30 minutes
B	1 hour	45 minutes	30 minutes
C	45 minutes	15- 20 minutes	15 minutes
D	30 minutes	1 hour	30 minutes
E	45 minutes	30 minutes	15 minutes
F	45 minutes	10 minutes for story	45 minutes
G	1 ½ hours	1 hour	1 ½ hour
H	45 minutes	1 hour	1 ½ hours

Table 2: Time allocated for activities

Table 2 presents the time allocation for free play, language development and cognitive development activities during the course of a day. All centres had allocated

time for these activities in their daily schedule. The data showed that the time allocated for each activity differed per centre. Centre G allocated one-and-a-half-hours towards free play, while centres A and D allocated half-an-hour. The one-hour time slots were allocated for language development in centres D, E and H, while centre C allocated only fifteen-to-twenty minutes for this activity. In centres G and H, cognitive development was allocated one-and-a-half hours, while centre C allocated fifteen minutes. It seems that there is no standardisation with regard to time.

Activities involving art if offered were also very limited. Children were limited to drawing, colouring and cutting activities. Caregivers A, D and E mentioned that they never exposed their children to art activities because they did not have art equipment, such as clay and paints. Upon further inquiry caregiver A indicated that: “...*never thought art was that important*”. Caregivers G and H indicated that: “*Art was messy*” and therefore they chose to avoid such activities. The exclusion of children from these activities deprived them not only the opportunity to develop their fine motor skills but also limited their opportunities to express their creative side.

4.5.6 Perceptions of ECCD Policy

Caregivers had different perceptions about ECCD policy, some unsure what the policy was all about. After a brief explanation they preferred to say: “*I think I am fine and happy the way I work*”. Caregivers were very reluctant to discuss the issues related to policy and could not openly share their views.

Caregiver E believed that she worked well with parents. At twelve o'clock she regarded her work finished for the day. She felt that the current working arrangements were most suitable, and she was apprehensive that if a policy was to be introduced she might be expected to change a number of things she was comfortable with. She feared that she might be expected to employ an assistant and was concerned about the ensuing financial obligation.

Caregiver B responded by saying that she only heard from her colleagues in other centres when there were problems, as she claimed that she had none in particular. She was not sure whether she “*needed*” policy.

Caregiver G felt that the introduction of a policy was important as her salary benefits and conditions might be improved and adjusted, and also paid regularly. In addition, the current Centre G’s governing committee might be removed; something she felt was long overdue.

Caregiver F indicated that policy was important for both caregivers and children. Policy would provide guidelines on the working conditions, qualifications and basic salary scales. In the policy framework caregivers would be expected to do their job properly. It would also prevent absenteeism. She felt the lack of policy: “*Encouraged inconsistencies in terms of practice*”.

Caregiver C concluded that policy would make them known and give them a “*voice*”. She commented further by saying that at least some: “*...instrument was going to govern their working conditions*”. Uniformity was important for caregivers as this would “*stop parents from transferring their children to other centres*”. However, she said schools had policy but it did not change the attitude of teachers towards their work. Those who valued their work would continue to work.

Caregiver A stated that: “*Policy should make it clear that before someone opens a pre-school, they need to undergo some training so that they know how pre-schools operate. Then the Department of Labour should stipulate the terms and conditions of service*”.

Some caregivers were not sure about the importance of policy. The observation was the misconception of what policy would do. They focused on their immediate personal needs without thinking of the impact and the future of ECCD without a policy framework. Others felt it was a sensitive issue and withheld their response.

4.6 EXPERIENCE

Caregivers, who worked for organisations, such as churches or companies, were not worried about their pay. The church organisations differed from one another, some being responsible for the centres in terms of administration and resources; others were only interested in the income without thinking of the children and caregivers. For example, one caregiver said that: *“There are no story books in the centre but I have requested and got to a point of sitting back without the story books”*. The lack of proper communication resulted in caregivers not being motivated to work.

4.7 SUMMARY

The results of this study suggest that between the caregivers who participated in this study there were significant differences. It is true that all the eight caregivers had an O-Level Certificate and were professionally trained as caregivers. The duration of their training was not the same but they had been awarded the same qualification. Some had studied early childhood or child development, while others have not, and some had more experience than others of working with young children. The diversity of qualifications among caregivers may negatively affect the quality of care and education provided to children. Information gathered from caregivers in this study revealed that there were several major differences between the centres.

Centres differed in terms of admission guidelines and practices, organisational structure and practices, but with no labour laws to adhere to. Parents were not viewed as significant partners in the development of children. Caregivers were further not exposed to the concepts of assessment and its importance. Children were not adequately exposed to learning materials or active learning. Activities were not aligned to child related theories e.g. Jean Piaget and Erik Erickson.

The analysis of the findings of the study indicated that a variety of factors, both theoretically and practically, were inconsistent with early childhood care and development practices in Swaziland.

CHAPTER 5 DISCUSSION

The aim of this study was twofold: *Firstly*, it sought to explore the practices implemented by ECCD caregivers in Swaziland and *secondly* to examine how the lack of an appropriate national policy on ECCD impacted on the delivery of services to the sector. This chapter discusses the analysis of the results of the study presented according to emergent themes.

5.1 PLAY

Isenberg and Jalongo (1997:4) state that: “*Over the years theorists, researchers and educators across the different disciplines and perspectives have documented that play is the optimal vehicle for learning and development in the early childhood years*”. Most of the participants in this study seemed not to value play as a vital experience in the young child’s development. Play enhances the holistic development in emotional, social, intellectual and physical domains.

Firstly, the time allocated to free play by certain centres was either too little or too much, by certain understandings of the concept of ‘*play*’. During free play children are supposed to be exposed to different kinds of learning support material to support their development. Through play children learn to make choices. Play could be varied at sites if various tasks were laid out on different tables and children were allowed to move from table to table. Free play can be structured or not, depending on the set objectives. In some centres, where play is not recognised or valued, one could question whether the quality of delivery of services to the children is met.

Secondly, free play requires materials or objects which children can manipulate, explore, use for problem-solving, experiment with and describe. Most of the caregivers who participated in this study kept materials away from children, thus limiting any focus on exploratory learning, an important activity because it is active and child-centred.

During free play the caregiver should take the opportunity to scaffold the child. According to Vygotsky: “*The Zone of Proximal Development (ZPD) constitutes the varying degree or amount of child assistance, a child needs for optimal development*”. Optimally, caregivers would work with a child explaining things he or she does not know or understand. This is the opportunity for the caregiver to probe their level of knowledge or understanding, depending on the child. If scaffolding does not take place, the child is unable to move to a higher level of cognitive development when challenged by the learning situation.

Caregivers did seem not aware of valuable learning opportunities that exist when teaching and supporting children through the learning process. The lack of understanding of play limited the quality of teaching and resulted in caregivers applying outdated ‘*chalk and talk*’ (rote learning) methods which are not appropriate for the lower age group. In some centres the children are made to recite things without having attached meaning to the text for examples reciting letters of the alphabet and counting. Children are not exposed to the concrete material and then attach its meaning.

Further interpretation of data indicated that caregivers regarded themselves as adequately trained, but the data revealed that gaps in their practices were relatively evident i.e. inadequate provisioning in the classroom. They not only lacked the necessary skills of working with children but could not apply their knowledge to develop activities relevant to the needs of their children. Some of them had acquired the theoretical knowledge of the field of ECCD but were unable to put it into practice.

5.2 LANGUAGE

Language acquisition is very important during the early years of development. According to Hildebrand (1993) literacy-related activities have a prominent place in high quality early childhood programmes because children are being educated for the information age. Caregivers in certain centres (A, B, C and F) made efforts to read children stories that they discussed afterwards. They were also selective in choosing stories that were relevant and meaningful to children. Through reading stories to

children, new words were acquired and the act of dramatising contributed to deeper understanding of the text.

Caregiver C had not, throughout her training, been exposed to story-reading or choosing books. She had discovered this skill by observing it in another centre. She realised the importance and subsequently made an effort to get storybooks for her group as her centre did not provide them. While other centres had allocated time for story reading and language on their daily schedule it transpired that they did not have books. This led to several other questions being raised. What happened during story time? What was taught to children that required the one to one and an half hours of learning time for language? Furthermore, should children not be exposed to language in an integrated way so that all the curriculum activities reflect this component of learning?

Despite constraints, the study showed that if a caregiver was dedicated she would bridge the difficulties of not having reading resources, albeit at personal cost.

5.3 CAREGIVER TO LEARNER RATIO

Analysis of findings in this study showed that centres had varying admission practices. Two centres indicated that they were using criteria for admission and they adhered to these, by restricting the number of children per group. For instance, in Centre B groups were not bigger than twenty, whereas respondent for Centre F indicated that the younger the children the smaller the group should be, and recommending that a classroom assistant also be present. According to international standards, adequate care, attention and quality can only be provided if classes are kept small. Decker and Decker (2001) state that children in programs that followed the recommended National Association for the Education of Young Children, (1998a) “*caregiver to child ratios experienced more developmentally appropriate activities than children in programs not meeting the recommendation*”. The NAEYC concluded that smaller group sizes and lower caregiver to child ratios are strong predictors of program compliance with indicators of quality, especially appropriate curriculum and positive caregiver to child interactions.

According to the data, Centre G had forty-nine children aged between three to six years of age in a group. This is a heterogeneous group and one could assume that the older children are responsible for the younger ones and mediate or teach them. This is not appropriate, especially in institutions of this nature. Teaching of multi-age grouping by one caregiver does not fit with Piaget's theory of child development, which postulates that a child's thinking develops over time, becoming increasingly complex as the child gets older. Thus the theory proposes that children operate at different levels of cognitive development and are capable of achieving certain skills at certain levels.

Pedagogical activities should be related to the needs of all children in the pre-school. Children who occasionally, or on a more permanent basis, need more support than others should receive this in relation to their needs and circumstances. However, this cannot be observed or achieved if the size of the group makes it difficult for individual children to receive adequate attention from the caregiver.

Caregivers with large groups were aware that the quota had been exceeded but Caregiver G stated: "*The more children in the group the better because at least some will pay*". It appears that the focus had shifted from providing quality ECCD provisioning to financial gains being made from the situation.

5.4 PARENTAL INVOLVEMENT

Some caregivers (A, B and F) in the study mentioned that the centres had good relationship with parents, who are important in the development of children. Shaw (2004) states that during the early life of a child the parents are the primary source for developing the sense of self-worth and effective ways of exercising personal control. The effects of early parental support on these psychological resources persist into early adulthood. Some centres used a number of strategies to involve parents in their activities, such as parents' evenings, open days and fund-raising. Parents were encouraged to take active roles in the education of their children and measures were taken to involve parents in all aspects of their child's growth and development in

school. This allowed parents to be partners in their child's education. This necessitated open communication, problem-solving and collaborative decision making between caregiver and parents. Merging partnerships with parents is very important for the child. The child then values the relationship and makes it easy for the caregiver to report any issues to the parents identified as problematic. Webster- Stratton (1999) states: "*widespread support for involving parents in their children's learning grows out of convincing evidence suggesting that family involvement has positive effects on children's academic achievement, social competence and school quality*".

In contrast, other centres (C, E, G and H) seem to think that parents were important only for paying fees. These centres did not call parents' meetings or hold open days. Parents were only given written reminders when there was a need for money. The lack of a relationship between the centres and the parents limited the development of the centres. This practice negates the role that parents can make valuable contributions towards the centres. For instance, one caregiver mentioned that parents were providing scrap paper; in the form of computer printouts, which they used for art. Also, the parents were involved in fundraising drives to assist the centre in its projects. The involvement of parents was important, not only for the child but for the centre, helping to build a strong and healthy relationship between the centre and the parents.

5.5 TRAINING

Early childhood professionals in Swaziland possess distinctive and diverse qualifications, awarded by various institutions and the training was not coordinated on the national level. Caregivers who participated in this study were all trained in ECCD but differed in many aspects regarding the content and nature of the courses. One caregiver had upgraded her knowledge in ECCD and possessed a diploma from a recognised South African institution. Others had not taken any courses, upgraded or participated in any workshop since acquiring their initial training for example Caregiver C, E and G completed training more than ten years ago. The diversity in qualifications among caregivers and the omission in some parts of the curriculum may affect the quality of care and education received by the children.

The overall results of this study suggest that the training of staff in ECCD centres, in Swaziland, differed significantly. There was little or no uniformity either in practice. Caregivers in some instances implemented outdated practices that were no longer aligned to modern early childhood development approaches. The inconsistency in practice and service delivery appears to be as a result of the lack of a national ECCD policy. Without a substantial ECCD national policy in Swaziland, service delivery and uncoordinated practices will prevail in the centres.

In the light of the above discussions, significant gaps and inconsistencies existed in the practice of ECCD in Swaziland. Caregivers implemented teaching and learning strategies that were inappropriate, and not aligned to ECCD international standards. The study suggests that there is no uniformity in the provisioning of ECCD services.

Dramatic differences in provisioning of services within this small sample in Manzini confirmed that without a national policy, service delivery will remain fragmented and ineffective.

CHAPTER 6 LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

A literature review was undertaken to inform the study and to determine what factors informed good practice. Based on the semi structured interview schedule certain themes were imminent namely play, curriculum, language and parental involvement. Training was also a major obstacle. Information gathered from the literature pointed out that quality programmes in ECCD require certain factors to be successful. The essential points are used to draw conclusions. The study is however not without limitations.

6.1 LIMITATIONS

The size of the sample in this study was small. It consisted of eight (8) participants. In addition, all the participants came from the Manzini region. Because of the size of the sample the findings can therefore not be generalisable to all ECCD centres in Swaziland.

A further limitation was that there were questions during the interviews that participants refrained to answer. This omission affected the depth of the data collected.

It should be acknowledged that, during the piloting of the questionnaire that certain difficulties with responses were experienced and that these were once again revealed in the main study. Participants in both cases experienced difficulty responding to the questions regarding policy.

Lastly, the questionnaire of the study was in English and during the interview participants were allowed to express themselves in the language they were comfortable. Some questions were translated which might have contributed to a loss of information by not expressing the question appropriately.

6.2 FUTURE RESEARCH

Based on the limitations of the study the researcher felt that a further exploration of ECCD centres within a larger sample from all regions in Swaziland could be beneficial to the sector. This could provide results which could then be extrapolated to the wider population of ECCD caregivers.

6.3 RECOMMENDATIONS

On the basis of the findings of this study it is important that in the policy development process that the following salient issues be given recognition: national policy, training, curriculum, play, language development and parental involvement.

- ECCD centres varied greatly in terms of organisational structure and practice, National policy thus needs to be put in place so that regulated services can be delivered to this sector. The government should commit to developing a national ECCD policy, which would provide the necessary guidelines for operating centres. The policy should not be imported but should be developed and aligned with the Swazi context, culture and available resources.

The findings of this study further suggest that:

- Caregivers in ECCD were not adequately trained.
- To improve the quality of service in ECCD centres, caregivers in Swaziland should be adequately trained. Training of caregivers should be standardised and the theory linked to practice. Caregivers should be given adequate training or re-skilled in updated methodologies such as those found in child-centred theories, for example Piaget, Erickson and Vygotsky.
- The application of child development theories need to be implemented appropriately in practice.
- The fact that children learn better through play need to be recognised in the development of curriculum.

- The caregiver to child ratio should not be too high. As the number of children cared for by each staff member affects the quality of the provision, and
- Unless an appropriate policy is implemented, the achievement of *Education for All* remains a pipe dream.

The findings showed that the curriculum applied in the centres varied. In some cases it was also found that it was lacking in critical educational aspects. Therefore:

- A national curriculum embracing the latest theories on early child development and care practices need, to form the conceptual framework for its development. Government should commit to significant reviewing or developing a curriculum creating the conditions to foster high quality pre-school services. The use of a uniform national curriculum is important. The minimum standards with regard to the content of the training should include cognitive, physical, social and emotional development.
- If caregivers are going to successfully change their teaching strategies, they need to upgrade their qualifications or the Ministry of Education need to provide structural changes and prolonged support in the form of ongoing supervision.
- The caregiver's practice must be informed by appropriate theories. They cannot change to child-centred approaches without the necessary tools to support this change.

Since most centres were using play without a clear understand of its importance and as the fact that the application of free play activities in the centres differed. It is recommended that:

- Play should be incorporated into the daily schedule of ECCD sites. This is supported by Elkind (1981 as cited in Robson & Smedley, 1996; Robinson, 1985 as cited in Charlesworth, 1987) who states that: "*learning without play is hurried learning and must inevitably are less thorough and secure*". Elkind (1986) further observed that children do not learn in the same ways as older

children. *“Children do not learn to conserve number through rote learning but rather by experimenting with objects and reflecting on what happens”.*

- To address the lack of uniformity in ECCD and ensure that children enter schools prepared to learn, the Swaziland government and individual ECCD centres should consider taking a variety of developmental initiatives to improve the practice in the field. Regulations at national level should call for much higher levels of training for caregivers than are currently in place.
- Individual ECCD centres should commit themselves to selecting or developing holistic integrated approaches, emphasising a strong focus on developing children’s language, pre-literacy and other early academic skills, as well as social, physical and emotional competencies.

Six of the participating centres had not applied any admission practices, with children admitted as per demand. This resulted in a caregiver to child ratio ranging from eleven children in a group to forty-nine per group, with no assistance. The practice indicated that the group may be too large for a single person. It is thus further recognised that:

- Clear guidelines to admission practices need to be established as well as some controlling mechanism (quality assurance) that numbers do not exceed the recommended quota.

With regard to parental involvement, home and schools alike benefit from a bi-directional relationship. The majority of caregivers in the study did not view parents as partners who might share understanding and expertise, or contribute to the insights of parents and professionals in dealing with children in their care. Thus:

- Parental involvement needed to become more collaborative. Sites should be introduced through workshops into how community participation can be engendered at local level.

The research further found that: Employment conditions were not standardised and recruitment procedures inadequate.

- Due consideration should be given to the employment conditions of caregivers though protective legislation based on sound labour law principles.

CONCLUSION

The Declaration of the World Conference on Education for All (EFA), the World Summit for Children and the Salamanca Statement all emphasise the need to provide children with opportunities for optimal development to their full potential. These challenges could be achieved through concerted efforts by the Swaziland government, stakeholders and parents. Similarly, the ECCD unit if utilised properly can assist in providing the necessary foundation on which to build on. In addition, the use of existing structures and improving on them would facilitate a way forward. This study has concluded that the ECCD practices in Swaziland are not adequate. The training gaps were evidenced in by the fact that in practice no substantial child theory on development informed practice. The findings of the study further corroborated the assumption that currently there was no substantial ECCD policy in Swaziland.

ECCD practice cannot be of quality unless an appropriate ECCD policy is developed. If there is no policy there will be no good practice. ECCD policy is fundamental to the implementation of *Education for All* approach and should be included as it is a priority in the political and funding agendas of government; it will remain a ‘missing link’ in the education transformation of Swaziland.

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APPENDIX: A

CAREGIVER INFORMATION SHEET

Dear Caregiver

I am a student at the University of Witwatersrand about to complete a Masters degree in Educational Psychology. As part of the fulfilment of the programme I need to complete a research project.

My research is entitled Early Childhood Care and Development: the Missing Link, a Challenge for Swaziland. The aim of the study is to explore how the lack of an appropriate ECCD policy in Swaziland impacts on the delivery of services to the sector and delays the implementation of Education for All.

Participation in the study is voluntary. This means that you are free to withdraw at any time. All information gained through your participation will be held in the strictest confidence. Your name and school will not be published.

Your participation in the study will be greatly appreciated. If you would like further information please contact me on my cell at 0734788509.

Yours truly,

Zethu Ntuli

APPENDIX: B
INFORMED CONSENT FORM

I _____ consent to being interviewed by Zethu Ntuli for her study on: Early Childhood Care and Development: The Missing Link, A Challenge for Swaziland. I understand that:

Participation in this interview is voluntary.

That I may refuse to answer any questions I would prefer not to.

I may withdraw from the study at any time.

No information that may identify me will be included in the research report, and my responses will remain confidential. Pseudo- names will be used in the written report.

The report will be written by the researcher and will then be handed over to her supervisor and further to the external examiner.

Signed: _____

Date: _____

APPENDIX: C

PARTICIPANT'S CONSENT FORM FOR USE OF TAPE RECORDER

I _____ consent to my interview with Zethu Ntuli for her study on Early Childhood Care and Development: The Missing Link, A Challenge for Swaziland to be tape-recorded. I understand that:

The tapes and transcripts will not be seen or heard by any other person participating in this research. It will only be heard by the supervisor and be processed by the researcher.

All tape recordings will be destroyed after the research is complete.

No identifying information will be used in the transcripts or the research report.

Signed _____

APPENDIX D

INTERVIEW SCHEDULE

Biographic Information

1. In the following section, please mark an x in the appropriate box.

1.1 How old are you?

Age	20 – 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54

What was the last standard passed?

Form 5

Form 3

Other

Please indicate your formal qualification you possess.

Pre-school Teachers Certificate

FEA Certificate

Certificate of Attendance

Other

1.4 How long did it take you to achieve this qualification?

One – two weeks

Three – six months

Six – twelve months

One – two years

Other

1.5 In which year did you obtain your qualification?

1.6 How long have you been teaching?

1.7 What were the major areas of your training?

- a) Child Development
- b) Child Psychology
- c) Health and Nutrition

d) Other (Please specify)

1.8 Which theories on child development were you exposed to during training?

a) Jean Piaget	
b) Erikson	
c) James Bruner	
d) Sigmund Freud	

1.9 Did you feel that your training was adequate? Yes No

1.91 Are there any areas in your training that you feel were lacking? List them

2.0 Demographic Details

2.1 How many children are in your class?

2.11 Which class do you teach (3 – 4), (4 – 5), (5 – 6).

2.2 How many practitioners or assistants per class?

2.3 Are children taught or put in age groups?

If yes, explain -----

If not, why? -----

3.0 Classroom Management

3.1 Do you have a daily schedule? Yes No

(May I see your schedule?)

3.2 Which areas in your daily schedule are given high priority?

3.3 Are you able to adhere to the daily schedule	Yes	No
--------------------------------------------------	-----	----

3.4 Does the daily schedule allow opportunities for free play?

3.5 In your opinion is free play necessary? Motivate your response.

How do you decide on the allocation of time for each activity on the schedule?

3.7 How much time is allocated to the following activities?

Play activities

Cognitive Development

Language Development (story, drama, song and dance)

* Cognitive – activities that will challenge child to think

3.8 Which type of activities do you think are appropriate for cognitive development?

a) -----
-

b) -----

c) -----

3.9 How do you assist children to develop language skills?

3.10 Is there any special criterion that you follow when choosing story books?

3.11 Are the classroom activities appropriate or suitable to meet the needs of the learners?

3.12 How do you help learners who are not participating in activities?

3.13 Why do you think learners are not participating?

4.0 Curriculum

4.1 Do you have an ECCD curriculum that you follow?

Yes	No
-----	----

May I see your curriculum?

4.2 Do you think the existing curriculum is adequate for ECCD?

Yes	No
-----	----

4.3 Were you trained on how to use it?

Yes	No
-----	----

4.31 If yes, was the training in the curriculum adequate?

4.32 If not, why?

4.33 Do you have learners with diverse (special needs) learning needs?

4.4 When doing your daily plan do you take into consideration the learning needs of these children?

Yes	No
-----	----

4.4.1 Do you use learner support materials (LSM) to support your teaching?

4.4.2 If yes, explain -----

4.4.3 If not, why? -----

5. School and Community

5.1 Describe the relationship of the ECCD centre within the local community.

5.2 How often do you meet with the parents of children in your centre?

Open days -----

Parents' evening-----

5.3 Do you get support from parents?

Yes	No
-----	----

5.31 If yes, explain the type of support you receive-----

5.32 If not why -----

5.33 Are the children from your centre admitted to the local / neighbourhood school?

If yes, explain-----

If not, why not -----

5.34 What are the expectations of the local school from your centre?

5.35 What is the age of admission in your centre?

5.36 Do you think you are able to meet those requirements?

Assessment

5.4 Do you do any form of assessment?

Yes	No
-----	----

5.5 Which form or method do you use for development assessment?

6. Classroom

6.1 Can the children be accommodated appropriately in the class?

Yes	No
-----	----

Ventilation adequate

Safe drinking water

Toilets

Hand basins

6.2 What type of furniture is available?

- Child size table and chairs
- Benches child appropriate
- Floor mats

6.3 Is there adequate space for children to play?

6.4 What equipment do you have for large muscle (motoric) development?

7. Funding

7.1 How is the centre funded?

7.11 Do you receive assistance from other organisation /s?

Yes	No
-----	----

7.2 Which organization (s)?

Type of assistance

- Finance
- Physical (labour)
- Goods (donations)

8. Quality Assurance

8.1 How often do Government Officials (inspectors, school health nurses, road safety) come to your school?

8.2 State three things they normally look for?

8.3 After their visit do you receive any report from the Ministry?

Yes	No
-----	----

8.4 Yes, what kind?

8.5 Which other government / non- governmental departments visit the school and how often?

9.0 Training

What kind of training do you receive to keep and develop your skills?

- In house
- In service
- Self

9.1 How often do you attend national or other workshop/s?

9.2 When was the last workshop you attended?

9.3 What were the highlights of this workshop/s?

9.4 Do you feel you are sufficiently trained to deal with ECCD related matters example emotional, physical, cognitive and social challenges that children present with?

Policy

9.5 As a caregiver what kinds of support do you receive from government?

9.6 In your opinion and experience what areas in ECCD needs improvement?

9.7 Do you have an ECCD national policy?

Yes	No
-----	----

9.8 In the absence of policy what do you use?

9.9 Do you think you need policy in ECCD?

If yes, explain-----

If not, why not-----

APPENDIX E

INTERVIEW RESPONSES

CENTRE A

Sometimes children start at 18 months. So we were taught how to take care of them. How we teach them and kinds of materials that could be used to help them learn?

I feel my training was adequate at that time

1.7 Child psychology was an area that was not emphasized because now I think it is necessary.

1.8 I was exposed to Piaget may be and others but cannot remember.

1.9 Now that I am in the field I feel that if I had done deep child psychology I would be able to help. For example there is a child in the class the child is not retarded but the behaviour which is displayed at times makes me feel if I had done adequate child psychology I would be able to intervene more effectively but now I cannot.

2.1 I have 12 children in my group.

2.1.1 I do not have an assistant.

2.2 Children are grouped according to ages

2.3 We saw that we cannot put children who are preparing to go to school with those who are still young. There are stages that need to be achieved such as colouring, have learned the letters of the alphabet. They have learned phonics

and can identify shapes. It is not advisable to put them into one group yet they are not the same age.

On the tables they sit according to abilities. This table are fast learners, average there and slow learners over there. Actually I spent most of the time with the slow learners.

3.0 Yes

3.2 Orals, Maths, English, Science and art. We discuss days of the week, parts of plants and it covers a wide range of activities 45 minutes.

3.3 Yes

3.4 Yes

Free Play

3.5 Children learn through play, so while they are playing outside you learn more about the behaviour of the child. Children are free and display their true-self thus as a teacher children should be afforded the opportunity.

3.6 There is a reason for the allocation of time because children can play from morning until sunset therefore the time table will guide us as to what we need to do.

- Play activities (in –door)
- Cognitive Development
- Language Development (story, drama, song and dance)

30minutes
30 minutes
30 minutes

3.8 (a) Puzzles

(b) Drawings where the child identifies the part and use the mentioned colour.

(c) Numbers: I have two sweets in my pocket and if I eat one how many sweets are left? One is left. It allows the child to think.

3.9 animal puzzles and number puzzles

- 3.11 I take one child at a time so that I together with the child perform the activity. For example sit down, I will demonstrate to the child the action (show what is to sit), open the door and perform the action.
- 3.12 Unfortunately I do not have the experience of buying books, so I can not exactly say but before I use it I link with what they know and what I would like them to learn.
- 3.13 Yes.
The books meet the needs of learners, especially because you find them talking about the stories to each other. They cannot read but use their imagination.
- 3.14 I use picture books, those that are brightly colored to try and capture their attention and work more with the child alone. I try to engage the children more.
- 3.15 Learners do not participate for various reasons. They have problems from home such as when you ask the child what is wrong. They will tell you I did not eat anything, my mother left and she is still not back. Others for example there is a child in my class who used to defecate on herself. When you ask the child it becomes difficult because we need to involve the parents and talk to them. It is difficult with the child who live with grandparents because we need the real parents
- 3.16 In our training child abuse was included and we were advised that we should bring in parents and allow them to think about the problems experienced by the child.
- 3.17 They need attention and you need to keep an eye on that child. Here at the centre we had a child who was very aggressive but you do not need to be

harsh, you need to humble yourself and allow the child to talk and assist him/her without making a scene for the child. This will help the child open up and express his/her feelings. For example the child can say I have not eaten anything today.

Curriculum

4.1 No curriculum was available because the owner of the pre-school was not present.

4.2 It is not much that I think is missing but for me I use a variety of materials because you certainly discover that you like the material. We use different books to scheme the material for the year.

4.3 No

4.32 I was not trained but there are explanations on how to use it. Although I don't have first hand information since I do not rely on it only. We were told that Pre-school Fun is divided into three sections and each section is for a term.

When planning e.g. Maths I look at the work that we have covered. If the number is 1 it should be linked to the item.

4.4 Not sure

4.41 It is true children are not the same so when I prepare my lessons I always try to leave room for every child so that we can work with the slow ones at their pace. At times they move and do the stuff that was prepared for the other group.

We prepare lessons for both groups. It is unfortunate that our preparation books are not here.

4.42 Learner support materials are used when I see an activity from other books or materials that I think will help the learners I do take that and use it

School and Community

5.1 Community is very supportive. We ask parents for money and they pay.

5.11 Parents are supportive. When we ask them to attend a meeting they do come. When we ask them to pay for trips they do pay without any problems. Recently we had gone for a trip and all the children went reflecting that the parents were co-operative. In the memo books we inform them about the activities for the term. We meet with parents once a term.

5.2 Open days once per term at the beginning
Parents evening not applicable

5.3 Yes

5.31 Attending meetings, paying school fees

5.32 Yes last year's group most were taken at the nearby school while others went to Malkerns and Manzini.

5.33 The local schools are still happy with our children as long as the child can express himself/ herself, knows his /her age , can recite the letters of the alphabet in phonics , knows the basic shapes, colours, seasons, months and parts of plants, opposites.

5.34 We admit children at from the age of 3 years – 6 years.
Most children stay for 2 years and leave, Other's move to other pre-schools while others go to school. We have no control over this because parents decide for their children even though they have said the child would be here for three years.

- 5.35 So far yes because we have no problems and parents often tell us that the children are doing well at school.

Assessment

- 5.4 Yes
- 5.5 We give out reports. We complete the report for 5 - 6 years and the reports are different for each group .We complete this every term.
We use this to evaluate the child and to give the parents a picture of the child's performance. We always ask parents to keep the reports so that later in life they refer on the child's performance this is more setting foundation than anything.

Classroom Management

- 6.1 Yes
Safe drinking water- centre has no running water: We bring water with a bucket everyday but we were promised that we will get water.
Toilets – centre has no toilets for children. They use the toilet in the main house (owner of the centre) which is about 100metres away from the centre.
The pre-school does not have a separate toilet that is used by the children. Instead children share the toilet with the owner in the main house. According to the caregiver the pit was dug last year and was left like that.
- 6.2 Child sized table and chairs
Floor mats
- 6.3 Space is available but not yet developed because we lack adequate funds to meet our need.
- 6.4 We are expecting swings within the next two weeks they were taken for repairs.

Funding

The owner is responsible for the running costs

7.1 No

7.11 None

Quality Assurance

8.1 How often do Government Officials (inspectors, school health nurses, road safety) come to your centre?

No one has visited the centre except one and it was a special invitation. She came for the graduation ceremony.

8.2 – 8.5 No response since no one has ever visited the centre.

None probably it's because the centre is still new we started in 2002.

Training

I try to attend the in service workshops once a year

9.1 Last year in August 2004 – run by an NGO.

9.2 It was not a national workshop.

9.3 We discussed issues as to how as caregivers do we take care of children in our care. Other caregivers expressed problems they were experiencing in their centre.

9.4 This is my personal experience I believe a child who experiences problems might be experiencing this kind of treatment at home. I need to get closer to the child. So that we know each other because once the child is used to I will be in a position to open up and tell me his/her personal experience

9.6 In our training we need to be told some of the problems we are likely to encounter at the field.

9.7 Being a Pre-school teacher is not an area where we are looking for money but it is more of a calling. The aim is to shape and mould the child.

9.8 We need more workshops not once year, but at least if we have them every term. We once held a zonal workshop in my area but that never continued as promised.

We need more workshops on the area of HIV/AIDS, Intervention in the classroom situation and many other things that are bothering us.

9.9 As caregivers policy is important because it would state clearly how much are we suppose to earn. The department of labour should release information on terms and conditions of service applicable to us. It should be stipulate that before anyone opens a pre-school they should undergo some training so that they know how pre-schools operate.

Pre-school owners should also receive workshops so that the expectation are made clearly to them because others are running pre-school and do not have a clue of how to run centre.

CENTRE B

1.7 Child development
Health and nutrition

1.8 Piaget

1.9 No, especially nowadays children experience difficult circumstances such as child abuse and I am not able to assist in anyway

Also we have children who are orphans but here at the centre we cannot admit orphans. How can we help them? In other words there are no orphans in your centre?

We do have orphans but only those who can afford to pay school fees. How do you handle the orphans in the school? Well they are treated like any other child for example when we send children home for non-payment of fees, the orphaned child also goes home. Besides sending them home is no other way they you handle them.

To be fair we are not doing anything to help them deal with grief

2.1 20

2.2 1

2.3 Are grouped according to ages. So that the teaching is at the level of their understanding. When I teach they sit down in a horse shoe shape and afterwards can move to their tables and sit anywhere. They behave well when sitting down and I can see all of them.

Classroom Management

Yes

3.1 Theme of the day, Bibles stories norms and value

- 3.3 It depends
- 3.4 Free play helps the child to develop language, and social behaviour.
- 3.5 Help the children not to be bored while they are doing one thing. Refresh their mind while they are developing.
- | | | |
|-----|--------------------|----------------|
| 3.7 | Playing activities | 1 hour per day |
| | Cognitive | 30minutes |
| | Language | 45minutes |
- 3.8 a) Ask them questions with why
 b) Give them puzzles
 c) When they cut and write the correct numbers
 We use different books for the particular themes so it depends on
- 3.9 We always allow children to sing and act in drama. It may seem as play but children retain a lot of this information.
- 3.12 The activities are appropriate because you search for more material relevant to the theme from other books from our library.
- 3.13 Learners who are not participating, I first give simple examples while I am teaching and then sit down with the child until it's clear.
- 3.14 They are pre-occupied with other things, they are scared or fear of failure

Curriculum

- 4.1 Yes
- 4.2 No
- 4.3 We were not trained on how to use Pre-School Fun.
- The material needs to be revised because certain aspects are not discussed especially Body Parts etc.
- 4.31 It was not because we have not been exposed.

- 4.0 We do not have learners with special needs at the school only those whom we can handle.
- 4.1 There is nothing to cater for them since we do not have those children.

School and Community

- 5.1 Is good
- 5.11 Supportive because each and every year children are increasing.
- 5.2 Twice a year
Parents meetings are held at the beginning of the year and before graduation when we are planning.
- 5.3 Yes
- 5.31 Parents help when fund raising but the attendance to meetings is very poor.
- 5.33 Yes
Malkerns, Sidney Williams, Manzini Nazarene, Ngwane Park.
- 5.34 Children must be able to read; children must be able to take instructions, able to write numbers 1 – 20, alphabets A – Z, identify things that are the same and things that are different.
- 5.35 Children are admitted at the age of 3 and stay here for three years. Those who come at four years they stay for two years.

Why is the situation like this? What happens when a child comes at five?

It is not easy to work with a child that is five years because our interviews are early and in seven months the child will not achieve much. Also other five year olds from other pre-schools find it difficult to cope here because of the teaching methods we use here. We plan our themes at the beginning of the year which prepares the child for school. Thus a child cannot skip a group

(level) for another group (level). These themes are for whole year arranged in terms and as such a child cannot leave for school before completing three years.

(The use of different teaching methods might hinder progress in the child)

Assessment

- 5.4 We issue reports at the end of 2nd term

Classroom

- 6.1 Yes
- 6.2 Child size tables and chairs
- 6.3 Yes space is available
- 6.4 Swings , sand pit ,tyres and climbers

Funding

- 7.1 Donors
 - 7.1.1 Money to purchase school material
- 7.2 Norway Scandinavia Mission

Quality Assurance

- 8.1 The centre has received many government officials coming for various reasons but none has come for monitoring. As a result there are no records to that effect.

Training

I only receive in house training when it is available. It depends on availability of them.

- 9.1 Depends on availability of them and if we have time.
 - 9.2 The last one I attended was in the year 2000.
 - 9.3 I can not remember
 - 9.4 I am adequately trained but cases are not the same so can not guarantee.
 - 9.5 We are not adequately supported.
 - 9.6 I am not sure since I am not exposed to what happens in the other schools but listening to people talk there seems to be a lot of issues.
-
- 9.1 Not sure
 - 9.2 Not sure
 - 9.3 For me I am happy here so I cannot elaborate.

CENTRE C

1.9 Some topics were not covered but with experience as you teach you realize the need of the children. We do not have time to sit and think about each child and think of what changes I can implement in order to be effective.

2.0 Children
Teacher

They are grouped according to ages like in my class, they are six years old. I only have children who were born between Jan and June. This is done according to expectations like we expect children to be able to do this when they are at this age. I work with all children once I realize that the children has a problem I then give myself time to be with the child

Classroom Management

3.1 No daily schedule

I use a book which tells me what to do. The book has stipulated times which I follow.

3.2 Language art for me is very important so if children have done that I feel we have done a lot.

3.3 Yes

3.4 Yes

3.5 We have free play and our time table does allow the time for it.

3.6 Free play is important because children play with soil. When they are in free play they learn to exercise, they teach each other games and they refresh.

3.7 Play activities 45 min
Language 15-20 min
Maths 15 min
Art 45 min

- 3.8 Children need more time for art even the 45 minutes is not enough. I want each child to be able to complete the task which is done by every child. I need time to assist each child very closely while they work.
- 3.9 During my training I don't remember being taught story telling skills but I visited another school and I observed them telling a story. They showed the children pictures and they acted out the story, voice variations to capture the attention of the children. I also observed that the caregiver asked questions as she told the story.
- 3.1.3 The school doesn't have story books. So I try to get books with pictures. I get stories from any where; I am not sure exactly what the specific things are that I need to look for.
- 3.1.5 My class is arranged in such a way that I am able to draw the attention of the children, using my eyes and those with problems need to sit closer to where they can be reached.
- 3.1.6 I do not have the skill to identify learners with learning difficulties. I cannot deny that I have not had the opportunity to have a child with problems, but only that I cannot identify them.

Curriculum

- 4.1 Yes
- 4.2 No
- 4.3 No
- The curriculum is lacking on a number of topics such as Road safety. Other topics I just decide on them once I have realized the need.
- 4.33 It does happen that I need to keep each child in mind in terms of preparation. The book that we use has some repetition i.e. stuff that has been done during the previous term, which allows the teacher to go back and re-teach to make

sure that the topic is covered. It helps to re-teach because some pupils are left behind.

4.34 Modify my teaching methods to accommodate the needs

4.3 No learner support material. We would love children

4.52 Learner support materials are not used because we do not have. So I always improvise from any material I find and think is useful. I am aware of other materials but since we request and nothing comes forward we end giving up.

School and Community

5.1 The school has a relationship with the surrounding schools. Both surrounding schools do take some of our children. For me when I meet the children's parents I always ask them if their child is making progress. I always tell parents to be frank because if they do not tell me the truth they are not helping the school and me.

The centre is related to the community because they seem happy with our service and bring their children.

5.11 When they pay fees, taking care of their children

5.2 The school only host one parents meeting per year, held in June

I am not sure why from the administration of the school. The headmaster never had a good relationship with the staff and her former deputy none of them was prepared to respect one another as a result many things were left undone.

For the past seven years we have held one parents meeting per year. The second meeting usually is for preparing for the graduation. I am the deputy but the headmistress should initiate and then we can decide together.

5.31 Parents are not supportive. They do not speak for our rights in meetings. They are only concerned about us teaching their children.

5.33.1 Yes

They do not tell us what they expect from us. The only thing they are asked colours, shapes and may be asked to count. But basically the schools around me

would prefer children who are Catholics more than looking at the child's performance.

5.35 We admit them at the age of three. Although parents complain that pre-school education is expensive. It is important for them to stay for at least three years because children are not the same. So slow learners can get the opportunity to work slowly at their pace until they are ready for school.

Assessment

5.3 No, reports are only issued at the parent's request. We only issue them at the end of the year. We are still working on that since I am new in the position.

Classroom

6.1 Yes

Safe drinking water yes

Toilets Yes

Hand basin Yes

6.3 Space for children is available

6.4 Swings, see-saw, slide.

Funding.

Funding from school fees

7.1 No assistance and no organization have donated.

Quality Assurance

8.1 Very rarely in my seven years that I have been here it has been once.

8.2 N/A

8.3 N/A

8.4 Only school nurses, but up to now they have not come.

Training

9.4 There are no workshops or may be they are called but it's only us not aware of the workshops.

9.5 N/A

9.6 N/A

9.7 Children bring issues from home; I am not sure on how I can help children deal with their issues. I do not have any experience of dealing with abnormal behaviour but may be if I sit down with the child it can help.

9.8 I am not sure of the improvement necessary because I believe the people who are hired are qualified but basically lack commitment and love for the job. Here the caregivers sit and do not do anything when the headmistress is not around since she is here three times a week.

9.9 I think as long as teachers are still not committed there is nothing that can help us on this issue. It is like the primary and high school teachers. Others just work/teach to pass time and not that they are committed to their work.

CENTRE D

Demographic Details

- 2.1 39 in class
11 in my group
- 2.2 1
- 2.3 (2 -3), (4 -5), (5 -6)
- 3 (4 – 5) are paired by the teacher. They sit on the different tables; I always make a clever child to sit with a slow learner. This helps the other to learn from the other. For example I make a naughty child to sit next to a quiet one; I believe the naughty child will learn from the quiet one.
- 3.0 **Classroom Management**
- 3.1 Daily schedule available
- 3.2 Activity is important, the child learns a lot during the activity and I discuss a lot during that time. For example I would teach them about colours, after teaching we revise and if I feel they are lacking behind I re-teach and then hand out the worksheet and then give instructions on how to do it.
- 3.4 Free Play is Available
- 3.5 Free play allows the children to release the tension and use the energy in them. They refresh
- 3.6.1 Children will have time for adequate play; do activities so that we do not do one of them for the whole day. They need to refresh.
- 3.7 Language Development 1 hour twice a day

Free play

30 minutes everyday

Art is not done because we do not have the necessary equipment such as clay and sand. We only paint. After a little discussion about art she mentioned that she was not aware that art was very important.

3.7 Puzzles, Blocks, Different shapes and colours.

3.8 We have the pre-school curriculum →

It has shapes, numbers and colours. There are four books. I use only one book until we have finished. Learner support material is not used.

3.11 We read the children stories and explain each thing to them. We teach in English and speak in English.

3.12 We use suitable stories with simple words so that the child understands the story. Tell them stories that are creative without pictures.

3.13 I try to simplify activities that I think are difficult for children

3.14 I do not force learners to work if they seem reluctant. I then bring the child closer to me and then I work with the child individually. I always wonder what might be the cause. For example most of the children in my class you discover that they are physically abused at home and when they start writing they then disturb the other children. I took one child and spoke to her and she told me that she never felt comfortable sitting next to a boy. Even at home she doesn't play with boys. Upon further inquiry with the parents it became evident that she was abused by the elder brothers. The child is now scared to talk to old people and males. So I became very friendly to the child and I always empower her to speak about her problem. The parents took a stand and helped the child, she has since improved.

Curriculum

4.1 Yes

4.2 Curriculum is lacking, for example no stories that are appropriate for abused children. So we buy material anywhere if you think you like the material. These schools do not have sufficient story books.

4.2 Yes

4.3.1 The curriculum has been launched this year. Another lady ran the workshop. So we went to her place. She runs a pre-school and a day care. Only a few people participated in the workshop. We were taught that we need to photocopy for each child. However for us here we can not photocopy since we do not have a copier. As a result we bought exercise books and we trace everything into the exercise book for each child.

4.4 I do not have or because I cannot identify the learner's with those needs.

4.41 I do not take the needs of children when preparing. The only thing is that on Friday there is no new material that is introduced to the children. I then use that time to revise with the children.

5.0 **School and Community**

5.1 Our relationship with the community is fine because they come and inquire about the services we offer.

5.1.1 Parents are supportive.

5.2 They meet three times a year/every term

5.3 Yes

5.31 Parents are supportive. They pay school fees, give us computer print outs, give small gifts of dolls or anything that they can offer.

5.33 Yes they are admitted in different schools.

5.34 One school told us that the children should be able to speak in English, should be able to write her /his name, be able to count 1 – 5, shapes and colours.

5.35 We admit children at the age of two years and they leave at the age of five years. The local schools do admit children at the age of five as long as they can do the work. We admit them at two but we check that the child is able to eat on her own, toilet trained and is able to talk. We prefer that they come early because they have the opportunity to learn as much as possible prior to entering formal school.

Assessment

5.4 We do not use any check list like the child is able to do this. However we just look at them and help them wherever they need help.

Classroom

6.1 Ventilation adequate

6.2 Plastic furniture

6.3 Space is available but not properly fenced to ensure safety.

6.4 Swings, slide, merry go round.

6.5 The groups are housed in one classroom with no proper partitioning so if the weather is bad. All children remain together for the whole day.

Funding

From parents school fees

7.1 No organization has sponsored.

Quality Assurance

8.1

8.2 N/A since no one has ever come. They told us that there are many pre-schools and our turn will come. So we hope they are still to coming.

8.5 We request the police to come and teach road safety and the school health nurses have been here twice where children were examined and they left us some medication

Training

9.1 No training

9.2 One but it depends

9.3 Last year 2004

9.4 Child abuse – How to identify an abused child
How do you assist the child?

9.5 Some aspects are not well developed because we lack the appropriate training. We are not properly supported because we lack the necessary training to help us meet the needs of the children.

9.6 **Policy**

Here at school we do not have enough equipment, make belief area, no safe place. Children need to sleep, and we do not have the necessary equipment. We do not have sports equipment such as tennis court; things that we have are skipping ropes and a ball for sports.

9.7 We are not trained in the same way, so when you visit other schools you discover that we use different materials and strategies to teach the same thing. Equipment available at the Centre is not the same. Fees that we charge are not the same and yet we are in the same area.

9.9 We do need the policy because it seems we are not known. If we can have policy it means we can then have a voice.

CENTRE E

- 1.7 Child development
Health and nutrition
- 1.8 Jean Piaget
- 1.9 Yes
- 1.10 There were no areas that were lacking because my children have always passed interviews and I feel my training is adequate. The only confusion is that during the interviews we find that different schools are teaching differently. In some schools children are not taught to write and with interviews children are interviewed orally but for me I have not stopped teaching them to write. It helps them to identify their files while they are still here.
- 2.1 22 children
- 2.1.1 I teacher both groups but I divide them into two groups (3 – 4), (5 – 6).
I divide them because their activities are not the same. It can damage them if I allow them to learn stuff above their development.
- 3.1 Yes
It is important to adhere to the daily schedule because without it would be impossible to work.
- 3.2 I believe art is the most important, they paint, cut and paste, and it helps me to realize that they are already learning and are willing to work. It is also relaxing to the child. They draw some things and cut. I want to see if they like to work.
- 3.4 Yes, after eating they go for free play, for 45 minutes.

- 3.5 Free play is important it relaxes the mind. This is the opportunity to see which child is rude, selfish and so on because when they come back you make use of your observation by asking children why they were fighting and address it. Free play also teaches them to share especially here we do not have enough equipment.
- 3.6 15 minutes each session, but other activities like art require more time.
Language – 30 minutes but depends on each day.
Language – 1st term, they learn their names
Story time, drama – 45 minutes
- a) Puzzles
 - b) Staking toys
 - c) Play dough
- 3.12 For the children to develop language skills, I bring pictures and also use (children) themselves. For example I will bring a picture of a boy and the child sits next to me. Then show them the picture that this is a boy and then refer to the boy next to me.
It depends on the topic to be covered for example if we are dealing with shapes I look through for the relevant material.
- 3.13 When I choose story books I look for books that children are familiar with so that when they are listening to the story it is meaningful to them and can relate to it.
- 3.14 Appropriate because they can respond positively by participating in class. When you give them work above them they simple not do it.
- 3.15 I take them away and I work with them individually. I once had a child who was a slow learner. When given work he never did anything. I used to sit with the child and tried different methods to help but it never worked and I called the parents.

3.16 I always ask the children in the morning if they did have breakfast. Sometimes I do get children who come to school on empty stomach. The child becomes very aggressive and starts fighting with others but once the child has eaten. They calm down, while with others the aggression is part of them and I end up asking the parents but if they are the same even at home the child is like that. I then sit down with the child and use other means of talking to the child and getting closer to know him.

4. **Curriculum**

4.1 Caregiver was still using an outdated curriculum.

4.33 Learners with diverse needs are there but are rarely found. This time none

4.4 I always think of them and once I am with them I can tell that so and so is not following or so and so does not like the activity. For them learning depends on whether they like the activity or not, but for me I am always worried that if the child does not learn he/she might encounter problems in the long run.

5. **School and Community**

5.1 Good relationship. I should have retired some years ago but because parents want me to continue that's why I am still here.

5.2 We meet once a year.

5.3 Yes

5.3.1 I ask parents for certain things

5.3.2 Yes – they go to various schools depending on the availability of transport to other schools very far from here.

5.3.4 I am not sure of the schools expectation except that interviews are conducted in English. They should be able to answer questions and be able to count.

5.3.5 The law states that children are admitted at the age of three years except for that one who is two years.

Assessment

5.4 No

5.5 I have my own way of looking at what children can do. I pretend that they are already in the interview and they are ready. And they know that they are not supposed to do or make any mistake.

Classroom

6.1 Yes

Ventilation Yes

Water Yes

Toilet 1 toilet inside and the other outside

Hand basin 1

6.2 Furniture available

6.3 Yes

6.4 Swings and Climber available though that one needs repairing.

Funding

Parents are the main funders.

7.1 No. The person who used to help me a lot has left for Durban, so really I depend on individual donations.

Quality Assurance

- 8.1 The Senior Inspector once came here and completed a form which was going to try and solicit funds for us from government. Up until now there is no feedback from her since 2003.
- 8.2 Nothing specific
- 8.3 Nothing
- 8.5 Ministry of Health, the centre is used by nurses to assist the community.

Training

- 9.1 It is a while since I last attended a workshop.
- 9.2 There was one last week but I only heard about it when they were coming back from it. I normally don't get the information on time about workshops
- 9.3 I cannot remember since it was a long time ago.
- 9.4 I am trained because parents are happy with what I am offering.

Policy

- 9.5 Government has not helped us in anyway.
If government was going to take us like the schools to be under her arm, things may be better. Government seem not to think it is important to have pre-schools.

9.6 If government can take Pre-schools although I know it is one sector that is perceived not important. With the current situation a child will go to school without going through Pre-school and yet the children will struggle once they enter school. I am looking at the orphans who cannot access pre-school because of funds. I believe they can do it like in the schools where government is paying for orphans. These children can benefit by participating in pre-school because now they do not have the money.

9.7 There are no guidelines that I have or use. For me I follow the parents schedule in terms of start of day and finish. I listen to the needs of parents and work around that

We need policy to guide us in terms of activities what to do when and how.

We as teachers need time to rest because the job is tiresome.

As a caregiver I am happy with the way I work. Parents are supportive because they bring their children. I know once it is 12.00 noon we need to pray and after that help the children to cross the road. I am therefore free for the day; I can go home and relax.

My only worry though at times is that I am alone in the centre should I get sick the children would be stranded.

You raise an important point why really don't you have an assistant. The children are paying E30.00 per month and then I would not be in a position to pay her.

CENTRE F

- 3.1 Yes time table is available.
- 3.2 Language development was given priority because most of the children were learning English as a second language and my school is English medium. During first term all English non speakers are given individual extra lessons. They need to learn so that they are able to communicate. So all activities for that particular day would be relevant to the theme while at the same time we never neglected the other areas of development.
- 3.3 Yes we follow the daily schedule but we would be flexible like if there is something interesting we wouldn't be rigid.
- 3.4 Yes, according to ages especially longer for the younger ones.
- 3.5 Free play is necessary as long as it is supervised and structured. When we are in the sand pit we would provide containers for measuring, scoops, and it was appropriate because the children would learn measuring through counting and the language
- 3.6 According to the ages and the need to be in class. Three year olds.
- 3.7 Play activities : 45 minutes
Cognitive development 45 minutes because they move around to the next puzzle/construction
Language: 10 minutes for story or any activity which require them to sit and listen
- 3.8 a) Puzzles
b) Construction
c) Blocks
- 3.9 Numeric – blocks, numbers concept should relate to item.

Literacy – story books

- 3.10 Children need to be exposed to everything and all the concepts are important. The child must understand rather than not and then you say the child knows literacy; the child has to use his imagination as well to develop.
- 3.11 I follow the child and we talk and talk. Also cognitive development takes place and everything that we do involves language.
- 3.12 The level of development, because the books like ladybirds they are developed according to ages and since children are at different levels of development
- 3.13 I think so
- 3.14 We encourage them, we never force them, also there is something else that we like to associate them and yet we need to hold the child. Like when we are in group activities we try to involve them. So we encourage them to be active learners in their own learning
- 3.15 Sometimes they are shy, or they may have a problem at home, the child is not happy. We need to show the child that you love him/her. You are a stranger and that you are standing in the place of the parents. We also spend a lot of time with the children.

Curriculum

Yes, we used themes

Different materials i.e. "Bridging with a Smile, Teaching Around a Theme".

- 4.2 Yes as long as we are updated on the current information
- 4.3 Yes, but the centre uses different material not Pre-school Fun which is the curriculum available in most centres since it was distributed by the REO's office (they do not use the locally produced curriculum)
- 4.33 We do not have children with special needs (especially slow ones). I once had a child but was coming from another Pre-school and they did not pick the

problem early enough. The child is now seeing speech therapist although they have left my pre-school.

4.4 Yes because each child should benefit from the lesson.

4.4.1 We adapt the material to suit our needs

School and Community

5.1 The school and the community are close but with the current changes we are a bit distant.

5.2 Open days – Once a month

Parent's evenings – Once a year to give guidelines on how we operate the centre. Parents are allowed to come for consultations provided the child is experiencing some problems.

5.3 Yes, parents are very supportive when we invite them to visit they do so willingly. Parents are involved because they are anxious and want to see improvement in their children. They are concerned and assist a lot.

5.31 Pay fees, participate in school functions such as fund raising and stuff.

5.33 Yes, we are the main feeder of the local schools

5.34 A child should be able to take instructions, communicate in English, and be familiar with number concepts.

5.35 They are admitted at the age of three but could come at any age provided they are going to spend two years. Why two years? This will provide the children with the opportunity to develop appropriate language English.

Assessment

5.5 Yes

5.4 Observation checklist, Report of some kind reflecting the areas of development.

Classroom

6.1 Yes
Ventilation adequate yes
Safe drinking water yes
Toilets Yes
Hand basins Yes

6.2 Child sized furniture Yes

6.3 Yes

6.4 Swings, slides, climbers, see-saw, bikes and sand pit.

Funding

7.0 Company

7.1 No.

Quality Assurance

8.1 Only one person has come throughout my career. Others who came were visitors from other departments but would then tour our school. Others would come when they were invited to attend workshops.

8.2 Not that I know off.

8.3 N/A

8.4 N/A

8.5 N/A

Training

In-service

9.1 National workshops are very scarce. I have attended workshops mainly outside the country; another one that I attended was by a certain Doctor from S.A.

9.2 2002

9.3 This doctor spoke about, that we are formally teaching children instead of allowing them to learning through play (more than allowing the child to discover).

9.4 I am sufficiently trained because while I was training I would be in class during the day and in the afternoon attend supervision. I was not in a situation where I had to come and observe someone and then imitate that person. The theory that I learned was linked to the practical. Once a month we used to have meetings, we shared experiences that were helpful.

Policy

9.5 Government knows that we exist and that's it. The existence of a school is by putting up support. Pre-schools charge exorbitant fees which parents can not afford; also they can not take children to a school of their choice because of funds. Some parents end up not paying and this is a problem.
(Clarity was required for this question)

9.6 Government can intervene and take over some schools as it is a requirement for some schools that children have to go through pre-school prior to school. Parents keep their children at home and a year before school that child is sent to pre-school and we are expected to perform miracles which is impossible.

Government is supposed to intervene and tell the people that here are pre-schools people and then fund them or they apply the same strategy as in schools where communities build schools and government pays the teachers something that I think everyone can gain, this is a win win situation like the funds that are charged are not encouraging and education will be promoted. Even when there are workshops not everyone would attend but can be represented. Government should provide clear qualification guidelines for a pre-school teacher so that the requirements are known.

9.7 Yes

9.8 As I mentioned earlier that this is a company school and the company have clearly stated guidelines, expectation and taking care of its teachers paying their salaries. Because without a policy a lot is happening , pre-school owners simple decide to close down the school or may be a teacher has resigned or the teacher decides not to come because she is above the law. So what happen to the child who has come to learn? This is a crucial time. The presenter in the last workshop mentioned that this is the time (0 -6) years where we need to feed the brain of the child as much as we can because it is like an empty slate and as they grow older above 6 years they need to retrieve the information from what was given to them earlier. If there are teachers who will come to mind their children or sleep in class it is very serious. There is no way by which the children can regain the lost time. They have been damaged for life, because if the parent can not help the child develop at home, we teachers are tasked with the responsibility to fill the gap in the child life.

9.9 There is a need for a policy in ECCD.

Elites are aware of the need for pre-schools such that their children are exposed early and they know which school is better than the other. They are concerned about themselves instead of opening opportunities for every child.

CENTRE G

This is a community centre surrounded by the business area. It is accommodated in an old church. The centre is not fenced without any outdoor equipment.

1.6 Caregiver has been teaching since 1993.

1.7 Child development
Health and Nutrition

1.8 Piaget

1.9 Yes

1.10 No

1.11 None

Demographic Details

2.1 49

2.2 None

2.3 No

2.4 They do the same activities although I concentrate more on those preparing to go to school.

Classroom Management

3.1 Yes

- 3.2 Large group activities , theme discussion
- 3.3 Yes
- 3.4 Yes
- 3.5 Yes , children need time to play so that they refresh themselves
- 3.6 The daily schedule was developed for us by the office
- 3.7 Play activities 1 ½ hours
Cognitive develop 1 ½ hours
Language art 1 hour
- 3.8 Theme discussion
- 3.9 Not applicable
Not applicable
- 3.10 N/A
- 3.11 They say rhymes and sing songs
- 3.12 We have no story books so I do not have the experience of choosing books.
- 3.13 Yes
- 3.14 I call that child to order because sometimes they enjoy disturbing the others
- 3.15 Sometimes are not happy or do not feel like working with group.

Curriculum

4.1 Yes, but its not here

4.2 Yes

4.3 No

4.3.1 Not applicable

4.4 No

4.4.1 No

4.4.2 Not applicable

School and Community

5.1 We have a good relationship with the community but now some parents send their children to the other centre. A new centre has just opened not very far from here.

5.1.1 They pay school fees

5.2 I have stopped calling parents meeting because if you call them for a meeting they normally do not show up. I simply send reminders with the children for outstanding fees and other things.

5.3 Yes in terms of fees payments

5.3.3 Children are admitted at various schools but I am not sure of the schools expectations, I have not had the opportunity to visit the schools.

5.35 Children are admitted at the age of three but most come in for one year.

Assessment

- 5.4 No
- 5.5 Not applicable
- 6.0 Classroom
- 6.1 Yes
 - Ventilation adequate
 - Safe drinking water (none)
 - Toilets (none)
 - Hand basins (none)
- 6.2 No furniture except three long benches in the classroom. More benches and equipment were kept in the store which was locked.
- 6.3 Space available
- 6.4 They have no outdoor equipment

Funding

- 7.1 Source of funding for the centre is the parents
- 7.2 Local shop
 - A donation of goods

Quality Assurance

- 8.1 They have been coming in the past a lot but for the past three years no one.

8.2 They would check official books such as admission book, preparation book, register and comments on the log book.

8.3 No

8.4 School health nurses for immunization

Training

9.1 None

9.2 I have not attended one for a long time since we no longer have zonal workshops.

9.3 It is difficult for me to participate in any workshop. In most cases I do not get the invitation

9.4 I cannot remember.

9.5 No

9.6 Government is not supporting us as a result school committees do not pay us properly. There is nothing to pressurize them or regulations. Committees and parents look down upon us, that is why they do not pay us properly and on time.

9.7 A lot of improvements are necessary, government should take all pre-schools and pay all caregivers.

9.8 No

9.9 We were trained so we know what to do .We need policy so that people can recognize us that we are doing an important job. Our salaries may be raised

CENTRE H

1.1 Between 35-39 yrs

1.2 Form 5

1.3 Pre-school certificate

1.4 3 years

1.5 1995

1.6 10 years

1.7 Child Development, Health and Nutrition.

1.8 Jean Piaget

1.9 Yes

1.10 None

1.11 Child abuse

2.1 30 children

2.2 No assistant

2.3 Yes arranged according to age groups

Classroom management

3.1 Yes

3.2 Language art

- 3.3 Yes
- 3.4 Yes
- 3.5 Yes, children need time to refresh and play in a more relaxed atmosphere
- 3.6 Some activities require more time especially young children need more time to play and less time for stories so that they don't get bored. Playtime should be longer.
- 3.7 Play activities - 45 min
Cognitive - 90 min
Language - 1 hr
- 3.8 (a) Perceptual Activities
(b) Creative Activities
(c) Theme discussion
- 3.9 a) Blocks, bottle tops and any other available objects.
b) Literacy letter land, stories.
- 3.10 Blocks are used for counting, Colours and shapes. They are also used for construction.
- 3.12 I teach language art (English) to all the groups in the centre. I take time to discuss the topic of the day and then we proceed to the activity. Checking if they understood the work.
- 3.13 I try to choose books that are age appropriate and those that the children can understand and may relate to it.
- 3.14 Most of the time.

3.15 We sit together with the child and talk about things trying to engage him\her. I also try to establish the reasons for non participation.

3.16 Sometimes children are upset and will not participate. Sometimes the activity does not interest them.

4.0 **Curriculum**

4.1 Yes

4.2 Yes

4.3 No

4.4 I never heard of any training or workshops.

4.4.1 No

4.4.2 Yes

4.4.3 Modify the lesson so that it is very simple to meet the needs of the individual children.

School and Community

5.1 The relationship of the centre with the community is good because the number of children requesting to participate in our centre is big. However due to space we limit the intake.

5.1.1 Parents do bring children and support them by paying fees.

5.2 Parents meetings

5.3 Yes

- 5.3.1 Parents are supportive by paying fees and by providing us with little things that we request, although it is not all parents who participate in our activities.
- 5.3.2 Children are admitted in the local schools.
- 5.3.4 The local schools have not specified their expectations except that my children need to be toilet trained, take instructions in English, be able to write numbers one to ten, colour, shape and the letter land.
- 5.3.5 Children are admitted at the age of three but we admit every year because we lose some children along the way.

Assessment

- 5.4 Yes
- 5.5 Observation mainly and then use schedule for 2nd and 3rd term

Classroom

- 6.1 Yes
Ventilation - yes
Safe drinking water in buckets
Toilets (not adequate) only one toilet
Hand basins only one
- 6.2 No furniture children sit on mats/floor
- 6.3 Yes
- 6.4 Swings, climbers and sand pit

Funding

7.1 Parents pay school fees

7.2 No

Quality Assurance

8.1 No one has visited the centre.

8.5 School Health nurses do come to immunize children if there is an outbreak.

Training

9.1 Self training by requesting for assistance from successful centres.

9.2 Very rarely

9.3 2001

9.4 Early literacy

9.5 Not sure because I have not experienced or had children who are very difficult.

9.6 We are supported by Government because when funds are available we receive workshops and the fact that we have officers we contact for issues, who are employed by the government

9.7 We need more personnel to visit our centres and give advice where necessary. We need more workshops nationally as well as zonal workshops. Zonal workshops were very important so we need them.

9.8 No

9.9 Nothing is written down but we visit the office so that they tell us their expectations on how to run the centres.

9.10 Yes –To provide standards or guidelines, expectations and I would like government to include orphans in the policy for ECCD. Here I have two because I can not take more since they are not paying and yet I need to pay the teachers. Orphans should also be given the opportunity to participate in pre-schools but most families cannot afford and yet it is important that we do not create the gap among children.

Policy should include feeding schemes in pre-schools so that children are fed some children are very needy they need something to eat.