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**THE PATTERN, FREQUENCY AND SUITABILITY  
OF INFORMAL DAY CARE PROVISION FOR  
PRE-SCHOOL CHILDREN IN KHAYELITSHA**

**BY**

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**THESIS SUBMITTED IN FULFILMENT OF THE  
REQUIREMENTS FOR THE DEGREE  
M.SOC.SC.**

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**TO THOSE ADVERSELY AFFECTED IN THIS  
COUNTRY OF FEW.....**

**But welcome fortitude, and patient cheer,  
And frequent sights of what is to be bourne!  
Such sights, or worse, as are before me here:  
Not without hope we suffer and we mourne.**

**W. WORDSWORTH.**

## ACKNOWLEDGEMENTS

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## ABSTRACT

The study was designed to investigate the structure and function of informal day care provision for pre-school children in Khayelitsha, but the inquiry succeeded in generating information beyond the original assignment.

Data was gathered from interviews with local agencies active in the day care field and from meetings with residents in Khayelitsha, as well as from a field study carried out in Khayelitsha. A review of international and local literature was also undertaken.

A brief history of black settlement in the Western Cape and an examination of their socio-cultural environment, provided the necessary backdrop for the study.

The field study involved systematic selection of 200 houses in Khayelitsha. Respondents completed a questionnaire administered by the investigator. The questionnaire furnished information on the use of day care and produced a profile of day carers and the services they offered. A similar questionnaire was used to collect information from the pre-school centre.

Analysis of the data revealed that child rearing practices differed from those of technologically advanced societies, but they were not deficient!

The findings demonstrated that parents preferred day care in the home setting to that of the school setting. The pattern of day care services accentuates the importance of mutual aid and kinship and social networks in the community. Day care arrangements tended to be stable and were provided predominantly by relatives, friends and neighbours.

The frequency with which day care services were required, corresponded to the work commitments of the parents, and usually involved overnight care. The pre-school centre operated during the weekdays from 7.30 am to 4.30 pm, with after-school care frequently undertaken by older siblings.

The findings reveal that day carers function as surrogate mothers and incorporate the children into their families. The data collected with regard to suitability of the service offered, relates to physical needs, emotional needs, discipline and promoting readiness for the future, and emphasizes the universal poverty that abounds in the area, but simultaneously highlights the importance of traditions and the resourcefulness of the people in transcending the culture of poverty and providing an enriching environment for the children.

The recommendations draw attention to the need for finance, training and supportive services, but recognises the justified resistance of the community to initiatives from the State.

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## CHAPTER 1

### INTRODUCTION

#### 1.1 Motivation for the study

The investigator qualified as a Social Worker in South Africa and worked for two years as a Social Worker in Cape Town.

In 1973, she undertook further studies in London and thereafter she was employed as a generic Social Worker at two London Boroughs. In 1980, the investigator specialised as a Social Worker for pre-school children, where she remained until her return to South Africa in 1985. The investigator had a natural curiosity about the day care situation for pre-school children in South Africa, and made contact with local agencies who provided useful information about day care services for pre-school children.

It is acknowledged that the formal facilities which exist in South Africa are inadequate to meet the day care needs of pre-school children at local and national level. The shortage is especially acute in "black" and "coloured" communities. The situation is exacerbated by segregation of existing facilities, especially in the public sector which results in a diminution of provision for "black" and "coloured" children.

To the knowledge of the investigator, no attempt has been made in the Cape to estimate shortfall or to ascertain whether the formal facilities as they exist are acceptable to the people.

Slabbert and Thomas (1976, p.71) confirm that "up to the present, attempts to analyse the problem and data pertaining to 'coloured' and 'black' pre-school care are not well integrated into the main body of literature and research on pre-school care and education in South Africa in general".

Morphet (1985:35) contends that the needs of working women determines the need for day care services and he describes the day care requirements of black working class women as follows:

The limits of the situation are simple and in a way obvious. The parents (almost always the mother) are under intense pressure for money, time, energy and attention.....They require pre-eminently a dependable service - an arrangement which they can count on to work consistently with minimal demands on their already overstretched resources. They want a place to which they can take the child so that the child will be reasonably and safely cared for during the hours that they have to be at work.

There are however other factors that may circumvent the use of pre-school facilities.

The hours that centre-based day care facilities operate may not meet the needs of the parent who works long hours or whose employment as a domestic entails sleeping over in 'white' suburbs.

In South Africa the number of pre-school children requiring day care is difficult to estimate because of the lack of statistics about working parents, and, as issues of work and influx control are so closely linked for blacks in South Africa, it is uncertain that compiled statistics will prove to be accurate.

However, Morphet (1985, p.35) cites a study by Cock, Klugman and Emdon (1983) which depicts the predicament of black working class women in South Africa: "A staggering 7% (of the sample of almost 1000) were leaving one of their pre-school children alone, 9% with neighbours, 14% in creches, 14% with childminders and 6% with servants".

Klein (1983, p.79) estimates that in Soweto only 44% of infants (0-2 years) are being cared for by their mothers.

Khayelitsha presented itself as a suitable location to study informal day care provision in a community at inception.

Since the announcement of plans in mid 1983, to build Khayelitsha, a city to house blacks on the urban periphery, the development has been the focus of much attention and publicity. The comments of Laurino Platzky of the "Surplus Peoples Project" in the Cape Times 20/1/84, embodies the essence of opposition to the development of Khayelitsha, "The notion that Khayelitsha was intended as a housing solution is false. The scheme was politically motivated and the township is meant as a "sieve" that would enable greater control of the African

population of Cape Town and separate 'legals' from 'illegals'.

George Ellis in his article "Khayelitsha: the present situation" (1984, p.1.), whilst agreeing that the location and concept of Khayelitsha is still fundamentally wrong, resting as it does on the ideology of separate development, and placing the poorest section of the community in a distant and barren environment, argues that the development is a reality and the only course left is to do everything possible to improve it.

Dewar (1984,p.32-46) suggests an alternative strategy for physical and social planning, which can amalgamate and conserve the resources of urban periphery dwellers. He suggests that instead of linking each town on the urban periphery to the city centre, linear development occurs on the urban periphery. Already existing routes and spinal networks can be constructed to link the towns together. With good transport, a large residential back-up and easy access to the city centre, industry and commercial centres can be lured to the urban periphery. Businesses can be established along routes to towns and infrastructures shared along the common networks, which will allow for more complex and integrated activities to occur and will be maintained not only by residents of a specific area, but a mix of users. In this way the massive financial burden can be shifted from the residents and the cost savings in terms of commuting

presents an additional bonus. With smaller parcels of land set free for development, smaller contractors can be engaged for development and environmental sterility can be combated.

This strategy has, needless to say, received no serious consideration in planning for Khayelitsha.

### 1.2. Significance of the problem

At the end of July, 1985, 1829 dwellings were occupied in Khayelitsha and the population stood at 8,153 giving a figure of 4.4 people per unit.

There are however no official figures available in respect of pre-school children in Khayelitsha as The Western Cape Development Board maintain lists of children per family, without breakdown per age group.

However, the investigator will use the Divisional Council method of estimation, to project the number of pre-school children in the area: 50% of residents are considered as being under 20 years of age and one quarter of those under 20 are deemed to be under school age.

Using this calculation, the population of Khayelitsha at present should stand at 1,019 pre-school children. If all 5,000 units are occupied and using a baseline figure of 4.4 people household (22,000 people), the total number of pre-school children could be projected at 2,750.

The facilities in Khayelitsha are also used by the "temporary" residents at nearby Site C. In July, 1985, the Western Cape Development Board estimated that the 6878 sites were occupied by 6,739 families. 31,735 people were already living in the area and 19,534 were expected to join their families in the area, giving an expected population of 51,269. Using Divisional Council estimates, we could project that there would potentially be 6,408 pre-schoolers in Site C.

Pre-Schoolers who will potentially need to make use of the facilities in Khayelitsha, could thus be projected to be around 9,158.

Plans to build 8 creches in the area have been shelved due to lack of funds. At present there is only one pre-school centre in the area, catering for 130 children between the ages of two and a half to six years and this facility had been filled by the time the first 700 families had moved into the area.

### 1.3 Purpose of the study

The investigator seeks through an overview of the literature and her own research to examine and arrive at a broader understanding of the informal day care situation in Khayelitsha. This study will explore the pattern, frequency and suitability of informal day care provision for pre-school children in Khayelitsha. The investigator hopes to study day care services as well as

inquire into the standard of care provided. This will be done by means of compiling profiles of day care providers and services they offer to pre-school children, in Khayelitsha. The study will also encompass a review of the plans for Khayelitsha as inferred by the Government and a comparison of the plans with reality.

The research study will thus take the form of an exploratory study. According to Sellitz et al (1959 p. 50),

The purpose of this type of study is to gain familiarity with a phenomenon or to achieve new insights into it, often in order to formulate a more precise research problem or to develop hypotheses.

An exploratory study is called for when a researcher wants to "explore" a problem area in which there has been little or no research performed.

In such studies there are usually no precise hypotheses tested, researchers usually undertake such studies:

- (1) To gain a better understanding of the problem investigated;
- (2) To test the feasibility of undertaking a more careful study;
- (3) To develop the methods to be employed in a more careful study.

The research should provide a better understanding of informal day care provision in black communities and assist in the development of future day care programmes in Khayelitsha and other communities. The study should also provide information about communities at inception and contribute to our existing knowledge of the community development processes.

The findings and insights from this study should encourage further research into specific aspects of day care provision in various communities and assist in the understanding of day care by those who are able to influence, formulate and implement policy.

## CHAPTER 2

### THE AREA OF THE STUDY: KHAYELITSHA

This chapter will cover the historical background and the development of Khayelitsha and will incorporate an overview of the plans for the area and describe the area as it is today.

#### 2.1 Historical background

Diudla in his thesis, "A socio-cultural survey of the township Nyanga" (1983, p.19) states, "The history of Nyanga Township is bound up with the history of blacks in the Western Cape and the establishment of separate black residential areas in this area". .... so it is with Khayelitsha! To examine the development of Khayelitsha, without some reference to the policies of black settlement in the Cape, would only provide a blinkered view! A detailed history, however, would be impossible within the confines of this study, so the investigator will instead highlight salient developments and policies about black settlement from the literature.

The beginnings of black relocation can be seen in 1652 when Van Riebeeck build a fort on Khoikhoi pastures and objected to the displaced locals "squatting" all round

the edifice, but influx control policies can be retraced to the 1890's when Cecil John Rhodes laid the foundation for separate living areas for black people through the "Bill for Africa" (Surplus Peoples Project, 1984, p.14).

Van Heerden and Evans (1983, p. 4) write that "the official policy of racial segregation into defined areas can be located in 1901 when the British Colonial Administration operationalised the locations policy and Africans were moved into separate areas away from white urban areas, first into Ndabeni and in the 1920's into Langa."

Budlender (1982, p. 631) confirms the view that white settlement in the Cape considered blacks simply as an industrious labour force and not as participants in the urbanisation process in the country of their birth. "The native should be allowed to enter the urban areas which are essentially the white man's creation when he is willing to enter and to minister to the needs of the white man and should depart therefrom when he ceases to minister."

The Black Consolidation Act 25 of 1945 (as amended by the Black Law Amendment Act 76 of 1963) states that no black may remain in a prescribed area for more than 72 hours without being able to show that he has "legal status". "Legal status" is determined by any of the following categories:

(1) The person has since birth continuously resided in the area.

(2) The person has been in continuous lawful employment with one employer in the area for at least ten years, or has lawfully resided in the area for 15 years and thereafter has continued to reside in the area and is not employed outside it.

(3) Any person who is the wife, unmarried daughter or son under the age of 18 years, of a person who qualifies to work in the area.

(4) Any person who has obtained official permission from a labour bureau - i.e. a "no objection" certificate.

Any person who has been sentenced to a fine exceeding R500 or to imprisonment exceeding 6 months, is excluded - and migrants on 1 year renewable contracts are likewise excluded.

(Budlender, 1982 p. 632-637)

According to Nash (1980, p.1 ) "Since the Afrikaner Christian Nationalist Government came to power in 1948 removal and resettlement of blacks has taken place on an ever-increasing scale".

Dewar (1984,p.) concurs and expands upon this issue:-

"The National Government was faced with problems of managing the Urban African workforce and protecting the economic interests of the white working class whose jobs were threatened by cheaper African labour.

Almost inevitably the issue of urban African population management became closely linked with the issue of housing and areas of residence.

Implementation of Influx control policy found different expression in the Western Cape. The Eiselen Line experiment of 1955, created a coloured labour preference in the area in the Western Cape. To further counter the uncontrolled influx of blacks in the Cape Metropolitan area, increasing emphasis was placed on the use of black migrant labour and black families were expelled from the farms and west coast fishing villages.

Professor Dewar in his article "Khayelitsha: A planning perspective" (1984, p. 3) makes reference to a paper presented at the Transvaal Provincial Administration in 1958, which sets forth the Government's intentions, "The expansion of existing large towns is mainly due to the immigration of the natives. The Government requires natives living in the towns to live in native satellite towns of the character of dormitory towns. The mother towns are intended for Europeans." Dewar (1984, p. 3)

concludes that "housing thus became a major task of influx control and the actual process of removal a mechanism for weeding out 'illegal African migrants' to the towns."

Government policies in the 60's appeared to be designed to coerce blacks into the white dominated economy, but during the 70's when the huge inflow of capital had ensured high technology and at a time that the black population growth was reaching an all time high, policies clearly shifted to control the inflow of black workers.

The Bantu Homelands Citizenship Act No 26 of 1970 which deprived 16 million blacks of South African Citizenship, together with the policy which had been in force since 1967-8 which froze housebuilding in the black residential townships; and the Amendments to the 1951 Illegal Squatting Act, which gave the Authorities the power to destroy squatter dwellings, all provide confirmation of this new policy to control the inflow of black workers.

Dewar (1984, p.5) states that the 1979 Riekert Report on the utilisation of manpower accepted the presence of a limited number of qualified Africans in white urban areas and strengthened commitments to a higher homeland development, but at the same time influx control was strengthened to stem the growth of the urban African population. According to Dewar (1984, p.5) initiatives were offered to industrialists to establish businesses in

the homelands, in the hope that benefits would filter through to individuals. Since the inception of this scheme in 1981, 148,000 jobs were created, 70,000 of which were mainly for unskilled workers, but at the same time there was a total of 115,000 new entrants to the job market. The Agricultural scheme established has also not proved beneficial commercially, because of control by the chiefs; the conflict between agriculture and other development needs and feasibility of production in view of low commodity prices.

The success of these ventures are therefore dubious and 'blacks' continued to enter South Africa in search of gainful employment. Nash (1980, p.54) writes "For the vast mass of black workseekers and their dependents, the bantustan policy means near starvation through unemployment and underemployment, in remote arid, overcrowded denser settlements out of sight of the civilised world".

THE FOLLOWING THREE TABLES DEPICT  
THE DEMOGRAPHIC TRENDS OF THE  
BLACK POPULATION IN SOUTH AFRICA  
AND IN THE CAPE COVERING THE  
PERIOD FROM 1936 - 1980

TABLE 3

**DISTRIBUTION OF TOTAL POPULATION  
AND BLACK POPULATION IN THE CAPE  
1936-1980**

	<u>1936</u>	<u>1946</u>	<u>1951</u>	<u>1960</u>	<u>1970</u>	<u>1980</u>
Total Pop.	3530	4054	4427	5363	6848	5091
Black Pop.	2046	2338	2492	3011	3917	1569
% of Black Pop.	57,94%	57,67%	56,29%	56,15%	57,21%	30,82%

SOURCE : Urban Growth in S A 1936-2000 A Demographic  
Overview drawing on S A Stats. 1980 R S A 1980 (for  
1936-70 figures)

Dept. of Statistics - Input Figures, 1980, R S A 1982  
(for 1980 figures)

The general trend appears to indicate that for the  
period 1936-1960 the black population figures have  
remained fairly stable at between 67-68% of the total  
population in South Africa.

The period between 1970-1980 shows an increase of  
nearly 4% in black population figures for South Africa.

The average annual growth figures of the total  
population in South Africa during 1936-1960 indicate  
that the percentage growth in the total population was  
similar to percentage growth in the black population.  
From the 1970's however, the growth in the black  
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population has increased at a faster pace than the  
total population.

In the Cape black population figures indicate a plateau at between 56-57% of the total population. In the immediate post Riekart period (1980) the percentage of the black population in the Cape dropped from 57.21% to 30.82%.

Since then, it has been recognised that the percentage of growth in the black population in the Cape has increased. In the Cape Times of 11/8/83, Dr Koornhoof acknowledged that "ways of implementing influx control under modern circumstances in a fast and effective manner without incurring the wrath of those affected have to be found, as methods which worked well in the past are no longer effective." In the Argus of 8/8/84, Mr J Gunter, the then Chief Director of Western Cape Development Board, concurred with this, "influx control had failed to stem the tide of black urbanisation with the result that there might be up to 100,000 blacks resident in the Cape illegally."

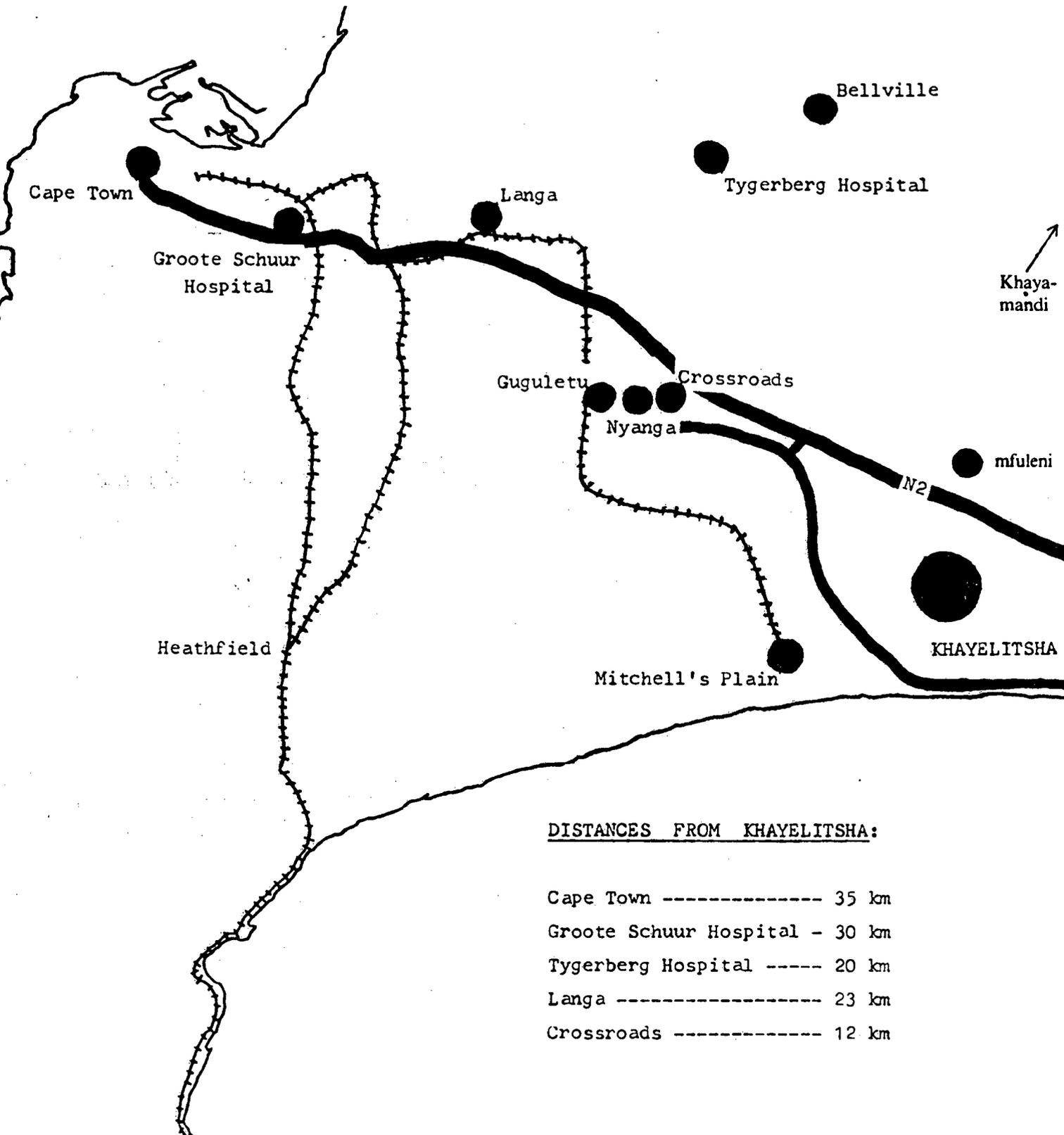
Van Heerden and Evans (1984, p. 64) provide some insight into these so called 'illegal residents' -

a vast 'legal' influx of migrants takes place, leaving economic desolation for the disrupted family unit. Out of necessity, then, the wives and children of these migrants stream to the cities, in many cases to the cities where their husband is working - the flow is thus a normal one, toward the maintenance of the family unit....another group designated "illegal" are those families who cannot obtain migrant work and thus migrate to the cities where the possibility of work is higher'.

It seems evident that government policies aimed at undermining a major function of the family (i.e. the responsibility to work and support the family) are unlikely to succeed in the long term.

In the early months of 1986, President Botha announced on S.A.B.C., the Government's intention to abolish Influx Control and according to the Sunday Times of 22/6/86, Parliament had repealed the Black Urban Areas Consolidation Act of 1945

With the repeal of this Act, it is hoped that the injustice of forcibly relocating black people will dissipate.



DISTANCES FROM KHAYELITSHA:

Cape Town -----	35 km
Groote Schuur Hospital -	30 km
Tygerberg Hospital -----	20 km
Langa -----	23 km
Crossroads -----	12 km

## 2.2 The Development of Khayelitsha

According to Van Heerden and Evans (1984, p. 13) "One of the major shifts in State policy in recent months has been the move from the rigid adherence to the policy of influx control to the public realisation that urbanisation is a universal and unstoppable process".

In Hansard (30/3/83) Dr Koornhof, introducing the Khayelitsha project said, "As a result of recent investigation specific guidelines have been laid down regarding the settlement of and township development for members of the black communities in the Cape Metropolitan Area.

- (a) The uncontrolled influx of Black people to the Cape Metropolitan area must be countered as far as possible by means of creating significant avenues for employment in development Region D (Transkei, Ciskei and Eastern part of the Cape Province.)
- (b) The Western Cape was re-affirmed as the traditional place of residence and employment of White and Coloured communities.
- (c) For the orderly development of the Cape Peninsula provision should be made for the consolidated housing needs of the black population and there should be no filling in or increasing the density of the existing black residential areas in the Cape Peninsula.

- (d) With the development of the new black area, not only will the provision of housing be concentrated upon, but emphasis will also be placed upon community development to stimulate the orderly development and voluntary settlement of the black community.
- (e) As space for residential development in the Cape Metropolitan area is very limited, priority will be given to higher density accommodation in Khayelitsha.
- (f) To best utilise funds the standard of housing to be provided will have to be controlled to ensure that it will fit into socio-economic circumstances."

Although these statements conjured up visions of relocations, dormitory towns and unrealistic expectations of self-build schemes, the initial reaction to the project was cautious, but positive. As ensuing statements from the Government elucidated the "grand design", it became more obvious that the housing crisis was a smokescreen to separate "legals" from "illegals."

In April, 1983 the Government unveiled its plans for the creation of the vast new township for black people at Driftsands, 35 km from Cape Town to house approximately 250,000 people in self-build houses, hostels and a few elite dwellings.

By mid 1984, the area, now known as Khayelitsha, and extending over 3,200 hectares, consisted of a vast area of bare, unflattened sand dunes, bounded to the north and

By mid 1984, the area, now known as Khayelitsha, and extending over 3,200 hectares, consisted of a vast area of bare, unflattened sand dunes, bounded to the north and west by the South African Defence force; the sea to the south and the floodlands of Kuilsriver to the East. There is only one entrance to Khayelitsha and no direct access to the nearby N2 highway.

The Khayelitsha structural plan involves 4 towns with 2 villages to each town. Each town will have a suburban centre, business places, post office, community centre and a library. There is provision for 13 primary schools, 4 high schools, 8 creches, a clinic and a day hospital. According to the Star Review of 3/3/84, "several construction companies have been awarded contracts to provide roads, drains, water supply, sewerage disposal and street lighting for the starter homes." There are also plans to erect vibracrete windbreaks and roll-on lawns to conquer environmental problems.

The infrastructure for hostels for 800 single contract workers has been approved and it is envisaged that the private sector will develop hostel sites.

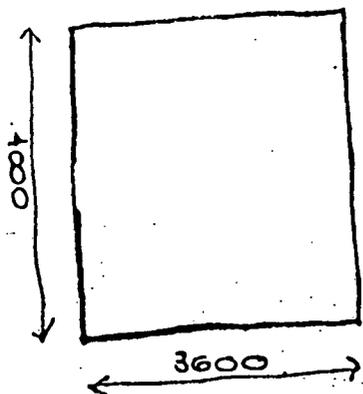
The first phase of Khayelitsha will include construction of 2 villages comprising 5,000 starter homes of 28 sq. metres each on plots of 180 sq. metres.



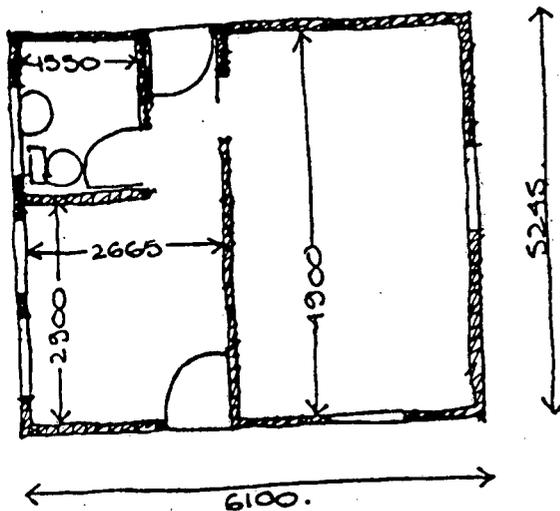
According to Hansard of 8/6/84, the entire project was scheduled for completion within 32 weeks. On 3/6/85, SABC announced that the units had been completed within 31 weeks at a cost of R65m. The original estimates for building costs had risen from R40m to R65m.

By July 1985, the following development was in evidence at Khayelitsha.

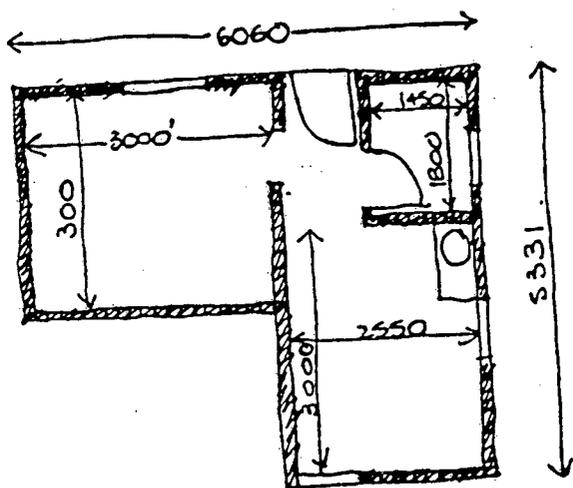
3 types of starter homes had been built, all variations of one basic design. The contracts for the development of the units were awarded to three construction companies: Murray and Roberts; Besterecta and Wimpey. According to Ellis (1984, p.5) and confirmed by a report carried in the Cape Times of 5/7/84, Besterecta had been awarded a contract for 3,300 units, Wimpey received a contract 924 units and Murray and Roberts won the contract to build 776 units.



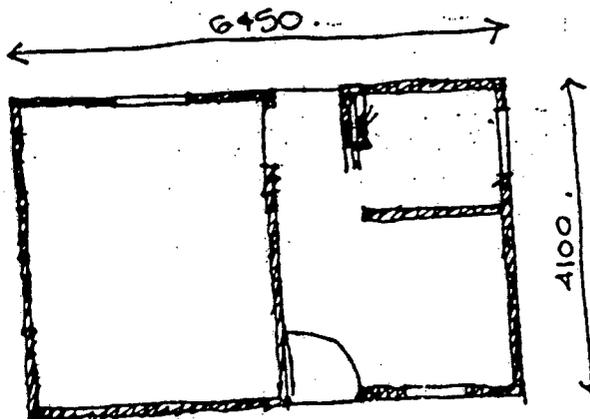
Fletcraft (14.4 m<sup>2</sup>)



Murray and Roberts (32 m<sup>2</sup>)



Wimpey (26 m<sup>2</sup>)



Besterecta (26.5 m<sup>2</sup>)

Blueprints for Khayelitsha  
"Core" Houses

The Murray and Roberts unit is a pre-fabricated design with sandwich panels, footings at the corners only and concrete flooring filled in after the construction of the walls. It measures 32m<sup>2</sup> and is rectangular in design. The Wimpey unit is 26m<sup>2</sup> and constructed of concrete blocks and L-shaped. The Besterecta unit is also 26m<sup>2</sup>, rectangular in shape and constructed of concrete blocks.

The Besterecta units are apparently constructed without central roofbeams and gaps have appeared in the joint on the roof. Besterecta have agreed under the 6 months maintenance clause to plug the gaps with sealant, but this provides only a temporary solution to the problem.

In Murray and Roberts homes mould has developed on the inside kitchen and bedroom walls which the residents have been unable to treat successfully thus far.

All units have 2 rooms and a smaller room containing a flush toilet and a hand basin but no bath or shower. Of the larger rooms, one room contains a tap and a sink unit and the other is intended to function as a bedroom.

Vibracrete fences have been erected enclosing two plots at a time with gaps in perimeters for the erection of gates.

The core houses are designed to be readily expandable and costs for building on one extra room is estimated at R400. The entire concept of a self-build scheme has been severely criticised.

The self help approach has been carried so far as to include the residents supplying their own bath or shower, an item one would have considered as a basic requirement for any house, the practical implications of this being self-evident. (Van Heerden and Evans, 1984, p.66)

The Argus of 8/2/84 and the Rand Daily Mail 10/4/84 concur that home ownership was essential for self help and that people should not be expected to spend money, time and effort on houses they don't own and can't sell. In September 1984, Government approved the introduction of 99 year leaseholds for qualifying blacks in Cape Town. (Argus 21/2/85).

At present rents are subsidised at R20 per month but according to Ellis (1984, p.5) "It has been suggested that the current subsidy is a special one, intended to be removed after 2 years."

Khayelitsha houses will also not be supplied with electricity due to the high costs and capital redemption. Lines will be available for installation on a street by street basis but inhabitants will have to bear the costs of installation which is currently estimated to be between R500 and R600 per unit. (Ellis, 1984, p.8).

Alongside "Area A" in Khayelitsha is a village of 30 closely packed show houses to demonstrate how the units

can be extended. It is envisaged that these houses will be completed for rental to people in the higher income brackets.

Architect designed houses which residents can commission have also been erected closeby.

The Cape Divisional Council clinic was rehoused in Mid 1985 to new premises which consists of about 15 rooms of varying sizes, with the Child Health and Immunization clinics, the V D Clinic, T B Clinic and Family Planning clinic all housed in the same complex.

The Day Hospital has now taken over the building vacated by the Divisional Council Clinic.

A Shawco subsidised outlet also operates in the area where residents can purchase cereals and dried vegetables at cost price and the Cape Nutritional Education Project is located in a unit next to the Shawco shop.

A complex, housing the post office and three shops, has recently been completed.

In the same area, a police station, extending over 2 core houses was opened on 3/1/85.

Two brick built primary schools with fenced playing fields and a pre-school centre for 120 children have already been completed.

Two large sheds have been erected to store building materials and serve as a resources centre and an Administration Block. Residents can purchase building materials from the resources as well as designs for extensions to their homes.

An information hut has been erected on the Main road leading into Khayelitsha and this is manned by one information officer, employed by Western Cape Development Board.

A feasibility study has been commissioned re: bathing amenities and marine structures at a cost of R85,000. Government subsidised buses operate between Nyanga and Khayelitsha and the single fare to Nyanga is 60c. From Nyanga there are connecting buses to other city centres. The Burger of 9/6/84 states that the first bus leaves Khayelitsha at 5.30 a.m. and the last bus leaves Khayelitsha at 8.30 p.m. According to the City Tramway Bus Schedule, the first bus leaves Khayelitsha at 4.30 am and the last bus leaves the area at 11 pm, with a twenty to forty minute waiting period inbetween service, reduced to ten minutes during the peak hours.

The Cape Times of 1/2/85 reports that:

The railway line promised along with so much else by Dr Piet Koornhof 2 years ago is now not expected to be viable until 1990. Construction of the railway link to this distant ideological site should have started at the same time as construction of the township. By the time that it is built, trains will be as overcrowded as in Mitchells Plain.

Lawrence (1984, p.16) drawing on an excerpt from the Cape Herald of 6/8/83, states that the railway line from Mitchells Plain will be linked with Khayelitsha and highlights the disquiet that residents of Mitchells Plain express about the proposed link, which the investigator feels may affect both communities if the plan comes to pass.

The Mitchells Plain co-ordinating committee have expressed alarm at the Khayelitsha proposal, stating that it would cause friction between "Coloured" and "African" people and that they would spend their energies fighting each other. With Khayelitsha people using the already overcrowded trains, more friction will result and the African people will be seen to be creating the problem instead of the authorities"

According to the South African Broadcasting Corporation, the South African Railways approached Parliament in May 1985 for R60m as it was felt that the railway could not be justified on economic grounds.

### 2.3 The Residents of Khayelitsha

The original intention appeared to be to house 250,000 people in Khayelitsha over 15 to 20 years (Khayelitsha Fact Sheet, undated, P.1,) and to replace the existing

townships of Langa, Gugletu, Mfuleni and possibly Kaya Mandi, as well as to rehouse the KTC and Crossroads squatters (deTolly and Nash, 1984, p.11).

Since then government plans to rehouse all black communities in Khayelitsha have altered and priority for rehousing has been given to the "legal squatters" and the first 1000 applications from lodgers on the housing waiting lists in existing townships.

The first residents of Khayelitsha were "legal" KTC squatters who had been housed in Beerhalls following incidents at squatter camps. The arrivals were housed in Fletcher metal one roomed structures at Site C, measuring 14.4m<sup>2</sup>, before being allocated permanent accommodation in Khayelitsha.

According to the Cape Times of 31/1/85, 632 families were already living in Khayelitsha and removals were continuing from Crossroads at a rate of 8-10 families per day.

Since the 18 month temporary residence permits were granted to all blacks in Cape Town in April 1985, removals had initially soared to 100 per day. Families with temporary residence permits are allowed to erect tents and other structures at Site C, but will not be allocated units in Khayelitsha.

By mid May, 15,000 people were resident on Site C and by 15/6/85 6739 families were housed on the 6878 sites on Site C. According to the Western Cape Development Board, in July 1985, 31,735 persons were living on Site C and 19,5434 were expected to join their families in the near future.

In Khayelitsha, in July, 1985, The Western Cape Development Board estimated, 1829 units were occupied and the population stood at 8,153 people (4.4 people per unit).

The Argus of 14/6/83 reports the "tough realities of being forced to live in Khayelitsha have been exposed to the first families to move."

The Newspaper article further states that chief is the high cost of transport and the distance from employment and the shops.

From interviews with the first families at Khayelitsha, it emerged that few people were employed and more than half had no regular breadwinner.

Most of the residents are single mothers, several of whom have as many as seven children. They are supported by boyfriends, but some don't have boyfriends.

Most of the families survive by borrowing money from relatives. About 6 families are supported by elder employed children.

In August 1984, a survey of 44 households out of 297 was carried out by the Peninsula Welfare Forum and the following salient points emerged: 40% of household heads were born in Cape Town and 49% were born in

were born in Cape Town and 49% were born in Transkei; 7% of the household heads were unemployed and 37% were semi-skilled; 30 said that they liked living in Khayelitsha and 14 said they did not. Things listed as problematic in order of importance were the size of the house, lack of information about houses as regards rent and occupancy, difficulties in shopping, transport problems, lack of work opportunities, distance from family and friends, general well-being and nutrition, recreation and lack of telephones.

The Western Cape Development Board has attempted to address some of these problems, by appointing an information officer and installing telephones at the Post Office and along the road at the entrance to Khayelitsha.

A second survey carried out in October, 1984 by Van Heerden and Evans (Public Administration Project of UCT 1984, p. 59-61) in conjunction with the Cape Nutritional Education Project, included 100 people, the entire population of Khayelitsha at the time of the survey. They found that 37% came from established townships and 54% from "squatter areas." The average income for men was R180 per month and for women R118 per month. The average earnings were less than the Household Subsistence Level (HSL) of R309 for the African population in Cape Town in September 1984, and the HSL does not take into consideration the cost of fares to and from places of employment.

The major complaint was that the house was too small, with a total of 73% of the respondents voicing their disapproval. Van Heerden and Evans (1984, p. 62) state that there is insufficient room to fit the entire family into the houses. The families cannot afford to build to the strictly laid down specifications for extensions and the researchers predict that slum conditions are going to be the result.

Already in Khayelitsha, wooden structures are appearing in the rear of many of the units. These structures are used to house family members, but also to provide accommodation for other homeless families, thereby augmenting the income of the residents. Many residents are also involved in informal sector employment by acting as agents for other businesses e.g. bus companies, gas suppliers, funeral undertakers, as evidenced from the placards outside their houses and at a few houses produce in the form of fresh fruit and vegetables, sweets or mealie meal drop scones are sold to the locals.

Van heerden and Evans (1984, p.62) found that the majority of people are dissatisfied with the extremely high rental. 55% of the people felt that R10 would be a reasonable rent, 11% could afford more than R10, about 12% stated that they could not afford R10.

The facilities that residents listed as their priority needs (Van Heerden and Evan 1984, p.63) were shopping

facilities, creches, schools, churches, clinics with a doctor, community halls, police stations etc. "The planners have accounted for this in the overall plan, and most of these facilities are already available, although perhaps in insufficient quantity."

This investigator's experience confirms Van Heerden and Evans' observation that facilities perceived by residents as priority, were available, but are inadequate for the population the facilities are expected to serve.

A doctor and a pharmacist have recently been housed in the area and will soon be offering a service to residents.

The building of a community hall has recently commenced and should be completed before the end of the year.

#### 2.4 Criticisms of the Development

Much criticism has been voiced about Khayelitsha on humanitarian, social and economic grounds, and misgivings have been expressed about whether Khayelitsha will ever become a "city".

Nash (1980, p.68) questions the concept of urbanisation as used by the Government. She states:

the urban environment needs to be one that provides jobs - in manufacturing and distributive trades; services; tertiary activities. ... It is not simply a physical situation in which a very large number of people live cheek by jowl in little boxes called houses or in big boxes called apartment blocks, with a sprinkling of shops sports facilities, halls and churches, plus commercial centre and commuter transport terminal ..... Yet that is what most black towns consist of: unlike the white cities they provide very few jobs for the breadwinners of the families that live in them. They are large scale dormitories, totally lacking in economic self-sufficiency.

David Dewar (1984, p.26) supports this view:

You cannot create a city by moving the poorest section of the population out and expecting them to constitute a city on their own. The whole way in which a city operates is that the poor get a chance to benefit from the kinds of opportunities and services coming from the wealthy.

Watson and Ellis (Cape Times 23/10/84) consider that:

"Khayelitsha is a bad decision in planning terms" and further, they state that

The idea of the satellite city has been tried at Atlantis and Mitchells Plain and proved that construction and services costs are high and the dearth of local jobs make commuting necessary and add to the financial burden that residents have to bear and there is little chance of commercial facilities being developed as the townships are usually made up of low income people.

In the Argus of 30/6/83, Dewar and Watson confirm that there are no plans to create a full range of jobs in Khayelitsha and predict that thus it will remain a

dormitory suburb and the financial burden of commuting to employment will be intolerable. The distance from work will entail that the employed will have to leave home early and return late and this is likely to have an adverse effect on family and community life. The Cape Times of 5/9/83 estimates that on average a Khayelitsha worker will spend 4 hours every day travelling to and from work.

Dewar and Watson (Argus, 30/6/83) predict that "for many people life will simply be a cycle of working and sleeping and with inadequate parental supervision, crime and so on will be all pervading." They view Khayelitsha as a "recipe for social and economic disaster",

In no way from a planning perspective can Khayelitsha be called a city. It will be no more than a poorly served labour dormitory and it will do little to promote a rich quality of life; in fact the combined effect of high rents, high transport costs, high commodity prices, lengthy and enforced daily commuting, inadequate social infra-structure and isolation from the rest of the city, on a group of people already experiencing severe social and economic hardship, will be extremely severe.

There is a strong possibility that, far from solving the squatter problem .....it will, in fact exacerbate it as people will take the cheaper option of squatting closer to the city centre.

## CHAPTER 3

### REVIEW OF THE LITERATURE

#### 3.1 Definition of the terms:

The terms used in the literature to describe the various forms of Day care differ from one country to the next. The investigator has attempted in as far as possible to use the existing definitions most widely understood in South Africa.

#### Day Care:

For the purposes of this study day care will be viewed as the arrangements made by the parents for the care of a child under the age of 6 years for part of the day and sometimes overnight when the parent/guardian will not be available to undertake the care of the child and will include care provided by relatives or friends, as well as care outside of the family in centres and with childminders or other live-in help.

#### Creche:

The Social Work Dictionary (1984, p. 65) defines a creche as a "Place of care where more than 6 infants spend part of the day".

Slabbert and Thomas (1976, p. 11) offer a definition of "places offering custodial care and a place to play....and having no major emphasis on educational programmes".

For the purposes of this study the creche will be viewed as a place of care where more than 6 children attend and which offers custodial care and a place to play, but no educational programmes.

#### Creche cum Nursery School

Slabbert and Thomas (1976, p.11) define this as "a place offering an educational programme within the nursery unit which is usually of benefit to all the children involved in the centre...and employing at least 1 trained nursery school teacher."

The Social Work Dictionary (1984, p.65) offers a superficial definition as a "Registered place of care and nursery run as a unit".

Mlotshwa's (1985, p.4) definition indicates that the "creche section puts emphasis on developmental programmes, learning routine, and toilet training, whilst the nursery school is for children 3-5 years and emphasis is on elementary education."

Both Slabbert, (1976, p. 11) and Mlotshwa (1985, p.4) agree that nursery schools cater for children between

Both Slabbert, (1976, p. 11) and Mlotshwa (1985, p.4) agree that nursery schools cater for children between the ages 3-6 years and provide elementary education for the children.

The practice of offering care and education within one setting corresponds to the functions performed in pre-school centres.

The investigator will thus view creche-cum-nursery as synonymous with pre-school centre, for the purposes of this study.

This facility will be regarded as a registered place of care, offering mainly developmental programmes to children under 3 years of age and an educational programme for children 3-6 years of age.

#### Childminders:

The terminology used in relation to this type of care differs and the investigator, when citing quotations, has used the following terms in the study, all of which describe this service:

Family day care home; family day care mother; day carer; home based day carer; home based educare; childminder.

The investigator has discarded the international definitions of the term as they are too specific (i.e. defined in terms of hours that the day carer performs the day care functions). Mlotshwa (1985, p.3) describes

overnight." The Social Work Dictionary (1984, p.62) describes a childminder as a "Person who against payment has control over and cares for not more than 6 children away from their parents and guardians for part of the day".

The investigator is given to understand that childminding in a black community does not necessarily entail financial transactions.

The definition that will be adopted for the purposes of this study will be:-

Any person who looks after a pre-school child away from the parents or guardians on a regular basis for part of the day and/or overnight, and who is not related to the child; and who is paid in cash or otherwise for the service. (This definition will be seen to include non-kin, whom parents may view as "family").

Relative:

For the purposes of this study will be any person who is a blood relative of the parents.

Middle Class:

The investigator is aware that definitions to describe "social class" abound, but class is used in this study in terms of a multi-bonded group.

'Anderson and Carter (1984, p.52) cite the definition used by John Rowan (1978) to define Social Class,

One bond is occupation, including such things as career chances, one bond is income and wealth, particularly important at the extremes; and the third bond is a matter of the collection of rights and duties of privileges and disenfranchisements. These things tend to run together to give a certain social status.

Anderson and Carter (1984, p.52) drawing on Marshall (1964) embroider on this:

There are three aspects operating: Social Status, economic status and political power. When the grouping of these three coincide (multi-bonded) then social class is a visible thing. The idea of social class suggests a group consciousness on the part of members both of their own groups and other groups, and of their general position on the social scale.

In this study economic level and occupation will be considered significant criteria for measurement of social class.

Middle class individuals will, by definition, enjoy higher social status and greater economic status than working class individuals. The aspect concerning political power is not relevant given the fact that the study is to be carried out in a black area in South Africa, where political power is non-existent, irrespective of social class.

### 3.2 Familial and Cultural Contexts

Any study about child care should bring into focus the issue of the sub-cultural influences on practice, and any discussion about mothering would be incomplete without reference to the familial and cultural contexts as they are so enmeshed.

Anderson and Carter (1984, p. 45) describe the family as biologically based and the prime social (and socializing) unit. Drawing on La Barre (1954), they write:

the fact of the family is a constant, the form of the family is a variable ... and they emphasize that the cultural form of the family must not be confused with the biological norm of the family; the cultural forms vary tremendously. The form of the family is influenced by the culture in which it exists and in turn the form influences the culture.

Ogbonna et al (1981, p.17) found that in Africa families tend to be large to provide labour not only for the major occupation of the family, but also for the other chores that have to be attended to. Moreover, a man's status was judged in part by the size of his family.

Groenewald (1976, p. 15) states that in the traditional black family, roles played by the different sexes are clearly delineated. The father has the position of authority and he expects obedience from the members of the family. The mother works the lands, carries out the household chores and holds an inferior position to that of her husband.

The older members of the family take prime responsibility for the nurture and protection of the young, but it is also common practice for the elder daughter in the family to take over the nurturing function once the child has been weaned.

Anderson and Carter (1984, p.140) contend that in the USA the nuclear, mobile family emerges because of the prerequisites of the economy. In South Africa the search for gainful employment appears to be the primary motivation for migration of 'blacks' to urban areas and the emergence of the nuclear family.

The Human Science Research Council Report No. 5 - 68 indicates that the structure and function of the black family has undergone great changes as a result of detribalization and urbanization.

Research carried out in 233 households in a black urban area of Pretoria, looking at male and female roles in households, economic activity, religious care, education and control of the children showed that in a variety of tasks a great percentage of men and women indicated that neither of them had responsibility for these 'tasks'.

The indicators show that role differentiation between the 'man' and 'woman' is undergoing change, as a result of detribalization and relocation. "The results suggest that role differentiation differs in urban family and

traditional family and corresponds to the idea of a society in transition." (ISCDR Report, 1979, p. 5-68).

The study by the Whitings, (1975, pp. 8-185) gives some insight into the differences between the two forms of the family as experienced by 'black' South Africans and elucidates the concept of "societies in transition". The study explored the joint effects of culture, type, sex, age and status of infants, peers and parents in Kenya, Okinawa, India, Mexico, Phillipines and the USA, using six behaviour clusters: intimate-dependent (touches, seeks help); dominant-dependent (seeks dominance, seeks attention); nurturant (offers help, offers support); aggressive (assaults, insults); pro-social (suggest, responsibly reprimands); and sociable (acts sociably). They found that although the language differed, certain features of the mode of social action were similar across cultures eg. the intent to injure could be accomplished by physical assault or gestural insult; intimacy could be manifested by a symbolic exchange or physical contact. They also claimed that the limited number of categories was enough to describe the social behaviour of children of all cultures.

They established that societies having relatively simple socio-economic structures with little or no occupational specialization, caste or class system, localized kin based political structure and no professional priesthood,

had children who were less dependent, dominant and nurturant responsible.

Societies with more complex socio-economic structures characterised by occupational specialization, social stratification, a central government and priesthood, scored high on dependence-dominance, but low on nurturant responsibility.

The role that women played in these two types of cultures differed vastly. In the simple economic structures, women were important contributors to the subsistence base of the family. They had a heavy, responsible workload and children were expected to help their parents by doing economic chores and caring for younger siblings. In the more complex cultures, women were largely dependent on their husbands for economic support. The Whitings conclude that the women's participation depends more on the pattern of subsistence and that economic features are more important than complexity of culture in determining the woman's role. It was therefore not surprising that they found that the social behaviour of children was compatible with adult role requirements.

In the simple socio-economic structure, reciprocity among kin and neighbour was essential. People offered support and help. Dominance and attention seeking were frowned upon. With the more complex structure, where neighbours were seen as competitors rather than persons to be

helped, dominance was seen as a more appropriate response than offering help and support. These attitudes were found to be ingrained in the children before the age of six years.

The study also found that although distinct differences in the social behaviour of children produced by the type of culture in which they grow up are apparent, there were striking uniformities which can be accounted for by age and sex. At the three to five age period both boys and girls have different "childish" styles of social behaviour (boys tend to be more rough and girls seek help and touch others more frequently). Boys and girls are also equally nurturant in the three to five age period but the proportion of nurturant scores for boys remain relatively constant, whilst nurturant scores for girls increase over time.

The investigator is of the opinion that this study puts into perspective the findings of the ISCDR Report which depicts the urbanised, relocated blacks as a society in transition. The findings as regards role confusion experienced in these relocated families also become more clear when viewed in the light of the different values and role expectations in the simple socio-economic structure and the more complex socio-economic structure and the time elapse that this type of adaptation requires.

The emergence of the new form of the family may mean that the nuclear family has become isolated structurally from the broader kinship system but it does not necessarily mean that ties between nuclear and extended families are completely severed. In contrast with the extended family these relationships are voluntary, based on sentiment without any obligation attached.

The research study conducted by the Jacksons (1979, p.89) in England, found that it was common practice for West Indians to leave their children with the extended family, whilst parents lived and worked in urban areas and contributed to the upkeep of the children.

The investigator is given to understand that in 'black communities' in South Africa, nuclear families similarly depend on the extended family as a source of child care.

One of the main functions of the family is the socialization of the child. Anderson and Carter (1984, p.138) posit that the person is made aware of his role relations through a long period of socialization during his childhood, a process in which he learns how others in his family expect him to behave and in which he himself comes to feel that it is both the right and desirable way to act.

Freud, (1949, p.17) embroiders on the socialization process "The parents influence naturally includes not

merely the personalities of the parents, themselves, but also the racial, national and family traditions handed on to them as well as the demand of the immediate and social milieu which they represent."

The culture bearer thus influences the child to develop his internal perspective of society as far as habits are concerned, according to the accepted social patterns.

Greenwald (1976, p.15) sees the most important aim of the socialization of the black child as the introduction of habits and customs of the tribe into which he was born. "From the moment of birth the child is a member of a group and the community exerts a strong, formative influence on him."

Greenwald (1976, p.33) drawing on Grant (1969) claims that the physical world in which the black child lives, the things around him, what he learns from his parents with regard to beliefs, customs, traditions, must lead to a pattern of abilities which is vastly different from that of the 'European' child.

Willsworth (1979, p.48) drawing on Hannerz portrays Ghetto residents in the USA as "not blind to life as it is outside and the discrepancy between their reality and the (American) dream burns into their consciousness. The oppressed can never be sure whether their failures

reflect personal inferiority or the fact of colour. This persistent and agonizing conflict dominates their lives."

Daids (1984, p.1) illuminates the similarity of conditions in South Africa. In his discussion of poverty and the culture of deprivation, he states that

every person of colour in South Africa falls into the category of poor/deprived. Here prevails a situation where a person of colour might have economic means (most do not) but his aspirations are severely curtailed. The political system dictates who his parents should be, where he may live, the education he may receive, the beaches he may use, the recreation he may enjoy, whom he may marry and where he may be buried when he dies. The opportunities for him are most decidedly constrained. This leads to a hopelessness which is difficult to overcome.

The political system in South Africa thus necessitates that the socialization processes teach the young black children not only to be human, but also how to be 'black' in a 'white' society. The inferior status ascribed to blacks is all pervading and has drastic effects in terms of the quality of life experience.

However, the black urban dweller in South Africa fully realises that his status at the bottom of the socio-economic scale is the result of legislation in terms of colour, rather than his ability.

Thus, Wilsworth (1979, p.48) contends, "Although blacks in townships are not more isolated or immune from certain aspects of the larger society, they may not suffer the

sense of inadequacy, shame and hatred described by many American writers."

Groenewald further posits (1976, p.17) that as a result of the socialization process and the roles of the different sexes, that the 'black' mother is less loving and caring than the 'white' mother and less involved with her children; and also that the "black urbanised family still remain closer to their traditional culture as indicated by the simplicity of the domestic environment and the absence of domestic articles, tools, magazines, Western toys and puzzles."

Morphet (1985, p.35) drawing on a survey by Cock, Klugman and Emdon, provides interesting insight into the lives of working black women.

They work long hours and some have to leave their children with minders all week as they sleep over in white suburbs as domestics ... The mothers who use childminders bring their children as early as 6 a.m. and fetch them about 7 p.m. They are not free to go home to relax for ... the domestic duties of cooking, ironing and cleaning and making the fire could be waiting for her as she gets home. It is hard to conceive of her having much time to be loving and close to her baby or toddler while living a life of this kind of strain. The effects on the child of these long hours of separation from the family, and especially the mother, must take their toll for, particularly as the time when the child is with the mother she is exhausted "to the point of death." It is hard to imagine her being otherwise.

The effect of the physical and emotional environment can thus demand that there is a hardening of one's affection response for survival.

Willsworth (1979, p.48) drawing on Riesman (1965) states that "the urban family bands together to share responsibilities of home management, child rearing and earning a living and is a powerful coping device for environmental threat, furthermore, limited time available to children from parents may be compensated for by the peer cultures and greater sibling interaction." Thus the affective response of the mother may not be pivotal for children who receive affection from other sources.

The investigator believes, also that the argument put forward by Groenewald in terms of material possessions is insufficient to support cultural leanings, as the poverty that many 'blacks' experience which appears to be not entirely of their own making has to be taken into consideration before any argument about lack of material possessions becomes viable.

Groenewald's (1976, p.33) contention concentrates, as do many studies of Africans, upon the relativeness of westernisation and disregards much of what is African in Black communities.

Willsworth (1979, p.64) contends that contemporary black urban life, especially with regard to public life, may merely be a thin imitation of western urban life and that

within the society they possess a cultural style with its own identity, virility and integrity and in which, the white sector may not be the ultimate reference group.

Although blacks may be literate, reading magazines, and puzzles may not be an essential part of their lives. The creative aspects of living in an oral atmosphere, where channels of communication are essentially "sound and feel" may, according to Wilsworth (1979, p.48), supersede western aspects of socialization, but there may be other areas where behaviour is western specific, namely school attendance, educational aspirations and influence of radio, and still other areas where these two meet and blacks have a range of alternatives.

A further aspect with which the relocated, urbanised black has to cope, is the "cultural bias" which involves the pull between the home culture and the new culture. Diane d' Anda (1984, pp. 101-107) supports this idea. She posits that there are various factors that affect the degree to which a member of an ethnic minority group can, or is likely to become bi-cultural. She explores the cultural overlap and the mesh with the majority culture which individuals experience. Initially it was believed that minority individuals stepped in and out of two cultures which were seen as distinct and separate. There is now agreement that the degree of overlap of commonality between the two cultures with regard to norms, values, beliefs, perceptions and so forth, are

important, and make it possible for the individual to understand and predict successfully two cultural environments and adjust his behaviour according to the norms of each culture. Individuals whose analytical skills are well practised, have the best chance of successfully interpreting the demands of the majority culture. The degree to which the rules are culturally embedded may also affect the extent to which problem solving skills can be utilised cross culturally. D'Anda saw greater overlap in America between the European immigrants and the majority culture than between the blacks and the majority culture. although this might give insight into why, as Groenewald (1976, p.17) contends, the blacks are closer to the traditional culture than to the western culture, there is a need to further explore the shared values and norms between the cultures which may facilitate or hinder this process. This is unfortunately beyond the scope of this study!

De And (1984, pp.101-107) also makes mention of the availability of models, mediators, translators and corrective feedback which assist the individual in adjustment. Willsworth (1979, p.168) drawing on Aranguan (1967) declares that neighbourhood networks in black communities operate in terms of a circle rather than a chain, in that it does not require a leader and functions through self regulation of the group by means of mutual exchange. Corrective feedback is thus likely to be given spontaneously.

It was evident in public meetings attended by the investigator, to discuss the move to Khayelitsha that there were people who fulfilled the roles of models, mediators and translators. Verbal skills in black communities are rated highly and may provide opportunities for status, but also assume importance in developing confrontation in power struggles. The extent to which the "blacks" are reliant on individuals to fulfill these roles, needs further exploration.

The level of the individuals' proficiency in the language of a particular culture can enhance or impede the socialization process. The labour market in South Africa expects that blacks should be able to communicate in either English or Afrikaans and inability to use these languages, can result in difficulties with employment.

The dissimilarity of appearance between individuals in the minority and majority culture is a self-evident obstacle in the process of bi-cultural socialization. It appears that pronounced differences such as those of colour of skin and distinguishing facial features are not likely to be easily absorbed into the mainstream culture.

Racial stereotyping and the racial laws in South Africa present additional major obstacles to the process.

All these aspects contribute to the "cultural bias" and extensive research is necessary to fully comprehend the experience of the relocated urban black, who may be caught in between the Governmental process of modernisation and the pull of traditional beliefs and practices.

Although people have to be taught to understand and respect cultural differences, they must also continuously be made aware that along with diversity, there is also commonality. Erikson in his book, "Children and Society" (1950, pp. 120-121) cites an example of child rearing patterns in the Western and Oriental cultures and concludes that the Western attitudes of timekeeping for bedtime, feeding and toilet training are in sharp contrast to the leisurely way of child rearing and the general way of life in oriental cultures. Yet, despite these difficulties all these mothers are likely to agree that all children should be fed regularly and that an infant who cries should be comforted. Their agreement is however, no guarantee that infants who are comforted are less likely to be emotionally disturbed as adults, but to the extent that there is agreement among sub-cultures, society may judge if child care is markedly deviant. Polansky and Williams (1983, pp. 341-345) tested the "Childhood Level of Living Scale" which has been used for research into child neglect in rural Southern Appalachia and revised some years later for use in the northern metropolis of Philadelphia. They report the results of

their tests as follows: The scale consisted of 99 items, each a declarative sentence describing a parental condition or action, all of which has been classified by the authors as positive or negative. 47 of the items covered physical care and 52 items related to psychological care. The measure of adequacy did take into consideration the age of the child. The instrument was tested for ethnicity, urbanity and socio-economic status on eight groups of mothers: black middle class, urban; black middle class, rural; white middle class, urban; white middle class, rural; white working class, urban and white working class rural. It was predicted that a poor score on the Childhood Level of Living Scale would indicate neglect in both the urban and rural settings, irrespective of class or race.

The instrument was tested for generality of the values, by respondents who placed each item on a Likert type scale for approval or disapproval. Responses included: very bad report; very bad; bad; doesn't matter; good and excellent.

The average judgements of all the mothers were used to ascertain whether they agreed with the scoring of the authors (as indicated by where the mean score fell on the Likert Scale). The differences that emerged between mothers were related to their giving a neutral response to four out of the 99 items, which were related to material possessions. Urbanity measures indicated that

although there were discrepancies on thirteen items between rural and urban mothers, the discrepancies were substantively small. Socio-economic status was also found to hold substantial agreement. Although mothers from working class and middle class backgrounds differed on ten items, the differences were not significant. Ethnicity scores indicated that black mothers differed slightly from the authors estimation than did white mothers on five items, related to material possessions, menu planning and adult supervision. However, the predominant impression was that on "gut issues" there was agreement.

Polansky and Williams (1983, p.343) state the following vis-a-vis parents:-

although individuals may differ on issues like whether the child should be pushed to clean his plate or the age at which the child should be weaned, they are all convinced that the child should be fed regularly and well; and they all disapprove of individuals who react indifferently towards children.

The authors do not seriously question the fact that culture affects life experiences and perceptions and that an individual's current life experiences provides a context that perceptibly affects his judgement of child rearing practices yet they are convinced that there is such a thing as a standard minimal child care.

Whilst the investigator accepts the conclusions, it is questionable whether Likert type scale data is adequate to support decision-making, on account of the inability

Betnovin et al (unpublished, undated, p.11) support the view that there are commonly held standards of "good enough parenting." They state that Rutter's research indicates that it is often the particular balance of factors which is of significance rather than any factor per se. They conclude that this entails an understanding of the context of life the child is leading in terms of physical and cognitive care.

The investigator concurs with this viewpoint and has designed a research instrument which will allow for information about day-to-day care to be collected.

### 3.3 The Needs of Children

The concept of human beings as having basic needs, i.e. states requiring supply or relief for well-being and development, can be used in reflecting on a variegation of interactions between the individual and his environment.

Early studies carried out in institutions have demonstrated that the mere meeting of physical needs is not enough to produce liveliness. For the infant to thrive, he has to have "mothering", which includes love, affection, continuity of care, sensory stimulation and responsiveness.

Physical and psychological needs are enmeshed, so that in meeting physical needs, other physical and psychological needs are simultaneously met.

Needs are agglutinated to the development of the child. The newborn baby has a long period of physical inability to survival without the care of others. The child is born with a certain equipment essential for life, eg. being able to suck, digestion, respiration, excretion and so forth, but he is dependent on others for nurturance. As the child becomes more competent, these needs continue, but the way in which they present and are met changes. With increasing confidence and experience, the child gradually moves towards more independence and responsibility.

In examining the needs of children the concept of individuality applies. Each child is an individual with his own physiological rhythms, his own speed of development and his own constitutional factors in personality. Thus he responds uniquely to his environment (Beckenridge and Murphy, 1969, p.130).

The major consideration for any caregiver should be how to provide an environment for the adequate management and care of each individual child, where physical and psychological needs are met. The information provided about the needs of children is derived mainly from

that it is difficult to draw upon and compare data from different countries and at best, one ends up with a superficial comparison. However the standards used in other countries can provide important baseline data against which one can examine local information and in so doing help to establish standards and principles which may be useful and acceptable in Khayelitsha.

There are at least four basic needs which have to be met, regardless of environments, cultures or the approaches of carers. These are physical needs, emotional needs, promoting readiness for the future and discipline and control.

### 3.3.1 Physical Needs

Physical care involves careful nutritional planning and prevention and treatment of illness as well as protecting the child from accidents and exposure to physically dangerous agents.

#### (a) Nutrition

In normal nutrition a dynamic balance is maintained between the nutrients consumed daily by an individual and those needed for normal physiological processes including growth and development. In human beings, nutrition affects not only stature and weight, but also other aspects of development.

According to Foster (1972, p. 285) undernourished children tend to be tired, apathetic and unable to utilise the environment, no matter how inviting or rich.

Beckenridge and Murphy (1969, p.158) drawing on evidence produced in studies by Cousin (1961) and Crawioto et al (1966), contend that permanent impairment of the central nervous system ties in with severe dietary restriction or imbalances during critical periods in the first four years of life.

During foetal life, all nutrients are transferred from the mothers' bloodstream to that of the foetus. At birth, the way the infant obtains food suddenly becomes different. Highly simplified food (breast milk or milk substitute) is taken through the mouth.

Freud regarded the nutritional need of the infant as the pivot for the mother-child relationship in that it is the communication between mother and child, and also the most urgent need which makes the child aware of his dependency on the mother, as well as an expression of the psychological need for the mother's affection (Ramfol, 1972, p.52).

Sears, Maccoby and Levin (1957, p.167) consider that a warm mother spends more time with her child, offers him more rewards and gives him much guidance.

He develops stronger expectations of her reciprocal guidance and thus is more motivated to learn how to behave as she wants him to. This is commonly referred to as "Bond Formation".

As the infant grows, he needs essential substances which breast milk cannot furnish. This is the first transition from complete dependence. The weaning process is frustrating to the child as he is deprived not only of obtaining food by sucking, but also of the physical contact, the cuddling and comfort of the breast. This stage allows the use of semi-solid food and cereals, pureed vegetables and fruits, as well as other chopped foods.

When the child is a year old, he should have become acquainted with and learnt to eat almost all foods that will form the basis of an adequate diet. According to Beckenridge and Murphy (1969, p.195) milk, vegetables and fruit should form the mainstay of the child's diet with meat, poultry or fish served an average of two to three times a week.

With the consumption of foods, the child also takes in other important nutritional items, like oxygen and water. The latter should also be given in its natural form to children.

in considering the pattern of meals, Ruopp et al (1973, p.4) state that caregivers may be serving families whose children have never eaten regular meals or whose experience has been limited to two or three staple items. They advise that the least that ought to be provided if the children are cared for all day is lunch and snacks. If they arrive early in the morning a hot breakfast should be provided in addition.

Beckenridge and Murphy (1969, p.195) drawing on Goodenough (1931) state that there are more outbursts of anger late in the morning and late in the afternoon. They recommend that easily digested food (juice, milk, fruit or a biscuit) should help at these times, but concentrated carbohydrates (like sugar, candy) should be limited. The pattern of meals during the day therefore should include breakfast, lunch and snacks.

Children need also to be able to exercise and rest. Ruopp et al (1973, p.5) recommended that activities must be provided to strengthen muscles and practice muscle co-ordination and control, but these activities also allow the child to let off steam and work off energy. However, time must also be set aside during the day to allow children to rest or sleep and so conserve their energy.

(b) Supportive Physical Environment

Infants need an environment with appropriate warmth and protection from too great or too sudden environmental changes until they reach an age when the body can adjust easily to such changes.

Protection against disease is another modality of physical security. Illness is both a physical and psychological hazard for the infant. It interferes with regular process of the body and may interfere with development and produce stresses and strains in parent-child relations.

Protection against diseases comes from within and without. Protection from within occurs when the child has a sound, healthy body. Protection from without involves removal of environmental hazards and pressures. The infant is born with a passive immunity to some diseases because antibodies from the mother's blood have passed through the placenta to the foetal blood. However, before the passive immunity has disappeared, active immunity to specific diseases, for example whooping cough, diphtheria, tetanus, poliomyelitis and smallpox has to be acquired either through exposure to

them or artificial immunisation. (Breckenridge and Murphy, 1969, pp.139-142).

From without, care should be taken to prevent the spread of communicable diseases through adequate washing facilities and sanitary procedures. Toilet times and routines vary, but all children should be taught and encouraged to wash their hands after toileting and before meals (Ruopp et al, 1973, p.4).

Dental care is important. In addition to cleansing teeth after meals and dental checks, attention should also be paid to diets which reduce intake of sweetstuffs between meals.

(c) Accidents

Accidents are the cause of many injuries of young children. Over half of all fatal accidents in children occur before the age of 5 years. with a peak at 1-2 years, the period when the child begins to walk.

In the years up to five, the principal causes of accidents are motor vehicles, burns, mechanical suffocation, drowning, falls, poison, many of which occur in the home. (Breckenridge and Murphy, 1969, p.146).

Accidents occur due to a variety of reasons - inexperience, physical and emotional

immaturity, an unsafe environment and inadequate supervision - as they occur, despite constant watching and elaborate precautions.

Young children get into hazardous situations without caution and recognition of danger, eg. poisoning may result from normal curiosity or from the response of testing the world with the mouth, or emulating the behaviour of adults.

Prevention of accidents involves protection and education. During the first year of the child's life, it is entirely protection. Between one to five years the adults' task is to train the child to avoid dangerous situations for himself. The child may learn by the parents example, supervised experience and being taught specific procedures, but the learning has to be paced in accordance with the child's speed of maturation and adults still have to resort to safety devices during this period eg. to keep medicines and sharp objects out of the reach of children.

### 3.3.2 Discipline and Control

A demand for obedience almost always requires that the child stops what he is doing and does something else, which proves frustrating for the child.

Chester (1959, p.80) regards the setting of limitations as the requirement for "the child's way of testing out and learning to use self-control".

During this period, developmentally, the child's sense of trust is firmly established and much of his energy in the next two years will centre around asserting that he is a human being with a mind and will of his own, but the struggle is in the direction of greater self-control, which becomes more possible as he grows older. To help in the process, adults create rules. While many rules and restrictions imposed upon a young child are devised to protect him from harm, many others are designed to prevent damage to people or objects around him. In this process of discipline the child can learn positive actions which assist his development, eg. pick up his clothes, fold them, put his toys away and generally to assist with neatness, orderliness and helpfulness; but controls which he will need later in life, eg. obedience, listening and sharing are also learnt.

When children overstep the limits, adults develop different ways of punishing the children. The negative sanctions used to secure compliance are the adult's expression, tone of voice, withdrawal of privileges and love and physical punishment. Perhaps one of the most long-standing controversies in the field of child training has been over whether it is desirable to use

one would expect that if physical punishment is to be effective as a training device, it must not cause injury to the child and it must be accompanied by expectations which clearly label for the child what the adult wants him to do instead. This assists with the realisation that it is not the child, but the child's behaviour which the adult does not approve of.

The positive techniques of reward, reasoning, suggestion and diversion of attention operate under exactly the same conditions as negative sanctions, in that if the adult labels the action she approves, the child forms associations easily.

What the adult hopes for ultimately is that as the child grows older, he will have internalised controls. The creation of an effective conscience that is neither too lax nor too restricting is the final stage in the socialization process of early childhood (Sears, Maccoby and Levin, 1957, p.314-316)

The most valuable lesson for children to learn, through ongoing experience, irrespective of the method of control used, is that adults can care for them and control them without becoming exhausted, hurt or hostile in the process, but will remain on friendly terms.

The consistency with which discipline is applied is as important as the type of sanctions enforced. Discipline

that depends on moods, pressures and failure to follow through threats may confuse the child, but consistent behaviour by parents makes the child's world more constant and predictable.

Discussions about technique of discipline and consistency have ramifications when the child is cared for by two separate people during the course of each day. Parents and day carers should have ongoing discussions about the methods of discipline and consistency with which they are applied, otherwise the environments will be confusing for the child and the child may play the parent off against the day carer.

### 3.3.3 Emotional Needs and Promoting Future Readiness

These two aspects will be discussed together as they are enlaced.

The component of the healthy personality that is the first to develop is the sense of trust. The sense of trust is not something that develops independently of other manifestations of growth. Rather the concept of "sense of trust" is an umbrella term to convey the characteristic flavour of all the child's satisfying experiences at this early age (Breckenridge and Murphy, 1969, p.249).

Emotional dependency on the mother figure is a normal aspect of human development. To help the infant develop

Emotional dependency on the mother figure is a normal aspect of human development. To help the infant develop trust, it is essential that caregivers interact with the infant not only frequently, but in response to the specific signals and demands the baby makes. It is the knowledge that caregivers are "in tune" with him i.e.- that when he cries, someone will comfort him, when he smiles, someone will smile back and when he reaches for a toy out of his grasp, someone gives it to him; that encourages the child to explore new situations and new people and promotes his development and confidence.

If the caregiver suffers from depressive feelings, anxiety, ill health, a low self image or little or no feelings of job satisfaction, she may fail to be "in tune" with the child and consequently she may be less effective with the child.

When the child moves from the security of his own home to a day care situation, this is a big step and the transition must be handled sensitively so that the child can adjust to his new life with a minimum of fuss. Gentle and protracted settling in of the child by the parent, facilitates this adjustment, as does the sharing of vital information about the child's routines, habits, likes and dislikes and so forth. Children can feel secure in day care situations when they are cared for by people they know and trust and when the familiarity of a predictable routine is continued.

Having become secure for the time being that he is a person in his own right and having enjoyed that feeling for some time, the child now wants to find out what kind of person he can be.

This is the period of enterprise and imagination, a period when fantasy substitutes for literal execution of desires and when even a paucity amount of equipment provides material for high imaginings. It is a period when children feel things fiercely - love, anger, pride and need to be able to express their feelings in constructive ways. Moreover, they need to learn skills like self reliance and self control, which they will need later on in life. It is this period of intrusive, vigorous learning that leads away from the child's own limitations into future possibilities (Sears et al, 1957,p.245; Ruopp et al, 1973,p.7)

The more the caregiver provides appropriate materials and arranges intellectual experiences, shows, expands and elaborates the child's activities, focuses the child's attention on exploring, entertains and talks to the child; the more improved will be the child's intellectual development.

The two main avenues for caregiver stimulation and responsiveness are language development and play.

Provence et al (1977,p.84) write that "speech development occurs as a result of the interaction between the child's biological equipment and his experience". However, the mere presence of an interested adult is not enough, it is the conversation that matters - how much the child is talked to and the richness of the interchange, but it is also important to listen to the child (Provence et al,1977,p.84; Rutter, 1972,p.55)

The publication by the Central Council for Education and Training in Social Work (1978,p.141) states that two important facts underscore communication with children. Firstly that children can begin to understand what is said to them at a very young age, provided the appropriate way of indicating to the child is worked out and secondly, the amount they are talked to sets in motion a spiral that promotes their capacity to exchange ideas and feel free with others.

Ramfol (1972,p.62) expands upon the spiral that is set up between adult and child. In following the development of speech it can be seen that between the ages of 15-18 months the acquisition of verbal gestures helps the child to contribute much more to his own care. Instead of having to rely more on emotional forms of communication, the developing speech helps the child to convey his needs verbally. The mother helps in this speech development in that she responds to the child's coos and gurgles with

words. The sounds leave memory traces in the mind of the child and help towards acquisition of language form.

When adults do not speak with children in their care, it is noticeable that the child consequently withdraws into himself.

While a responsive human being is crucial to the young child's development, there is a need also for toys and other playthings that can be used with others and independently. Toys bring to the young child a variety of stimuli or challenges because of their colour, texture, form, size and other physical properties.

Isaacs (1965,p.8) observes that, "play is indeed a child's work and the means whereby he grows and develops". Through play children work out their emotional problems and upsets; they soothe themselves by singing, dancing and climbing. Much of play is social and belongs to the world of fantasy and makes it easier for the child to fit himself into people's attitudes and behaviour. Through play children express the fantasies they cannot convey in speech, nor by painting, modelling and all manner of activities that have no significance for adults.

At an early age the child can be allowed to play on a rug on the floor, but small children should not be allowed to play on dirty floors or in areas where they can pick up

undesirable objects to put into their mouths (South African National Council for Child Welfare, 1958, p.63)

From the age of two years, children should be encouraged to indulge their natural instincts which lead them to climb, swing, tumble, and roll; movements which will develop and strengthen agility of legs, arms and fingers, but simultaneously teach obedience, self-discipline and concentration. Play, by providing ample scope for noisy, aggressive and experimental activity, becomes a safety valve and the means of working off feelings of resentment, guilt and jealousy.

For older children walking should be included in the regime of physical activity, but the child should not be allowed to go by himself without the restraint of a holding hand (South African National Council for Child Welfare, 1958, p.63)

Provence et al (1977, p.87) drawing on Piaget, emphasize the indispensable part that the child's attention to and manipulation of toys plays in the early phases of intellectual development.

In addition to the usefulness of toys for intellectual growth, they serve an important function in the child's emotional life. One of their advantages is their neutrality. The child can use the toy in many ways, to work out his feelings and ideas without evoking an

emotional response from it. He can feel himself in control of the toy. In the long term the child goes through learning to know himself and his environment and the opportunity to play with toys and other inanimate objects provide this experience.

In addition, play also involves companionship of others, both adult and child, which assists children in learning skills like sharing, co-operativeness and helpfulness.

#### 3.4 Caregiver and Child Relationships

Over the course of the first year of life, every home reared infant in a normal family develops a strong emotional feeling for the person who cares for him, plays with him and loves him. This feeling of attachment distinguishes the main caregiver from other more social companions.

The observations and interviews that researchers have used to study caregivers and children manifests that caregivers do have impact on the behaviour of children and their interactions with children include expressions of their attitudes, values, interests and beliefs as well as their caretaking and training behaviour.

Berns (1985, p.23) summarizes a study by Burton White et al in which they examine the fundamental early influences on the development of competence of 400 pre-schoolers who were rated as "A"; "B"; "C";

according to the competencies they displayed. The "A" group were seen as having the following competencies: they knew how to get and hold the attention of adults; got along well with other children; were proud of their accomplishments; used and understood language well; showed a range of intellectual abilities (re: numbers, rules and points of view); could concentrate on a task and keep track of what was going on and could plan and carry out complicated activities.

Group "B" possessed these skills as well, but were assessed as being less proficient at these skills. Group "C" did not attract the attention of adults in socially acceptable ways and remained unnoticed or were disruptive; lacked the ability to anticipate consequences; needed much direction and supervision on projects; possessed simplistic vocabulary and did not understand complicated directions.

The researchers went into the homes of children in these groups who had younger siblings to observe the mother-child interaction. They found no difference in competency among infants, but by the age of ten months differences began to appear and by the age of two years, the children could be classified as "competent" or "incompetent" based on milestones reached. The researchers were convinced that this progress was connected to the parents style of child rearing.

They found that mothers of children in the "A" group designed a safe physical environment for their children, providing interesting things for the children to manipulate - household items as well as commercial toys. The mothers spent more than 10% of their time interacting with the children, but they also made themselves available to share the children's discussions, answer questions or help in an activity. They enjoyed their children and were patient, energetic and tolerant of messes, accidents and natural curiosity. They set limits on behaviour and were firm and consistent in their discipline - they used distraction with infants; and firm words after the child reached 1½ years of age.

The mothers of "C" group children were diverse - some spent little time with their children and they were disorganised. Some were over-protective and pushed their children to learn. Still others provided for their children materially but restricted their children's instinct to explore certain places and possessions. Playpens and stairgates were used extensively.

Mothers in the "A" and "C" groups included representatives from different socio-economic groups and levels of education. Both groups had part-time and full-time workers.

Although this study illustrates that infants can benefit from early stimulation and responsiveness and that the informal education that families provide may lay the foundation for the child's ability to benefit from the formal societal school system. Other salient factors could have important influences on the development of competency. The study fails to recognise the important role that siblings, fathers and other significant adults play in the socialization of the child and the important relief that they offer to the mother, on a casual basis so that she can pursue her own interests. The study also makes no mention of the group and leisure activities which the mother may attend with or without the child. The scale used to rate behaviour has been omitted, which leaves uncertainty as to the extent the researcher's own value systems and expectations impinged on the assessment situation. There is also a lack of clarity about the original 400 pre-schoolers observed and the milieu they had been exposed to and how they had been selected.

Theoretical perspectives on the development of children are concordant that stimulation and responsiveness of the caregiver affects children's development, but there is disagreement as to the extent of the impact the caregiver has on the child's development.

Smirnoff (1971, p.17) states that

Development depends upon many different factors and specific areas of development (such as the acquisition of motor skills, sensory perception, linguistic abilities and emotional responses) follow their own pace, owing to the

gradual unfolding of maturational processes. Thus various manifestations and behaviour patterns cannot make their appearance until certain levels of cortical integration are attained. Until the various systems have reached a certain level of maturation all education remains ineffective. Maturation brings with it learning potential, but the fulfilment of this potential depends largely on the motivation for learning provided by the environmental stimulation.

There are many similarities between Smirnoff's view and that of Erikson: Anderson and Carter (1984, p. 219-226) view the life cycle framework of Erikson as based on epigenetic principles (epi=upon; genesis = emergence) - with one developmental stage occurring on top of and in relation to another in time and space and each integral component of these stages ripples through at the appropriate time and connects to form into a functioning whole.

Erikson (1950, p. 163) describes the unfolding of the human system as

A combination of maturation, socialization and education. Maturation is the process of growth for all members of the species with predictable characteristics. Learning, he claims, is individual growth, new behavioural acquisitions based on the organisms experience rather than its structure. Growth derives from the interaction of maturation and learning.

The first three stages of Erikson's hierarchy (trust vs mistrust; autonomy vs shame; initiative vs guilt), corresponds to the pre-school child. The essence of Erikson's theory rests on the natural unfolding of the child according to 'crises' i.e. times when there is

heightened potential for development and also greater vulnerability. (Anderson and Carter, 1984, p.112)

The "unfolding" carries with it the understanding that different things assume paramouncy at different ages because children's abilities change, the specific need they have for others changes, their social circle changes and the events and issues that dominate their thinking change and these changes in turn affect the kinds of experiences they have with people.

Erikson's conceptualization of stages of infant development and nuclear conflicts places "trust" as the basic emotional learning task for the first year. The sense of basic trust is the child's sense that the world and people around him are dependable. Infants who are given consistent care from familiar, loving people, who are able to respond appropriately and promptly to their signals and expressed needs, nurture the infant's trust in adults, as well as his own ability to express his needs and to have his needs met. The infants positive response to his mother, sets the stage for the development of emotional bonds that are strengthened by repetition of these reciprocal experiences. If a baby enters day care with tenuous or damaged trust in adults or insecurity about his known capacities to have his needs met or to explore the world safely, then caregiving has to concentrate on loving acts by which the adults build the basic trust ... and make themselves available

to the children as a source from which children can explore the world. This availability of adults is an intrinsic part of an optimal infant curriculum.

Erikson characterizes the nuclear conflict of the toddler stage as centering around development of autonomy versus shame and doubt and initiative versus guilt.

During the second and third years of life, children's energy centres on developing a mind and will of their own. Self awareness and the desire to do things for themselves is developing and loving protectiveness is not enough. The toddlers' curriculum must therefore include myriad opportunities for exploring the world, taking things apart, asking unexpected questions and making messes. Such freedoms, structured with safety, nourish in the two to three year olds a sense of autonomy and initiative.

Around the ages of three to six years, curiosity, imagination and the need to experiment normally have a great influence on what they can do and how they view others. Children's sense of initiative grows when they are encouraged to make plans and are given chances to carry out and express their ideas and fantasies safely. (Honig, 1974, p. 633-642)

Wolman (1958, p.45) criticizes the idea of the child "unfolding naturally." He states:

The developmental process is not entirely a matter of biological dispositions, it is also a learning process - whether the child will or will not pass through the developmental stages depends primarily on the child's innate dispositions and upon his interaction with the physical and social environment. Freud did not believe in rigidly set universal developmental phases. He suspected that the way children develop is varied, depending on cultural patterns. The growth of the human personality is largely determined by the individual's life experiences and may or may not foster inherited potentialities, they may encourage or prevent growth and may stimulate development or thwart it.

This viewpoint supports the Piagetian theory of intellectual development. Piaget, contends that a child's thinking goes through stages, each stage built upon the skills and information obtained in the preceding stage; and the child's cognitive development depends not only on the maturation of the central nervous system which entails the gradual control over reflexes, but also on the experiences in the environment. (Kagan 1971, p.130).

He sees these stages as the sensory motor stage (birth to 18 months); the pre-operational stage (18 months to 6 years); the stage of concrete operations (7 years to 12 years) and the stage of formal operations (12 years onwards.)

Piaget postulates that in the early years the child needs chances to learn how the world is organized and how it works and the child learns best from carrying out sensory motor activities with people, places and toys. These

encounters, encourage new learning when the activities are not too puzzling nor too unchallenging. Piagetian theory submits further that the richer and more varied the opportunities for interaction with the physical and social world, the greater a child's chances to accomplish the development tasks of the first few years. (Honig, 1974, p. 633-642; Anderson and Carter, 1984, 170-180).

Piaget thus furnished the justification for manipulating the child's environment in order to provide the learning occasions and experiences necessary to facilitate the infants exploration and growth in competency through the stages of cognition..

Sula Wolf (1973, p.12) puts these views into perspective, "The child's intellectual level determines how he experiences his environment and his social and emotional development has to do with what he experiences", and in so doing, signifies that these theoretical standpoints are justified and can be incorporated into one educational curriculum.

Our knowledge about the effects of the behaviour of caregivers on children's development has also been curtailed by research studies, which until recently, have focussed almost exclusively on the mother as caregiver.

Traditionally the female biological parent has been seen to have the major responsibility for what happens to the

child but there are other substitutes who can and do undertake these caretaking functions.

Fenichel (1946, p. 87) states,

The first object of every individual is the mother. This statement is not to be taken literally for there are no grounds for assuming that the physical act of birth in any way binds the child psychologically to the mother. The person who performs the first care of the child is to be considered the mother.

Mead (1954, p. 477) concurs with this

Anthropological evidence gives no support at present to the value of such an accentuation of the tie between mother and child...on the contrary, cross cultural studies suggest that adjustment is most facilitated if the child is cared for by many warm and friendly people.

Particularly absent from the psychological literature is the infant's responses to the father or to men in general. Clarke-Stewart (1982, p.93) indicates that recent research suggests that the father contributes to the child's development in somewhat different ways from the mother. While his role in providing affection and discipline may parallel hers, the father is more likely to be a special playmate who engages in exciting, physical games and active rough and tumble, which contributes to the child's sociability. He also provides psychological support for the mother and thus affects the child's development indirectly through her. However there is still a lack of knowledge about the effects of masculine attention and male child rearing in single male headed families, which might challenge our ideas about the natural superiority of the woman as socialisers of children (Wortis, 1970, p4)

The work of many experts is used to substantiate the belief that the child must constantly have available the biological mother and that day care by caregivers other than the mother will have harmful effects on the children.

Among the most often cited of such authorities are René Spitz and John Bowlby. Spitz's work in the 1940's established that children permanently separated from their mothers were severely retarded, prone to disease and incapable of human relationships (Breitbart, 1974, p.13). Bowlby's report indicates that the children he selected for study were those reared in institutions, hospitals and foundling homes—and the conclusions he drew concurred with those of Spitz.

In recent years the entire theory of maternal deprivation has been challenged. Rutter (1972, p.49) contends that it is the lack of mothering, not the lack of the mother that causes the negative effects. It is now recognised that both Bowlby and Spitz studied overcrowded institutions, where the children were deprived of environmental stimulation as well as human contact. Rutter (1972, p.15) has attempted to defend Bowlby's viewpoint. Bowlby's early position that maternal love in infancy is important for mental health, has been used to oppose day care expansion. Rutter claims that Bowlby had in fact expressed a more modulated view, and although

he had argued that there was a bias for a child to attach himself to one figure and that this main attachment differed from other subsidiary attachments, he did not dismiss the idea of people other than the mother fulfilling the caretaking role. To support his contention, Rutter (1972,p.15) provides the following quotation from Bowlby's work:

Particular care needs to be taken to ensure that alternative arrangements for mothering have regularity and continuity if the mother goes out to work, but given this, it may work out alright...there is good evidence to suggest that if children are provided a stable relationship and good care by mother surrogates, then the child will not suffer untowardly by parent-child separation."

Clarke-Stewart (1982,p.32) argues that children in day care are not deprived of mother love or even maternal care; they have that love and care before they are placed in day care and continue to experience it at the end of every day. She contends that conditions associated with lack of mothering are not found in most day care centres or day care homes today

Fears about harmful effects of day care have persisted. One major concern focuses on the mother-child relationship and considers that infants in day care are deprived of their proper relations with their mother.

Researchers have attempted to determine whether childrens relations with their mothers were affected untowardly by a relationship with another caregiver. The best solution devised so far to ascertain this, according to Clarke-Stewart (1982,p.70) involved placing the child in

a mildly stressful situation - alone in an unfamiliar room with a stranger and observing his reactions to his mothers' leaving and returning. Some children in this situation cling to their mothers and won't let them leave the room. Other children ignore their mother's departure, and when the mother returns they actively avoid her. Still others are ambivalent in their reactions - clinging to their mother one moment and spurning her the next. Most children however, show a balanced pattern, which is referred to as "secure attachment". They are able to leave the mother's side and explore the toys and the room, but they clearly prefer to be with her rather than a stranger, and as the mother begins her comings and goings more frequently, on the researcher's request, they show more concern and are likely to stay close to her.

The test situation may not be the perfect solution to the assessment of attachment, but it does give a measure that can be assessed, is relatively constant over time, and related to the child's behaviour to the mother at home. This assessment situation has also been used to find out what kind of relationship these children form with caregivers. According to Clarke-Stewart (1982,p.71) the findings from these studies signify unequivocally that children in day care remain attached to their mothers. They may also form an attachment to the caregiver, and this caregiver is preferred to a stranger, but children still overwhelmingly prefer their mothers to this caregiver. They go to their mother for help, stay

closer to their mother, approach her more often, interact with her more and go to her rather than the caregiver when distressed or bored. These studies have found no difference in attachment behaviour to the mother between children in day care and maternal care children, although day care children may be more accustomed to separation from their mothers. Breibart (1974,p.14) supports this view, she says "there are now several studies of children whose mothers work and none of these reveals damage or defects. She (1974,p.14) summarises a study by Ivan Naye and Lois Hoffman, in which they compare children from families that are alike in almost every way (size, race, age, intactness, income) except for the fact that one group of parents worked. They have shown that there are no significant differences in physical fitness or social or emotional differences between these children.

Breibart (1974,p.15) concludes that the controversy is not around what the child needs as much as how, where and by whom the child will receive it.

Specific questions have however been raised about the effects of multiple caretaking on children's emotional and intellectual development and doubt has been cast upon whether in group settings sufficient adult attention can be given to each child, to ensure his intellectual growth.

Yarrow and Pederson, in their article "Attachment: Its origins and consequences"(1972,p.5 ) support the view that "many different caretakers allow little opportunity

to relate to one person on a stable basis, but group care may still result in attachment if one person has a distinctive relationship with the child. This relationship should include sensitivity to signals, interpreting the signals accurately and responding promptly and appropriately to the signals."

The Royal College of Psychiatrists in London (Adcock, 1982, p.5) concurs with the view expressed by Yarrow and Pederson, and caution that "in situations of multiple-caretaking, attention needs to be focused on whether the attachment needs of the children are being adequately met."

Perhaps anthropological evidence advances the most convincing countermeasure to concerns about attachment. Mead (1954, p. 477) denotes that "cross cultural studies suggest that adjustment is most facilitated if the child is cared for by many warm friendly people..."

All these controversies and fears about harmful effects of day care on children's development have held back day care expansion. The problems are profound and complex and unlikely to be resolved easily in the near future.

### 3.5 Home-based day care

While the mother is at work, day care for pre-school children can be provided in the home by a relative, for example, the father, grandmother, older sibling; or a non-relative, like a friend, maid or a childminder.

This may be a universal form of day care and it must have a long history, yet we remain unenlightened about its magnitude - perhaps because it is so private, diverse or because it approximates care by the mother.

Latterly, research studies have been effected to examine quality of care provided by relatives and non-relatives in domestic settings.

Studies carried out by the American Public Welfare Association (1985,p.121) indicate that care by relatives appears to be primarily influenced by work, marital status, race, education and income. Relatives continued to play an important role for single parents, providing 40% of the child care, black women, females with less than high school education and women whose incomes are low.

The research conducted by the Jackson's (1979,p.89) in England, exposed the multi-form character of day care; Asian working mothers tended to rely heavily on care by grandparents, whereas in West Indian communities, older siblings were used to fill in for several hours on a regular basis, but it was also common practice for the West Indians to leave their children with the extended family whilst parents lived and worked in urban areas.

A study by the Community Relations Commission (1975,p.3) in Lambeth (London), Leicester and Slough with 126 mothers in unskilled or semi-skilled work, revealed that 1 in 3 (both white and black mothers) used the double

shift system which entailed parents alternating work shifts.

The study also found that one in three ethnic minorities used unrelated day carers as compared with one in six white mothers. Whilst it is realised that regional and local variations in employment of women and differences in the local survival of the extended family could account for the findings, the study added a new dimension by demonstrating that disproportionate numbers of ethnic minority mothers who go to work, make use of unrelated day carers.

The study by the Jackson's provided yet further insight, as middle class and working class parents were found to differentiate in the type of day carer they used. The middle classes in England tended to use au pairs, which have in part taken over from the disappearing servant, whilst childminders tended to serve the poorer groups in society. Jackson (1979, p.18) says "Those who look to them are the families where both parents work and where pay remains modest and also other low income groups like single parents and migrants.

Various South African publications, inter alia The South African Institute for Race Relations (undated, unpublished, p.4), Francine Klein (1983, p.79) and Morphet (1985, p.35) all concur that in black communities home based day care with older siblings, childminders,

neighbours or other relatives is the most admissable for parents. Moreover, the more affluent families retain live in help to provide day care for their pre-schoolers.

Various suppositions are made about home based day care which have been evaluated in several research studies. Firstly, home based day care is considered to be beneficial for very young children because the day carer acts as a surrogate mother and provides good quality care in a home situation. The American Public Welfare Association (1985,p.119) drawing on a four year home study confirm that some 5,2 million children are cared for ten or more hours per week in 1,8 million family day care homes. More than 50% of the children receiving full time care in family day care homes are under six years of age, making this the most prevalent form of day care for infants.

Francine Klein (1983,p.79) confirms that in Alexandra pre-schoolers "many of them infants are left with home-based day carers"

One of the first published studies which considered quality of care given by registered childminders was carried out by Mayall and Petrie in London (1977,p.1-34) They studied thirty nine registered childminders in four London Boroughs and are of the opinion after interviewing the childminders and mothers, and observing the interaction between twenty seven children with their childminders and comparing it with the interaction

between the same children and their mothers, that the day carers were not acting as mother substitutes and that there was only minimal involvement with the children. They were perturbed that children generally spent a low level, unstimulated day in unchanging, often cramped surroundings, and were merely added to the day carers' daily routine. Of the thirty nine childminders studied, the researchers concluded that few were motivated by concern for the children, but appeared to provide care for their own convenience. A large proportion of the childminders in the study had attended training schemes and were receiving above average support services from their Social Services Departments.

Although the study demonstrates that being registered, trained and given support services are not necessarily guarantees of quality of care, the study omits some salient points. Firstly, we do not know how typical the day carers are since they were not randomly sampled and came only from four London Boroughs. Secondly, there is a lack of details about nationality, race and gender in relation to the overtures made and it is uncertain whether there could be a connection between these variables and the children's gestures of affection.

Brian and Sonia Jackson studied services provided by illegal childminders in London. In their book "Childminder" (1979, p.20-110) they drew attention to what they saw as an intolerable state of affairs; they described it as one in which thousands of children were

spending each day in inadequate, overcrowded and unstimulating conditions, badly cared for physically and suffering from frequent moves from one childminder to another. They gave graphic examples and made dramatic estimates of the number of illegal childminders in England.

The Jacksons appeared to be convinced that the legislation, if used positively, could have an effect on the quality of care provided by day carers. The Jackson's (1979,p.42) levelled criticism at the Local Authorities for using the legislation punitively and for instituting drawn out registration procedures, which effectively filtered out childminding applicants. The 1948, Day Nurseries and Childminders Act (see Appendix A) focuses essentially on health and safety issues, record keeping and prosecution for illegally childminding, and specific criteria to assess quality of care are left to Local Authority interpretations.

A study by the Community Race Relations Commission (1972,p.2) indicated that the Day Care Legislation imposed an obligation on the Local Authority to register day carers, irrespective of the quality of care they offered, and this resulted in extensive checking out of applicants, which delayed registration. In practice also, the Local Authorities were unable to trace all the situations in which children were minded, in order to register the childminder. Day care Legislation has also been enacted in the United States of America and the New

York City Regulations on Family Day Care Homes (see Appendix B) portray similar emphasis on health and safety issues.

Mlotshwa (1985,p.3) confirms that legislation in South Africa manifests a similar preponderance to health and safety issues. The Children's Act of 1960, imposes a duty on day carers with more than six children to register as a "place of safety" and they are then subject to regulations imposed by the Local Health Authority.

The mere enactment of legislation, does not necessarily ensure compliance and the emphasis on health and safety issues, serves, once again to substantiate the belief that professionals have the theoretical knowledge to evaluate mothering relationships and criteria relating to quality of care are therefore unnecessary.

Another widely held assumption is that day carers can provide each child with personalised attention. Bryant et al (1980,p.218) found in their study in Oxford, England, that minders are heavily committed domestically to their own families, who take up most of their time and who come first in their order of priorities. They considered that day carers are probably not providing as much attention and stimulating play as they might for the children, but they thought that it was not necessarily true that childminders did not have a caring interest in the children they mind. The prevailing feeling was that life at the childminders is more like life at home than

life at school, but it offers children less interaction with an adult than they would possibly have with their mother.

Clarke-Stewart (1982,p.50) drawing on a study by Blehar and Langman, (undated), which elicited childminders opinions about the sort of things they should know about, revealed that children's feelings and problems featured low down on the list. The study concluded that children with day carers were incorporated into the day carers family and not given personalised attention. Bryant et al (1980,p.218) challenge the assumption that a childminder's experience as a mother should equip her to forming a different sort of relationship with someone else's child. They posit that this type of relationship requires a long standing commitment and investment in the child that goes beyond day care arrangements.

A further assumption made is that the mother has more control over what happens as she can give her instructions directly to the day carer. The major disadvantage of day care at home is that these homes are the least accountable to parents for their actions. A day care home is not open for public inspection and the mother has no real knowledge of what happens during the day and may feel too embarrassed to insist that the day carer tells her.

There are two final assumptions about home based day carers that will be dealt with simultaneously; i.e.

that the day carer offers both a flexible and accessible service for children. Jackson (1979,p.24) states that parents may prefer "the unstimulating care offered by the auntie in the next street or the paid childminder across the road" and Morphet (1985,p.35) describes the home-based service in Soweto as "a flexible, dependable and accessible service which parents can count on to work consistently and with minimal demands on their already overstretched resources".

Children who are minded near to the parental home are in a familiar neighbourhood, where people are likely to share the parents values and circumstances, and at the same time a different home also offers the advantage of new experiences, relations with a different family and usually with other children of different ages.

Although there is no "typical" day care home, Clarke-Stewart (1982,p.50) provides a pen picture of life in a day care home.

Nearly all day care homes provide full day care and give the children lunch and snacks. They are usually single family homes with outdoor play areas. Most have only one to three children in care at any one time and this is likely to include the day carers own children.

The typical day carer is married, in her 30's with some experience of day care activities. Her husband is stably employed and provides a comfortable income. She provides day care because she is fond of children and usually offers a positive, supporting environment. All day carers controlled children by directives and suggestions, but physical punishment was also used. On average day carers spend half their time involved with the children and the rest on housework or personal activities. When

they interacted with the children, in addition to feeding, washing and dressing, they chatted, demonstrated how things work, read stories, and played games. They did not give formal lessons.

Children tended to spend half their time playing alone, but usually they were actively involved in play, not just aimlessly wandering about. They interacted with the day carer only 13% of the time and with peers only 5%.

The investigator takes cognisance of the fact that the "typical" day care home described, reflects standards and activities in first world situations and that a thumb sketch of a "typical" day care home in a black, third world community may vary considerably from the above description.

The realisation that legislation did not provide the solution to poor quality day care, seems to have resulted in a transposal of attitudes, from negative to positive based on the beliefs that day care is here to stay, has a positive side to it and is susceptible to improvement. In England, initiatory networks to train, supervise and support day care workers have been established, but their long term effects on the quality of care are still open to conjecture. According to the Community Race Relations Report (1975, p.3), Local Authorities attempt to raise the status of day carers by setting up support systems to cover the need for regular visits to day care homes, to improve the recruitment of day carers, to give financial assistance for equipment and establish day carers groups

with training opportunities and play sessions for the children. It is generally believed that support groups can assist in the development and growth of day carers, enhance their sense of self worth, serve practical purposes, like making emergency arrangements for day care, serve as social contact points, informal training forums and act as a base for other support services, like bulk buying schemes for educational materials and food.

It has been posited that well established day care centres can integrate day carers into the wider pre-school world and create and support an improved day care service. The impetus for this coalescence emanated from the realisation that it was improbable that high quality creche services are likely to proliferate, together with the belief that babies are happier in home situations but that family day care homes are frequently of poor quality and inadequately supervised

A variety of linking schemes are in operation today. In France, (David and Lezine, 1975,p.78) and in America (Ruopp et al,1973,p.132), the linkage appears to be indirect, in that day carers operate from their own homes, under auspices of an agency, which in America is usually a welfare agency and in France is a nursing service agency. Parents fees are paid directly to the agency and day carers are paid by the agency. The centres provide curricula, materials and equipment, emergency services and training for comprehensive child care. The difficulties encountered are still the lack of

space in day care homes, and the curricula provided are not geared to making the day carer aware of specific problems children face when they enter day care homes and are confronted with the day carers own children and have to share other childrens' parents, facilities and so forth.

In England, linkage with the centre, is more direct. Day centres act as a "Drop-in" centre for childminders on specific days, offering valuable premises where childminders can meet and exchange information amongst themselves and with centre staff

which it is hoped will encourage the development of more professional attitudes. This arrangement allows for minded children to have access to play equipment not normally available in the home and to mix with peers, but simultaneously serves as a social contact point for day carers and a storehouse for books, records, toys and other items bought in bulk. For this type of linkage to be successful, important practical problems have to be attended to, such as frequency of use, hours of use, number of children that would cause a disruption to the operation of the centre, integration of minded and centre children, as well as role of staff members and day carers vis-a-vis discipline, involvement in activities and overall responsibility for children. The Jacksons (1979,p.250) are of the opinion that at times day carers may be able to serve as back-ups for emergency cover for the centre, but as unsalaried workers they cannot be

required to accept the responsibilities, controls and supervision that will be expected of them in linking schemes.

Various writers, inter alia (Early Learning Centre, Entokozweni Progress Report, (1978, p.1); Masango, (1984, p.1) and Malepa, (1984, p.1) make reference to established schemes linking centres and home based day carers in Soweto, Alexandra and Entokozweni. In these schemes home visitors are attached to the pre-school centres, and visit day carers who elected to affiliate to the scheme. The home visitors are usually mature women, with no academic qualifications, but who receive some training in various aspects of child care and have the task of educating the day carers. It has been found (Steffi, 1975, p.280) that unless the roles of home visitors are spelt out clearly, and the goals are clear and explicit, home visitors and day carers often struggle about how best to use their time together.

Day care schemes set up in South Africa tend to include bulk buying schemes and toy library services, and in some projects, participants are eligible for sponsorship.

Entry to day care schemes appears to be voluntary, and although this minimises initial resistance to monitoring, it does not ensure that day carers who provide poor quality care will elect to enter the scheme and, in fact, frequently excludes those day carers who provide poor quality care. Day care schemes cannot ensure that day carers will reach a given standard of knowledge and

behaviour or will put into practice what they have learnt. The home visiting programmes are frequently supplemented by more formal training courses. The belief that with more training day carers will be able to provide better quality care, appears to be based more on faith than on actual evidence and the fact that day carers may not want it or feel they do not need it, is regarded as a challenge rather than a possible indication of barking up the wrong tree. Morphet (1985,p.29) provides some insight into the resistance to training courses. He states "Courses bring with them a fundamentally different or new way of understanding and practising child care". Implicit in this statement is the fact that day carers will have their roles and usefulness questioned, which for many, may be threatening.

Recent research evidence calls into question the value of training courses. The Jacksons (1979,p.207) appraised the effects of an intensive training course set up for day carers in London, six months after the training occurred. They concluded that the training course had failed to alter the standards of care offered by the day carers. Their ratings of success were partly based on the procurement of safety equipment which was unlikely to occur without financial assistance from other sources, but they recognized that the day carers were also being asked to refute traditional practices and attitudes with regard to mothering, without there being any dialogue and

without the teacher being prepared to learn about other forms of parenting and value systems. The Jacksons's concluded that incremental training is more likely to be effective in the long term, but training will have to augment the copious personal and traditional experiences which people hold, more or less unwittingly.

Piaget's theory provides a theoretical framework for understanding why day carers may be unable to benefit from concentrated training courses which introduce new ways of practising child care. According to Anderson and Carter (1984, p.170-180) schemes are the structural units that lie at the heart of Piaget's system. They function as the mediating process, forming a kind of framework into which data must fit. The framework continuously changes its shape to allow the data a better fit. Reality, Piaget contends, is structured by the schemes we have built up through our early years. There are two fundamental characteristics of schemes; organisation and adaptation. Every act is organised and the dynamic aspect of organisation is adaptation. Adaptation in turn, takes two forms, assimilation and accommodation. The person attempting to fit new experiences into old schemes, in order to accept it as previous experience, is trying to assimilate new knowledge. Accommodation occurs when the person modifies his old scheme to accommodate the new experiences. Training courses which involve unfamiliar standards and expectations and which occur within a short intense period cannot be easily accommodated or assimilated into old schemes.

Wattenburg furnishes yet another dimension which has implications for the design of training courses. She declares that day care providers are not a "class" of persons with broadly identified features, but are constituted of sub-groups and the characteristics of these groups have implications for training strategies. Wattenburg (1977,p.211-225) in a two year project to improve family day care in Minnesota, identified four clusters of day carers in terms of their attitudes to training. The first group, the seasoned day carer, who forms the bulk of day care providers, is usually defined by total absorption in the maternal role. She has a high degree of home-centred activities, considers work outside the home as a last resort and defers her own needs to those of her family. To some of these carers, the idea of training is undermining of their natural talents. These providers find the peer group on a neighbourhood basis, where "support" rather than "training" is the manifest purpose, the most engaging format.

The second group consists of modernised providers who have a high correlation of previous experience in the labour market and are likely to return to work. These providers see the benefits of "professionalisation" of day care and will participate extensively in training with particular interest in accredited coursework. Long term commitments to training and locations outside the neighbourhood, were not deterrents for this group.

The third group were novice day carers who were unsure of their commitments and unwilling or unable to invest time and energy in training and were likely only to attend casual, short-term and easily accessible training courses.

The last group were transitional providers who start out with short term commitments and home based training. Their interest in training may be cumulative and a sequential pattern of training opportunities can be designed for this group.

In South Africa a fifth group of providers can be identified. Day care given by siblings, which resembles the traditional structure of child rearing patterns, but also emphasises the lack of work opportunities as a prominent feature in black communities. These providers have low education and may have little motivation to attend training courses.

If different groups of day carers do exist, then policy as regards training has to provide for the educational needs and learning patterns of each cluster of day carer. Furthermore, the training options should be underpinned by a continuing education principle formulated on a progressive basis, beginning with home-based training and moving up to more formalised coursework.

Jack Tizard (Bryant, 1980, p.16) presents a powerful argument demonstrating the irrelevance of training, unless other incentives of commensurate remuneration and

career development structures are also given attention. He contends that day carers do the work for their own convenience- and often short-term because it fits in with their domestic commitments, not out of informed, caring interest in children. The poor rates of pay, he regards as indications of their low and exploited status and of the residual nature of the job. He concludes therefore that training schemes are unlikely to affect the attitudes of those currently minding, who have nothing to gain by improving the way they mind the children. Tizard's misgivings are substantiated by The American Public Welfare Association (1985,p.131) which indicates that "quality and cost issues are complicated by the low wages traditionally paid to the day carers which results not only in high staff turnover, but also creates a sizeable group of women whose earnings place them below the poverty level". The evidence seems to demonstrate that whilst the importance of day care goes unrecognised and whilst day carers do not receive a salary commensurate with the work they do, they may be less motivated to improve the quality of care they provide. Subsidisation is provided in Britain and the USA and recently in South Africa when parents are unable to meet the full costs of day care.

### 3.6 Centre-based Day Care

Centre-based day care is the most visible and easily identified day care arrangement and the one that most people refer to when they speak of "day care". It is not a new phenomenon. Its history as a formal recognised

service goes back well into the last century and its popularity has waxed and waned with changes in social, economic and political circumstances (Clarke-Stewart, 1982, p. 40)

Day care programmes may be sponsored by government or non-governmental organisations, they may be under educational, medical, social welfare, industrial, co-operative or other auspices and may, in some cases, be operated by individuals. The programmes may be financed by government, industry, parents fees, philanthropic contributions or by a combination of these methods (United Nations, 1965, p. 14).

The investigator will initially consider, some universal assumptions which governed early day care provision as well as examine the research studies and experiments which have challenged the validity of these commonly held assumptions and provided a new orientation for day care practice.

The first assumption is that education comes through institutions.

The experience in America aptly demonstrates this supposition. During the 60's there was major government involvement in early childhood programmes, which were titled, "Project Headstart". These programmes received their impetus from the "War on Poverty", substantiated by the work of researchers like Bloom, Hunt and Piaget who stressed the primacy of the first few years and the

necessity for the search for interventionist strategies that could provide an ameliorative countermeasure to the worst effects of social and cultural disadvantage.

It was envisaged that pre-school education with intellectual development programmes as a pivot, would break the cycle of deprivation and that later benefits in national achievement would follow.

An evaluation towards the end of the 80's revealed that the programmes had failed as a means of overcoming poverty as early cognitive gains were found to cancel out over the primary school years. A multi-pronged attack by Social Scientists redirected attention to the fundamental influence of the home circumstances on the motivation to learn.

(Evans, 1975, p. 497; Davids, 1984, p. 5; Clarke-Stewart, 1982, p. 40; Short, 1984, p. 7; Goodlad et al 1973, p. X)

The Jacksons support the view that the home background is the chief factor in a child's success or failure at school. Drawing on Jencks (undated), they say (1979, p. 241) "Variations in what a child learns at school depend largely on what they bring to the school, not on variations in what the school offers them".

The second assumption for centre based provision is the belief in professionals. A day care centre is only as good as its staff, and until recently, day care staff have been decidedly homogeneous. Day care has been the province of young or middle aged with some qualifications

in child care. Ruopp et al (1973,p.14) question the myth that good pay will attract people with degrees and ensure a good programme. They suggest that it is as important to have sufficient staff as it is to have well qualified staff, and they advocate a good mix of staff with a variety of experiences which can be deployed in the programme. Other writers, inter alia Provence et al (1977,p.240) and the United Nations (1969,p.15) fully concur with the view expressed by Ruopp et al, but caution that there should be equal conviction that there are identifiable bodies of knowledge and skills that can be learnt only through prolonged and arduous professional education; and recommend that training programmes devised should carry opportunities for in-service and ongoing training of staff members.

Slabbert and Thomas (1976,p.33) in their study of pre-school facilities for "coloured" and "black" children in Greater Cape Town, emphasize that centres for blacks have only a few black women who attend short, teacher aide courses, which cannot be equated with fully qualified professional training. Of the fourteen centres they studied, all, but one staff member had attended workshops and their prevailing impression was that the experience had a direct positive impact on the way the centres were run. Staff were found to be amenable to training, but limitations of finance and work release posed insurmountable obstacles. Ruopp et al (1973,p.22) further advise that good in-service training programmes usually go hand in hand with career development

opportunities and motivate staff members to acquire the skills they need to move up the child care ladder and this in turn, will have direct impact on the needs of growing children.

There are also other practical problems which may make centre-based facilities less acceptable for working mothers. Often these centres are inconveniently situated at some distance from the child's home and they tend to keep predictable hours which may not correspond to the working hours of the parents.

If one looks inside the facilities, it appears to be an extension of the middle class home in its perceptions of children's needs and its patterns of child rearing. This is not the way that most working class parents relate to their children. The South African Institute of Race Relations (unpub, undated, p.1) recognises that there will be a widening gap between the most disadvantaged home and the education system, which may result in the child experiencing difficulty with reconciling the experiences in home and the centre; and advocates that increased participation from the parents be fostered in centre activities. Finally pre-school centres tend to cater for children from three years of age. The Jackson's (1979, p.240) proclaim that at three years of age, this education comes too late and is contra-positioned with experiences in the domestic setting.

In comparison with other day care arrangements, centres have certain advantages. For the most part they are relatively stable and are publicly accountable. They usually have some staff with training in child development and are likely to offer children educational opportunities and the chance to play with other children in a child-orientated, child size, safe environment with materials and equipment.

### 3.6.1 Programmes, Peers and Space

In research studies comparing different day care centres it has been realised that any educational programme is better for children than no educational programme at all, but the kind of educational programme matters even more.

In one kind of programme the teacher is very controlling, directive and didactic and the entire programme is structured, with emphasis on intellectual and academic skills. At the other extreme the teacher guides, encourages and helps, but does not control the programme. These open programmes give priority to children's enjoyment, self expression, creativity and sociability.

As may be expected, these programmes have different effects on children's behaviour. Children who have participated in 'closed' programmes are found to rate low on independence, co-operation, initiation, imaginative play, play with peers, physical activities and aggression; whereas those who attended 'open' programmes

perform poorly in task orientated activities and in test situations (Clarke-Stewart, 1982, p.78)

The findings of Cleave et al (1982, p.163) indicate that the British pre-school programme is based on maturation theory. They studied various types of day care provision for pre-schoolers in England and found that although day carers and day nursery staff emphasised child care and family support; and play group leaders and teachers stressed social experience and practice in basic skills, that there was generally a belief in the "natural unfolding of the child". Space in the pre-school centre was organised so that the child could unfold through the medium of play from small compartments and restricted areas, set out as activity corners.

Bettleheim and Takanishi (1975, p.xi) examined early school programmes in Asia, which are analogous to facilities in the U.S.A. and established that these programmes were based on intellectual theories of Piaget and other exponents of cognitive development theory.

Feshbach (1973, p.40) compared the early school programmes of the U.K. and the U.S.A. and corroborate the findings of Cleave et al and Bettleheim and Takanishi. Feshbach determines that the roles of teachers are derived from the theories which anchor the curriculum, as teachers in the U.K. were more of resource persons and the children were allowed and expected to be more independent; whereas

in the U.S.A. there was more direct intervention and supervision of the children.

Generally, curricula do not conform exclusively to one theoretical perspective and are designed to develop the child as a whole; and incorporate both Piaget and Erikson's contributions. The focus is thus on the socio-emotional, physical, perceptual and cognitive aspects of development and programmes are likely to involve both structured activities and free play.

Slabbert and Thomas (1976,p.4-12) in their study of pre-school facilities for "coloured" and "black" children in the Cape, found that centres for black children identified the application of an education method as the primary objective of the centre....

but it is quite evident that most of the centres at this stage are far too busy coping with basic care and supervision of large numbers of children, constrained by a severe lack of staff, so that they are hardly able to fulfil those fundamental goals stated by themselves...saying this does not refute the general impression that most of the centres try to offer a stimulating programme for the children.

### 3.6.2 Places

Researchers have investigated the effects of variations in space, equipment and materials in day care settings in an attempt to find out how children's behaviour and development are influenced by the physical setting.

Space, seemingly is related to both size of the classroom and to the number of children in class. According to

Clarke-Stewart (1982,p.83) several researchers have set up experimental playgroups in different sized classrooms. These studies demonstrated that limited space was positively correlated to the display of aggressive and aimless behaviour.

However, it was found that the organisation of space is as important as the adequacy of space. Space that allows privacy and quiet and where different types of activity can be carried out may be more beneficial than simply more square metres of play area.

The quality of outdoor space is also important in that space which is safe and aesthetic is more interesting and stimulating for the child than drab and uniform space.

According to Slabbert and Thomas (1976,p.23) guidelines for indoor and outdoor space have been laid down by Health Authorities, but facilities which are not in receipt of grants-in-aid, need not conform to these requirements.

### 3.6.3 Materials

Materials that go into activity areas are also important as different equipment assists different muscle development and social interaction. Outdoors, with playground equipment, children do more running, rough and tumble play; they are less aggressive, more co-operative and sociable. Indoor in the dramatic play area, children

also talk more and have complex social interactions. In building construction areas and academic areas their play is complex and they use the materials constructively. Small toys also evoke less complex behaviour as children do with the toys what the toys suggest.

The complexity and intensity of children's involvement with materials is also influenced by the number of activities offered. If there are limited materials available or the equipment is inflexible children spend their time waiting and watching and their play is generally of a very low complexity and intellectual value. The importance of caregiver involvement should not be under-estimated. Caregivers need to be available to train children how to utilise materials, but they also need to interact with children when they are using the materials. It is thus a combination of good materials, space and responsive caregiver behaviour that is the best prediction of positive outcomes for children.

#### 3.6.4 Peers

One reason why many parents choose group day care for the children is because of the maturity that children gain from peer interactions. Playing with another child, it has been found, is more complex and cognitively challenging than playing alone. According to Clarke-Stewart (1982, p.86) studies show that with a familiar playmate children's social play is more interactive, co-operative and connective. This suggests that experience

with even one other peer might benefit the child by giving him opportunity to practice more advanced social skills that occur with such a friend.

There may however be limits to the number of children it may be beneficial to interact with. Clarke-Stewart (1982,p.87) cites a national day care study in Atlanta, Detroit and Seattle, U.S.A., which indicated that in large classes there was more crying, hostility and apathy, less conversation, co-operation, innovation and elaborate play. This behaviour, may, of course, be a manifestation of lack of caregiver attention. Children's behaviour in day care depends both on interaction with peers and adults. Their development is affected not just by experience with other children, but by experience with peers in the context of adult-guided activities. The importance of the caregiver underlies and complicates the issue - as the caregiver is a pivotal figure.

### 3.6.5 Staff-Child Ratio

The staff-child ratio is simply the number of staff available to care for the number of children served. The ideal staff-child ratio is a widely debated issue, but the observation of Ruopp et al (1973,p.17) is that as the number of children per staff member rises, quality in a number of areas suffers.

Stabbert and Thomas (1976,p.82) recommend a minimal staff-child ratio of 1:20 and a maximum ratio of 1:12 for

pre-school centres catering for three to six year olds. In addition to care duties, time also has to be spent on non-teaching duties like cleaning up and paper-work, meetings and a host of other tasks.

Once staff have been hired, it is important to see that staff morale is high so that individuals can be effective in their roles. One way to do this is to make sure that all staff members have well-defined jobs and that they have time enough to do their work.

Initially there has to be some orientation to the programme and its philosophy, goals and procedure but staff need to be continuously au fait with changes in these aspects, as well as involved in planning programmes for individual children and talking about their jobs on a regular basis.

#### 3.6.6 Relations with Parents

In its basic form, parent involvement with the centre is really just communication; it's the staff and the parents sharing information about children and about centre practice, procedures, goals and programmes, not only at the admissions interview, but also in regular staff-parent conferences about the child's progress.

Parents need information about how their children are doing in the centre and a chance to work along with the staff on the child's progress and problems. Staff should

therefore ensure that parents understand that their child's growth and development in the programme are closely tied to his life at home and information sharing should be a reciprocal process. Many centres go a step further and offer parents a chance to participate in the programme in ways they feel comfortable with and that are meaningful to them. Of course, not all parents can or want to participate in centre activities and policy making. Ruopp et al (1973,p.442) assert that most people who need day care are employed and are tired after a full day at work and still have to cope with heavy home commitments. Often too, people using day care are single parents who cannot afford a babysitter whilst they attend the centre. "Non-participation by some parents doesn't mean that they are not interested in the programme, it means that they are human and have multiple demands to meet" (Ruopp et al,1973,p.442)

Day care centres can't replace parents nor should a centre compete with a child's family for his loyalty. Day care is a co-operative venture in which the centre is temporarily sharing responsibility for children and providing another place where children can feel at home and be themselves. If staff can do their jobs with imagination and warmth, they are providing quality care. Ruopp et al (1973,p.12) express the opinion that "if day care is to serve the community, if it is to serve the parents, then it must first serve the children".

In conclusion, reference has to be made to the appropriateness of the transition from first world standards to those of the third world. Many of the problems and issues highlighted with regard to pre-school centres are pertinent and appropriate for technologically advanced societies and may appear less relevant and urgent in the context of Khayelitsha.

The investigator has made some attempt to incorporate issues pertinent to third world communities in the foregoing discussion, but as there is a dearth of data pertaining to pre-school care in black communities, one can at best mirror but a fragmented image. Slabbert and Thomas (1976,p.71) confirm the lack of data vis-a-vis pre-school care in black and coloured communities, "data is not well integrated onto the main body of literature and research on pre-school care and education in South Africa in general.

## CHAPTER 4

### RESEARCH PROCEDURE

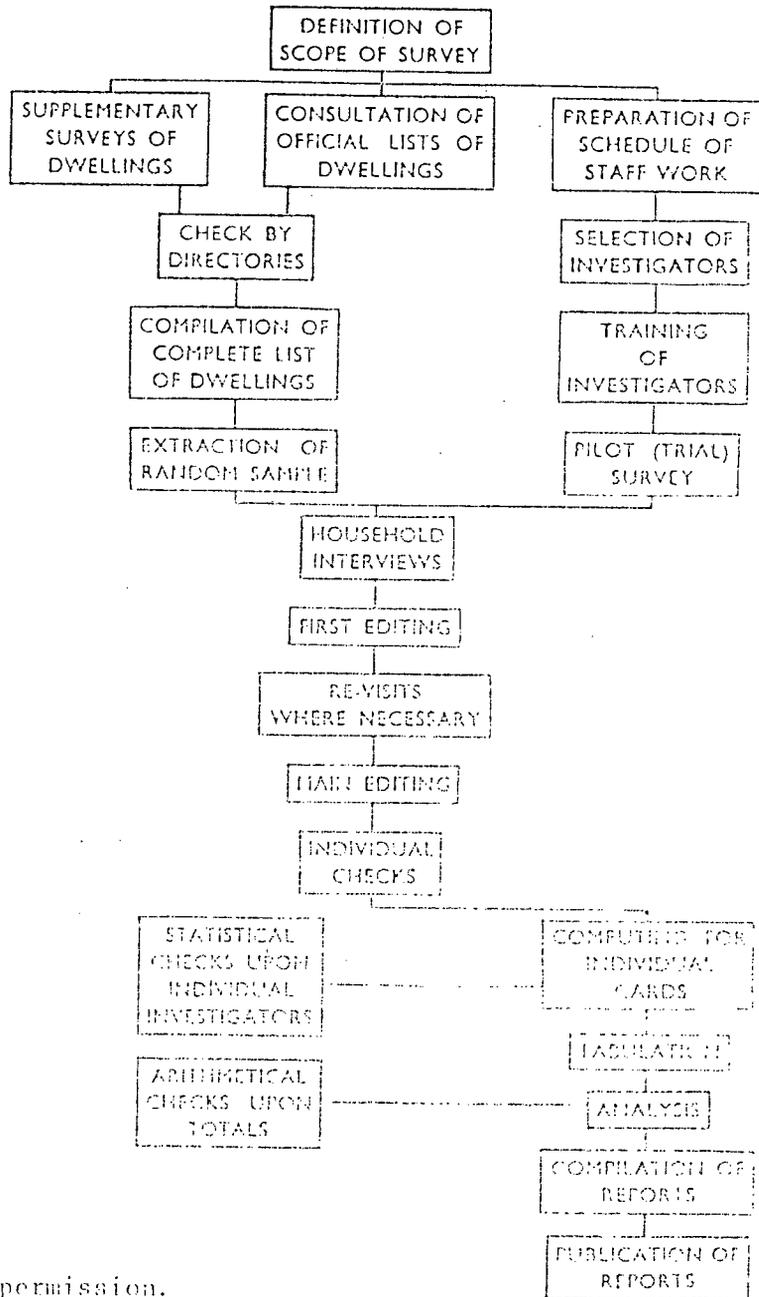
#### 4.1 The main sequence of operations in a survey

Diudlo (1983,p.24) drawing on Batson (1942) uses as his guide the "Social Survey of Cape Town". This Social Survey had introduced the methods and techniques of social surveys to South Africa in 1935. The survey has a diagram of twenty two steps which was published for the National Social Survey Conference in February 1942. A diagram of the survey is included.

The model makes use of many interviewers and encompassed steps which would not be applicable for a small study. However, with some modification, the model could be applied to this study.

The investigator thus used an abridged version of the model, and some aspects of the model will be covered in this chapter, whilst initial aspects may already have been covered.

**REPRODUCTION OF SOCIAL SURVEY OF CAPE TOWN AS PUBLISHED  
TO THE NATIONAL SOCIAL SURVEY CONFERENCE IN FEBRUARY 1942**



By kind permission.

## 4.2 Methodological Steps

The framework for this section includes the following steps: gathering background information; exploring the feasibility of the study; choosing the sample; design of the questionnaire; interviewing respondents; recording data in practice; editing and arithmetic and individual checks; tabulation; analysis of the data and possible biases.

## 4.3 Gathering background information

This took the form of :-

- 4.3.1 Meeting with people involved in day care provision in Cape Town.
- 4.3.2 Attending meetings organised by the Black Sash with local residents outside of Khayelitsha.
- 4.3.3 Attending meetings organised by Western Cape Development Board with Welfare Organisation contemplating involvement with pre-school children in Khayelitsha.
- 4.3.4 Attendance at meetings of residents in Khayelitsha.

### 4.3.1 Meeting with people involved in day care provision in Cape Town

These meetings were used to arrive at an understanding of current day care provision in Cape Town and to procure information about future trends of day care provision in Cape Town.

The investigator met with staff from Grassroots Education Trust; Early Learning Resource Unit; South African National Council for Child and Family Welfare; Child

Welfare Society; Western Cape Development Board; Divisional Council; Cape Nutrition Education Project.

4.3.2 Attendance at meetings organised by the Black Sash with residents of Khayelitsha and those in squatter areas

The investigator obtained direct feedback about people's feelings concerning the move to Khayelitsha and the objections of the people to a move to Khayelitsha.

4.3.3 Attendance at meetings organised by the Western Cape Development Board with welfare organisation contemplating involvement with pre-school children in Khayelitsha

Information was obtained relating to additional facilities which the Western Cape Development Board intended to build in Khayelitsha for pre-school children and the roles which various organisations envisaged undertaking in Khayelitsha with regard to pre-school children.

4.3.4 Attendance at meetings of residents in Khayelitsha

Meetings were attended at the pre-school centre in Khayelitsha for the investigator to introduce herself before the research study was undertaken in the area. As Xhosa was spoken at the meetings, the investigator was unable to understand the content of the meetings, but the Social Worker from Child Welfare who attended the meeting, translated aspects pertaining to the investigator.

The investigator also attended a group for day carers in Khayelitsha which is run by the Social Worker from Child

Welfare and operates from the Health Clinic, to encourage day carers to participate in the pre-test.

#### 4.4 Exploring the feasibility of the study

The overview of the literature indicated that researchers had succeeded in gathering information about day care situations by personal interviews and questionnaires.

The question of trust is however a crucial issue since the information and opinions elicited would be unreliable if distrust existed. Welsh (1979, p.396) has described numerous difficulties encountered by research workers in African non-squatter communities. "Apart from the suspicion that the fieldworker was an informer or a municipal official, there was ambivalence among some educated respondents who felt that any attempt to study Africans was a means for providing justification for separate development".

Diudla (1983, p.19) carried out his research study in a black township in Cape Town during the boycotts and affirms this state of affairs, "...the question of my identity aroused much interest. I was taken for a policeman, a soldier, a rent collector and a repatriation officer..."

Dixon and Leach (1984, p.7) advise that researchers should "avoid being associated with the Government or too closely with the authority responsible for the schemes.

The investigator stressed her links with the University of Cape Town in interviews with respondents. The topic investigated was not a particularly sensitive topic and Van Heerden and Evans (1984,p.64) had established that residents in Khayelitsha identified day care needs as a priority need. Dixon and Leach (1984,p.7) state that co-operation is more readily forthcoming if the survey results can be represented as useful rather than scientific, and as day care had already been identified as a priority, it was surmised that the residents would view the study as beneficial. In homes where neither English nor Afrikaans was spoken, an interpreter was used.

Respondents were found to be co-operative. Only one person out of two hundred and twenty five refused to complete the questionnaire.

#### 4.5 Choosing the sample

According to Babbie (1983,p.160) "Sampling is the process of selecting a subset of observations from among many possible observations for the purpose of drawing conclusions about the larger population". Babbie (1983,p.164) explains further that "sample surveys must represent the population from which they are drawn if they are to provide useful estimates about the characteristics of those populations..."

The population in this study is therefore seen to be the total number of occupied units in Khayelitsha, but with limited resources, coverage of the entire population was not feasible. As sections of Khayelitsha were still under construction and many of the units were unoccupied, the investigator chose to use a systematic sample, which it was felt could ensure even coverage.

According to the figures provided by the Western Cape Development Board, there were 1829 units occupied at the time of the study, principally in the areas identified as A,B,C,E, and J. A random starting point was decided upon from the official list of dwellings and every ninth house in occupied sections of Khayelitsha was selected, to a total of 200 houses.

As many of the units were unoccupied, the first occupied house after the selected dwelling was chosen and where the entire row of houses, including the selected house was unoccupied, the investigator studied the last occupied house before the selected dwelling. The investigator is given to understand that this type of substitution is acceptable for Social Research Surveys.

Babbie (1983,p.164) indicates that the characteristics of those populations studied,"need not be representative in all aspects; representativeness as it has any meaning in regard to sampling, is limited to those characteristics that are relevant to the interests of the study.

Respondents completed a questionnaire which provided information on the use of day care for their pre-school children and identified informal day carers in the community. Twenty nine percent of the respondents drawn from the sample were day carers and an additional twenty five were identified, who were then contacted. This produced a profile of day carers as well as the functions they performed.

A similar questionnaire was used to collect information from the pre-school centre, which is a community project and therefore a integral part of informal day care facilities.

#### 4.6 Designing the questionnaire

Two questionnaires were designed, composed of similar questions, (See Appendix C and D), to collect information from the pre-school centre and from day carers in the community. One copy of the questionnaire was translated into Xhosa by the interpreter for use in interviews.

##### 4.6.1 The structure of the questionnaire

The structure of the questionnaire is designed to produce two things: accurate communication and accurate response. According to Young (1956, p.183) "Accurate communication is achieved when the respondents understand the survey objectives. Accurate response is obtained when the replies contain the information sought and at the same

time fulfil the demands of tabulation plans and analytical programmes".

The vocabulary was kept simple in order to cater for the less sophisticated of the respondents and the uncertain illiteracy rate. The questions were short and devoid of jargon and infinite care was taken to avoid ambiguity and double negatives, all of which it was recognised could have caused difficulties with translation and could assume a level of knowledge and sophistication that respondents may not possess. The word order of the questions was followed exactly so that identical queries could be made of all respondents and the format and style was consistent so that there was little scope for bias to be introduced. The form of response was mainly by placing a tick in a box or circling numbers. Multiple choice questions were practical questions, requesting that respondents report on a category of response that best fitted the respondent. Moore (1983,p.56) advises that with multi-choice questions, there should be a "safety net". In this questionnaire safety net categories of "other" or "Don't know" were provided.

The questionnaire consisted mainly of closed questions. Moore (1983,p.57) states that closed questions can really be used to obtain fairly straight-forward, uncomplicated information". The investigator decided to use mainly the closed form as simple information was required, but also because open questions are only effective when used by

people who are able to express themselves in writing and can do so succinctly; furthermore the use of closed questions facilitated the translation from format to local language. Only ten open ended questions were asked in the questionnaire, which were concerned mainly with practical information.

The order of the questions was also given consideration so that factual, but pertinent questions were asked initially and then there was progression to more sensitive topics. The respondents were therefore able to participate early in the contact.

The subject matter was likewise attended to, in that questions related to a specific subject were grouped together and the respondents were alerted to a change in subject during the contact.

Filters were used so that respondents who neither used nor provided day care, contributed to data about the presence of pre-school children in their homes and were asked to identify informal day carers in the community. The data gathered was used and presented statistically.

Dixon and Leach (1979,p.31) and Young (1956,p.193) list mandatory items for most questionnaires, which were included in these questionnaires; date on which the questionnaire is completed; pagination; serial number; time and place of interview; area code; and in addition,

the questionnaires included a classification of respondents.

A cover page was included to introduce the investigator and stress her links with the University of Cape Town, as well as to explain the purpose and importance of the study and to assure anonymity to respondents. The manner of selection was explained to each respondent at contact.

According to Dixon and Leach (1984,p.33) "Normally 30 minute interviews should be considered a good maximum". The questionnaire was designed so that it would take an average of 7 minutes before the first filter came into effect, and day carers who were required to complete the questionnaire were asked to set aside 20 to 30 minutes for the task.

#### 4.6.2 Improving the questionnaire

A pre-test was carried out with day carers and potential day carers, who were chosen at random from a list of names of the people who attend the day carers group in Khayelitsha. The test was carried out for content and also to ascertain the need for translation assistance.

Of the fifteen respondents selected, two were able to converse only in Xhosa. Respondents were generally able to understand and answer the draft questionnaire, except for a few questions which were ambiguous and needed to be simplified and re-phrased to take into account the

terminology used by the respondents. Some of the changes made to terminology were substitution of pre-school child for "too young to go to school", ongoing arrangement for "permanent arrangement"; maid for "live-in help". Other important changes were also effected. It was decided to use broad categories to ask for information about income, as the data may be sensitive and accuracy about income was not vital for the study. The questionnaire was expanded to include local behaviour as it was found that services provided were advertised on the outer walls of houses; and a question asking respondents about adequacy of day care facilities in the area was removed as residents had only recently moved to the area and were, as yet, unaware of day care facilities which existed in the area.

#### 4.7 Interviewing Respondents

The method of approach used was direct, namely knocking on doors of selected respondents. The investigator found that some respondents who were employed could only be reached over the week-ends, so contact was made were conducted during the week and over the week-ends. Young (1956, p.214) emphasises that "some knowledge of the daily routine of the interviewee is essential if a proper time and place are to be chosen". The investigator thus resolved to call back on at least 5 occasions in an endeavour to interview the respondent. This maximum was never reached as neighbours were generally able to stipulate the times that respondents would be available.

Dixon and Leach (1984,p.32) state that the "successful interview can take place anywhere that the respondent feels comfortable and relaxed..." Contact was made in the home setting as there was no alternate base, but even then, it would not have been feasible to request that the respondent meet with the investigator elsewhere.

The investigator established contact with the mother in the home, either as the head of the household or the spouse, but where there was no mother in the home, the person who acted as housekeeper was interviewed.

Young (1956,p.215) writes

"In the initial contact after friendly greetings are exchanged in accordance with the cultural pattern of the interviewee - the purpose of the interview should be explained. The purpose must be stated in terms of the interviewee's capacity to understand it. He is entitled to know why he is being interviewed, particularly since a considerable expenditure of his time and energy may be involved".

The investigator explained the purpose of the investigation and also the manner of selection.

The investigator made contact with respondents who spoke either English or Afrikaans. The investigator resolved at all times to be patient and sympathetic to interviewees. When asked for direct advice, the investigator limited her involvement to giving factual information as to relevant agencies to contact. Respondents who could only converse in Xhosa, were interviewed by an interpreter.

#### 4.8 Interviewer training

Dixon and Leach (1984, p.50) report that the first element of interviewer training involves motivation, making the interviewers au fait with the purpose of the study and ensuring that they feel their business is legitimate. The interpreter who was to interview respondents who spoke only Xhosa, was a mature lady, who was herself a day carer and was therefore interested in the topic as well aware of the need for day care in the area and regarded the study as important for the people of Khayelitsha. The interpreter had completed some social work training at the University of Cape Town, and was aware of the need for confidentiality and had some experience of interviewing. The investigator was initially uneasy about selecting a local person, but the investigator considered, on balance, that the interpreter would exercise discretion and establish a professional attitude; and the interpreter assured her that she would consider all information received as confidential..

The interpreter was made fully conversant with the study and aware of the implications of the questions she was asking, so that she could present each question exactly and consistently and would not be encouraged to assist the respondent in answering the question or make answers fit her own pre-conceptions. The interpreter translated the questions into Xhosa during the training, so that the exact meaning of the questions was captured and she need

not improvise during the interview. The investigator was present at all the interviews and checked that all the questions were asked; cleared up inaccuracies and inconsistencies that occurred, and provided any additional information that respondents asked about the study.

The investigator attempted to control the relationship between what is written and asked in as far as was possible, but without being conversant with the language and syntax, it was impossible to totally control the interview.

#### 4.9 Recording data in practice

The respondents permission was requested to record details of address and assurances were given that details were for the investigator's purposes, in case of call backs for supplementary information.

Recording was done in pencil and as most of the responses required only a tick, maximum eye contact could be retained with respondents.

Dixon and Leach (1984,p.53) comment that it is difficult for the interviewer to return to ask questions, but strictly factual information can sometimes be obtained. The investigator had to revisit the homes of three respondents, twice to ascertain supplementary information and on one occasion to re-complete a questionnaire.

The work was physically exhausting and the investigator had on occasions to limit the number of respondents contacted.

The investigator had built-up a relationship with the staff at the pre-school centre, who were made fully au fait with the study and requested to complete the questionnaire on their own. The investigator checked all the responses with them after completion.

#### 4.10 Editing, Arithmetic and Individual Checks

Young (1956, p.200) mentions that

A review of the questionnaire entries, generally referred to as the editing operation, is one essential step...editing involves an inspection of the questionnaire for the purposes of detecting omissions and inadequate entries and for making relationship checks for consistency....editing is set up primarily to prevent the tabulation of incorrect information and to screen out totally unacceptable work in order to facilitate its return to the interviewer for correction...

The editing carried out by the investigator was firstly to write in full the responses to the open ended questions, as the carrying out of this task, during the interview would have interfered with the communication. After completion of the days interviewing, the investigator inspected all the completed questionnaires to check information given, inadequacies, inconsistencies and gaps in information. This culminated in the compilation of lists for call-backs and revisits; to keep check of the number of respondents interviewed; of the

number of Xhosa speaking respondents; house numbers of unoccupied homes and the substitute house numbers which were selected; and up to date information of identified day carers together with the number of respondents who identified each day carer.

With this working arrangement, information obtained was screened for major defects.

#### 4.11 Analysis of the data

As the study is an exploratory study, descriptive statistics were deemed to be sufficient for the purposes of the research study. The investigator had gathered mainly numerical data and descriptive statistics were organised manually to determine the characteristics of the data at hand.

Univariate distributions were drawn up in respect of each question, indicating how many respondents were found in each category and also for description purposes.

The questions which were open ended and which provided a range of responses, were classified into main categories which reflected similar responses and lent themselves to meaningful tabulation.

For the purpose of comparing responses to different questions, bivariate and multi-variate distributions were drawn up where comparisons were potentially meaningful.

Percentages were stated when a comparison of the number of responses in each category could not be readily made by looking at the figures in the tables, but where the numbers were small, exact numbers were indicated in each category.

Graphic presentations were provided in cases where data could be better displayed visually than in tabular form and bar charts, polygons, and pie charts were used in the presentation of data.

#### 4.12 Possible Biases

A recurrent problem is to know how far the researcher can rely on respondents telling the truth. It is generally thought that much will depend on the subject of the enquiry and the purpose to which it will be put, but this balance could have been disturbed by the events that occurred in Khayeltisha. There are always concerns when interviewing in a community experiencing boycotts, as insecurity and suspicion are likely to exist. The investigator was aware that some respondents were suspicious of her, especially when she arrived with printed material, but once the investigator had introduced herself and clarified the aim of the study, respondents appeared co-operative. It is however possible that withholding of information may have occurred, or that misleading information may have been given. However, only one respondent out of 225 declined to complete the questionnaire. Perhaps this serves as a

good indicator that the perceived social distance and hence the suspicion, may not have been great.

The investigator's concern about having to interview respondents who may be hostile to her may have influenced the way in which questions were posed to the respondents and this could in turn have influenced the respondents perception of the investigator and provided another source of bias.

Of equal concern was the investigators disquiet about raising expectations, which may have coloured the process and influenced responses.

The interpreter may have been subject to similar incorrect responses from respondents, given the suspicion that falls on local people who assist strangers in collecting information in troubled times, irrespective of how non-controversial the topic may be.

The interpreters perceptions of her role, as well as her reasons for accepting the role, may have influenced the attitude she portrayed during the interview. The use of the interpreter accentuated other sources of bias.

The investigator accompanied the interpreter and attempted to control the flow of the interview. However, because of the language barrier, this can never be fully controlled.

The interpreter was trained to understand the implications of the questions she was asking and to recognise the necessity of consistency with questions and words, and the investigator prompted with probing and alternative words throughout the interviews. However, especially with question(28) the interpreter showed amusement before asking the question regarding the availability of household items for play purposes, and may have coloured the responses received.

On occasion when asked by the investigator to clarify a response, the interpreter would answer on behalf of the respondent, and would have to be asked to re-direct the question to the respondent. The investigator is uncertain how many responses may have been forestalled by the interpreter because of the language difficulties.

The interpreter was well known in the area and although the investigator considered at times that her attitude presented as friendly, rather than professional, and could have been overshadowed by her motivation which may have been to please the investigator, or the respondents or "boost her status", it is hoped that her friendly attitude may have been counterbalanced by her professional training and conviction about the necessity of the study, and may have lessened the bias.

## CHAPTER 6

### RESULTS

#### 5.1 Precursory Note

In the following chapter the results of the study carried out in Khayelitsha over the period of June 1985 to September 1985, will be presented.

The contents of this chapter includes findings from respondents who completed the questionnaires. Results from the total sample are presented statistically as they provide some indicators as to the day care needs for pre-school children in the community; the nature of the day care arrangements that parents organise for the care of their children, as well as respondents awareness of informal day care services in the area. 29 of the respondents drawn from the sample provided day care services; and 25 identified day carers, who were then contacted to complete the questionnaire. This produced a profile of day carers as well as the functions they fulfilled. A similar questionnaire was completed by the pre-school centre.

The results pertaining to respondents who provide day care services were organised manually and provide a description of day carers and their families in terms of their present circumstances; elaborate on the frequency with which day carers are used and the services which they provide for children in their care. A summary of the major findings and related tables is additionally furnished.

The results vis-a-vis the pre-school centre, encompass a description of the centre in terms of facilities, finances, staffing and service provided. The results from the study of the pre-school centre will be presented only in summary form.

## 5.2 Summary of results for Day Carers

### Pattern of Day Care Services

Figures 1 and 2 respectively indicate the residential distribution of respondents in the study and that of day carers.

The findings show a fairly even distribution of respondents in Areas A,B,C and J. There were however less day carers to be found in Areas B and J than in Areas A and B. Area E was partly occupied and figures for both day carers and respondents were lower in this area than the other four areas.

In 84,5% of homes there were mother figures with over 20% of the families being single parent families (See Table 1). In 65% of households there were no pre-school children (See Table 111).

Where the parents were in full-time employment, housekeeping was undertaken extensively by relatives; with siblings and the maternal grandmother frequently fulfilling the role of housekeeper (See Table 11).

In over 50% of the homes where there were pre-school children, the mother was unemployed and cared for the children during the day (See Table 1V). Where the parents were employed, care provided by relatives appeared to be the most acceptable form of care. Only a small percentage of working parents used other types of care; with 5,4% using the pre-school centre; 5,4% using unrelated day carers and 3,1% using "live-in" help (See Tables 11, 1V, V).

Table 1V indicates that 79% of day carers were unable to identify local day care providers; 15% identified one day carer; 5% identified two day carers and 0,5% identified four day carers.

#### The Profile of Day Carers and their Families

81,5% of day carers reported that they had been born in Cape Town and had resided in the area for over five years. Day carers who had been resident in Cape Town for less than a year had arrived from the homelands to provide day care for a specific child (See Table V11).

The distribution table of occupants per household (Figure 3) indicates a concentration of between four to seven occupants per household, with a mean calculated at 5.6.

The age distribution of occupants indicates a high level of dependent family members. About one third of the occupants were in the 0-9 year age range, with the bulk of these falling into the pre-school range. A further 18,7% were under nineteen years of age and 13,6% of the occupants were over 60 years of age (See Figure 4).

In addition, 40,7% of households had dependent children living elsewhere (See TABLE V111 and Figure 5).

The monthly earning for households were placed in the R100 to R300 ranges (See Figure 6).

A sizeable proportion of day carers (72,2%) had been providing day care for one year. Day carers who had been engaged in day care services for over five years, tended to be relatives who had provided continuous care for the child since birth (See Figure 8).

60% of day carers had been unemployed prior to undertaking day care responsibilities and of the remaining 40%, all, but one, had been employed in non-skilled occupations (See Table 1X).

Figure 9 reveals that recruitment was overwhelmingly reliant on personal knowledge and recommendation, with only 3,6% of children recruited via other impersonal channels.

Day carers were generally prepared to care for younger children and 87% cared for children under two years of age (See Table X)

#### Frequency of Day Care

Table X1 indicates the frequency with which day care is required; 52,6% of children required day care for five days per week; 35,8% required care for more than five days per week and only 8,4% required care for less than five days per week. The overriding impression was that the frequency with which day care was required was commensurate with the parents work commitments.

84,8% of children who received only diurnal care were found to start the day with day carers before 7.30 am and 93,9% of these children were collected by 6 pm. 63,3% of children were found to spend between ten to twelve and a half hours daily with day carers (See Table X11).

Services provided by Day Carers.

According to Figure 10, a remarkably high number of day carers (81,8%) reported that they had daily contact with the parents and only a modicum had contact less than six monthly.

43,8% of responses indicated that no charge was made for day care services. Relatives represented a considerable proportion of these respondents and reciprocal services were usually recieved from the parents.

The fees charged ranged from R20 to R70 per month and appeared to be based on what day carers thought the parents could afford. The mean income from day care was calculated at R37,13 per month. Table X111 gives an indication of fees and services provided by day carers.

All day carers were found to serve breakfast and lunch and an astonishing 90,38% also provided dinner. Evening snacks were served by day carers who provided overnight care for the children (See Figure 11).

Tables X1V and XV indicate that the majority of day carers provided a daily diet of porridge, bread, milk and vegetables; with meat and fruit served on average bi-weekly and sweets generally allowed infrequently as a treat.

50% of children with day carers were expected to sleep both in the mornings and in the afternoons; 42% slept

either in the mornings or in the afternoons and 7.6% did not have a sleep whilst with the day carers (See Table XV1).

One third of the day carers possessed no play items for the children and of those who had toys, items were mainly dolls, cars, rattles and balls. Only 15% of day care children, all in the younger age range were allowed to play with household items (See Tables XV11 and XV111).

According to Table XX physical and verbal chastisement feature as the principle methods of control, although children in the 0-1 year 11 months age range were frequently seen as requiring no discipline.

Over half of the children were allowed the run of the house as well as access to the backyards. The children restricted to the use of one room were mainly under six months of age. A modicum of children were taken to the local parks (See Table X1X).

Large numbers of day carers engaged in activities with minded children. All day carers talked with the children; an astonishing 75% played regularly with the children and joined in their games and a significant number (over 60%) read to the children and told them stories (See Figure 13).

Figure 14 indicates that 70,3% of day carers had made alternate arrangements for the care of the children in case of emergency, with 44% retaining permanent helpers. 29% of day carers had made no provision and viewed emergency care as the mother's responsibility.

The overwhelming majority of day carers were amenable to further training related to their work, with 26% already having undertaken previous training (See Table XX1)

#### Health and Safety Aspects

Day carers were predisposed to using two main cooking apparatus - the primus stove and the gas cooker. A modicum made use of beatrice and paraffin cookers.

Two thirds of day carers possessed heaters, predominantly fueled by paraffin as the initial outlay for gas heaters was beyond their budget.

These apparatus were usually stored out of the reach of children, but where children were able to touch the equipment, they were deterred mainly by instructions not to touch the equipment (See Figures 15, 16 and 17).

Figure 18 shows that day carers markedly had available hazardous agents and also kept sharp objects and medicines in the homes, which they reported were stored out of the reach of children.

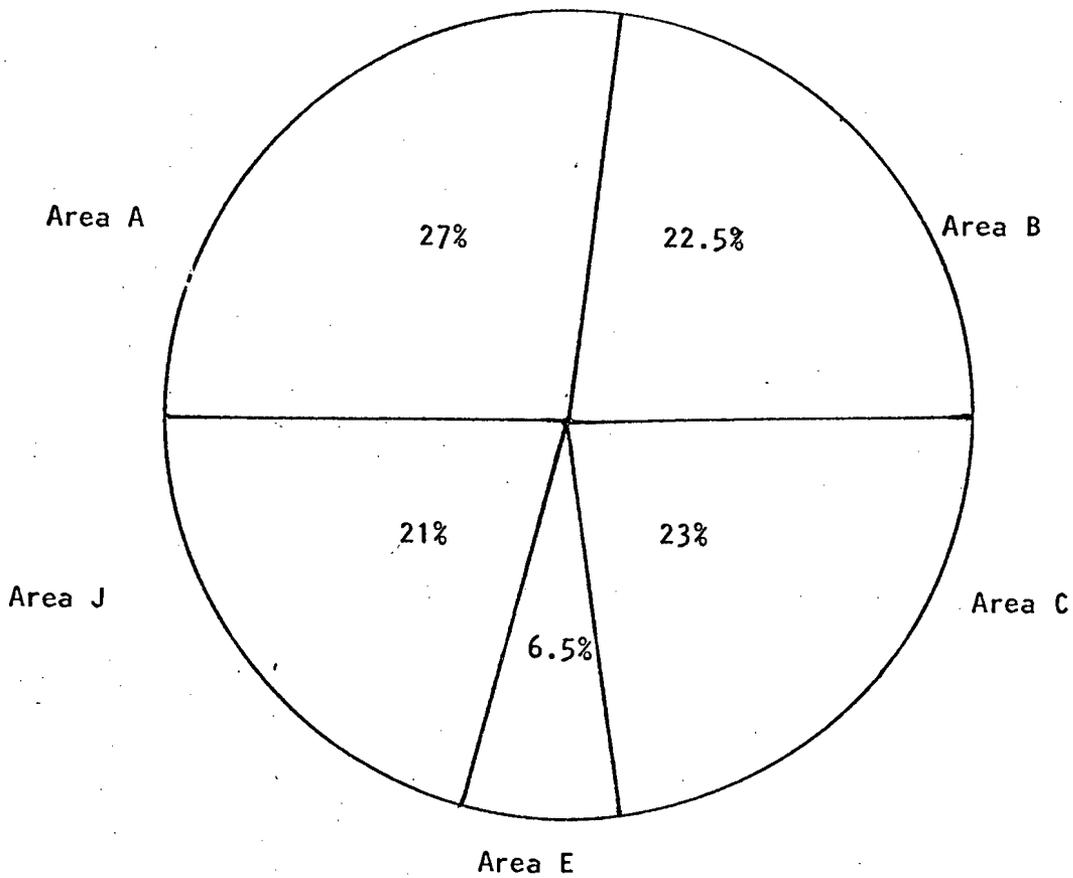
Table XX11 indicates that in 31,5% of day care homes children had sustained injuries and 70% of these

accidents were the results of burns and 23% involved deep cuts.

Table XX111 shows that 44% of day carers had experienced illness during the preceding year. The most common illnesses suffered were high blood pressure and "nerves", followed by Tuberculosis.

40% of day carers had had no contact with medical services in the preceding year. 34% of those who had used the medical service consulted a doctor and nearly two thirds of those day carers had been referred to hospital. A minority of respondents (14%) indicated that they had consulted the day hospital or local health clinic for minor illnesses. (See Figure 19).

**5.3 ANALYSIS AND PRESENTATION OF  
DATA WITH RELATED COMMENTS**



**FIGURE I : RESIDENTIAL DISTRIBUTIONS OF RESPONDENTS IN THE SURVEY**

The residential distribution of respondents is fairly even for Area A, B, C and J. Area E is only partly occupied, thus number of respondents is smaller.

TABLE I : RESPONDENTS' CLASSIFICATION

Type of Respondent	% Male	% Female	% Total
Parent in two parent family	4.0	60.0	64.0
Parent of single parent family	1.5	19.0	20.5
Other "Permanent" Housekeeper	.5	15.0	15.5
	6.0	94.0	100.

N = 200

There were mother figures in the majority of households with over 20% of the families being single parent families.

TABLE II : CLASSIFICATION OF "PERMANENT HOUSEKEEPERS"

Type	No.
Sibling	15
Maternal Grandmother	6
Aunt/Uncle	5
Live-in Help	4
Niece	1
	31

N = 31

Where parents were in employment housekeeping by siblings appears to be the most common feature, followed by the maternal grandmother as housekeeper.

Housekeeping by relatives appears to be preferable to using "outside" help.

**TABLE III : HOUSEHOLDS WITH PRE-SCHOOL CHILDREN**

YES	70
NO	130
TOTAL	200

In 65% of the households studied there were no pre-school children

**TABLE IV : TYPES OF DAY CARE PROVIDERS IN HOUSEHOLDS WITH PRE-SCHOOL CHILDREN**

Type	%
Mother	54.6
Other Relatives	31.5
Creche	5.4
Childminder	5.4
Live-in Help	3.1
	100.00

N = 70

In over 50% of homes with pre-school children, the mother was unemployed and provided day care.

Where parents were employed, care by relatives appeared to be the most acceptable form of day care.

Only a small percentage of parents (13.9%) made use of "outside" help in the form of the creche, unrelated childminder or unrelated "live-in help".

**TABLE V: RESIDENTIAL DISTRIBUTION OF RELATIVES PROVIDING DAY CARE SERVICES**

<u>Residential Area</u>	<u>frequency</u>
Khayelitsha	16
Guguletu	9
Nyanga	4
Langa	4
Transkei	4
Crossroads	2
Elsies River	1
Site "C", Khayelitsha Extension	1
	41

The 25 relatives who reside in areas outside of Khayelitsha proper, all provided "overnight care" for pre-school children during the parents working week.

Relatives who provide day care outside of Khayelitsha live in fairly close proximity to the parents. Only 4 out of 41 day careres reside in Transkei.

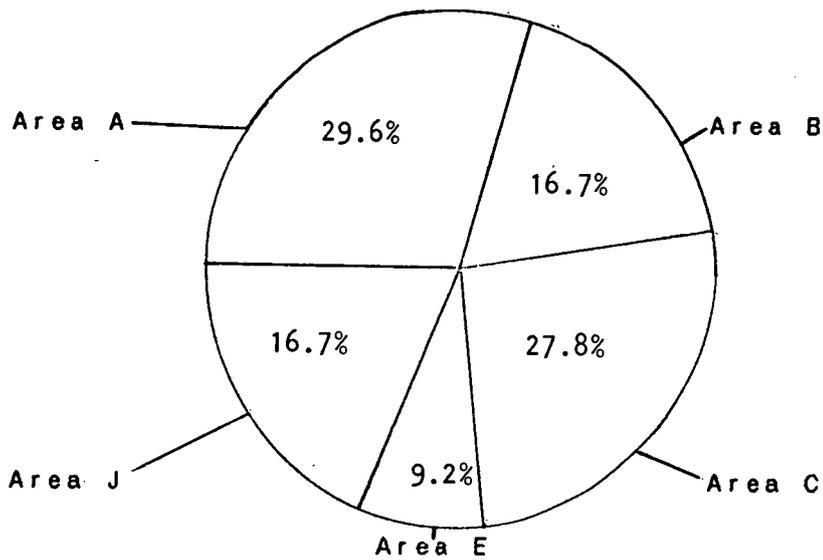
**TABLE VI : NUMBER OF DAY CARERS BY IDENTIFIED BY RESPONDENTS**

Frequency of Identification of Day Carer	No. of Respondents able to Identify Day Carer	% of Responses
0	159	79.5
1	30	15.0
2	10	5.0
3	0	0
4	1	0.5
	200	100

The majority of respondents were unable to identify any day carer in the area.

Of the respondents who were able to identify day carers, most were able to identify one day carer. The day carer who was identified by 7 respondents had displayed a notice advertising the day care activities on the outer wall of her house.

The above table cannot be employed to give an accurate indication of the number of day carers active in the area, as the same day carers were identified by some of the respondents. The list of identified day carers compiled by the investigator shows that 25 day carers were identified by the respondents.



N = 54

**FIGURE 2 : RESIDENTIAL DISTRIBUTION OF DAY CARERS**

The residential distributions of day carers in Areas A and C were fairly similar (29, 27% respectively).

Areas B and J produced an equal distribution of 16.7%

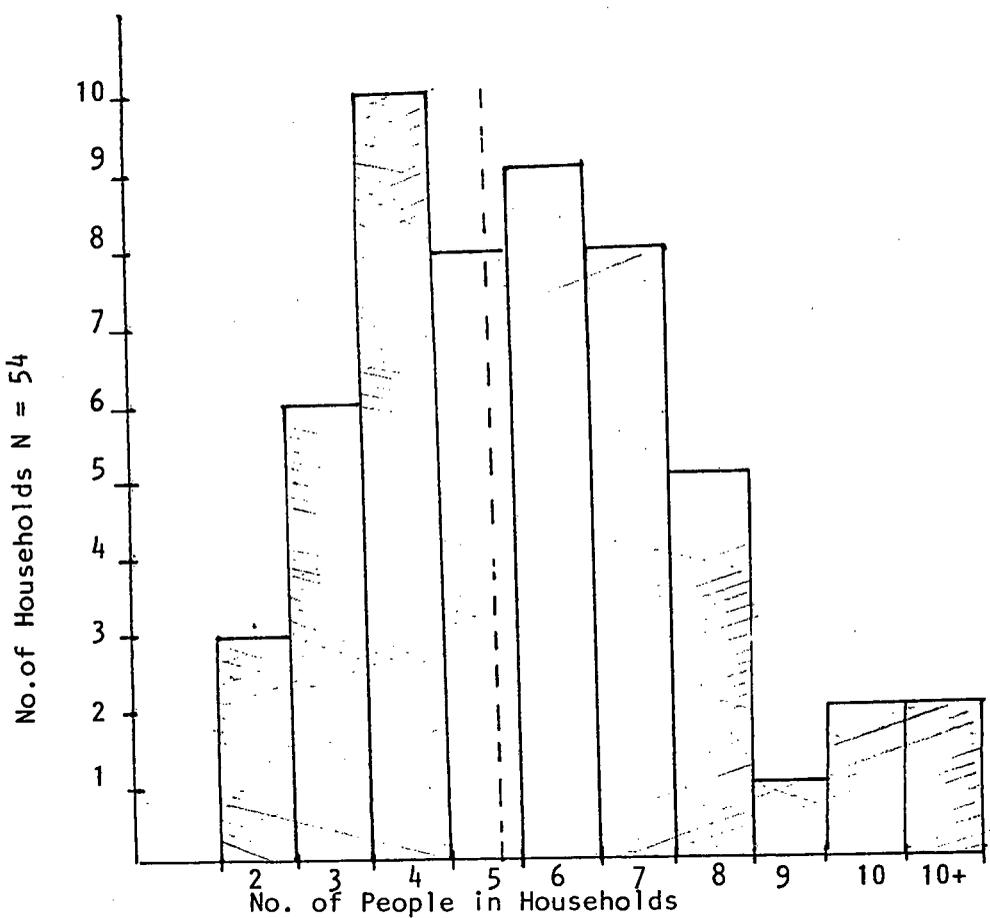
Area E is only partly populated, hence the lower number of day carers in the area.

**TABLE VII : LENGTH OF TIME DAY CARERS HAVE BEEN RESIDENT IN CAPE TOWN**

Length of Time	%
Less than 6 months	7.4%
6 months - 1 year	7.4%
1 year - 3 years	3.7%
3 years - 5 years	0
Over 5 years	81.5
	100.00

Of the 81.5% day carers who had been resident in Cape Town for over 5 years, the majority claimed to have been born in Cape Town.

14.8% day carers who had been resident in Cape Town for less than 1 year had been brought from the homelands to provide day care.

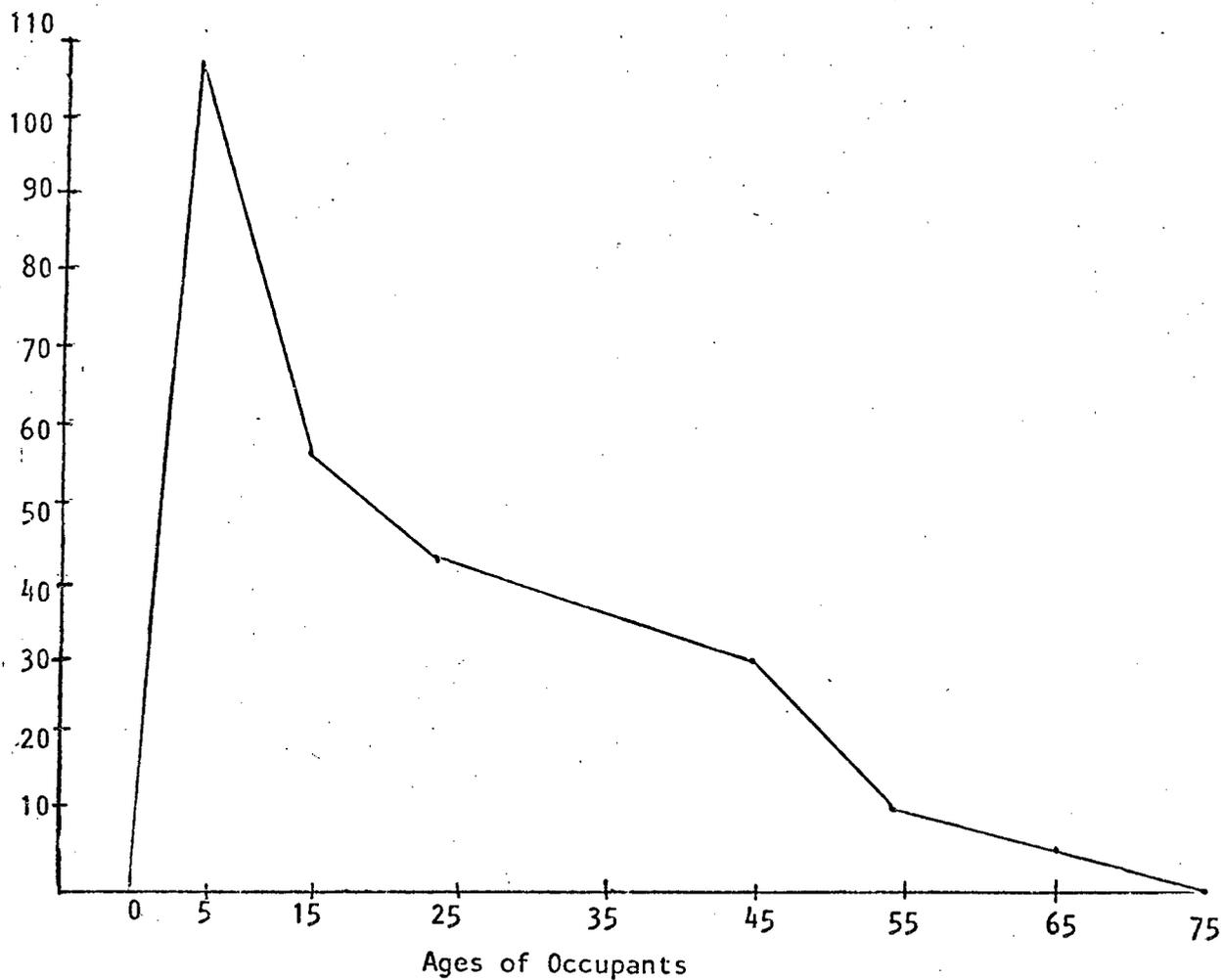


**FIGURE 3 : DISTRIBUTION OF OCCUPANTS PER HOUSEHOLD**

The distribution of the major categories for occupants in day carers households were:

4 per household	18.5%
5 per household	14.8%
6 per household	16.7%
7 per household	14.8%

Mean = 5.6



**FIGURE 4 : AGE DISTRIBUTION OF OCCUPANTS PER HOUSEHOLD**

33.8% of occupants in the homes are children in the 0-9 years age range with mainly three quarters in the under 6 age range.

18.7% were in 10-19 years age range

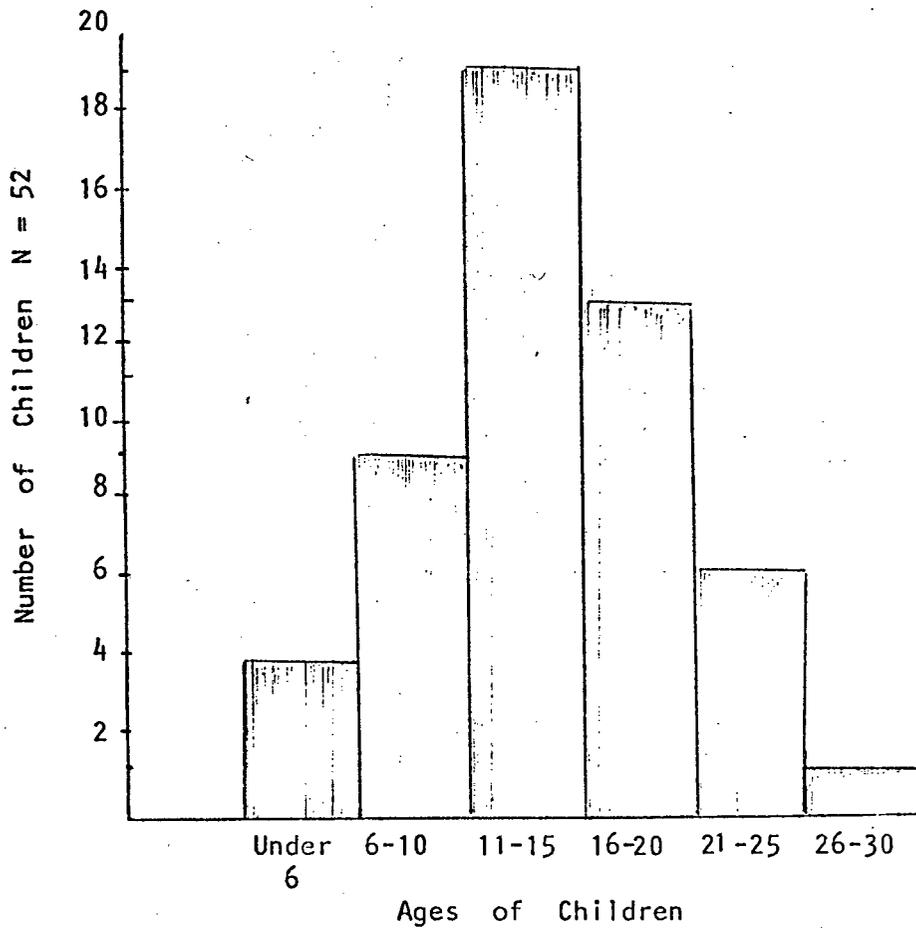
13.6% of occupants were over 60 years of age

66.1% of occupants in the homes could potentially qualify as dependants.

**TABLE VIII : DAY CARERS WITH DEPENDENT CHILDREN LIVING ELSEWHERE**

YES	22
NO	32
TOTAL	54

40.7% of households had dependant children living elsewhere.

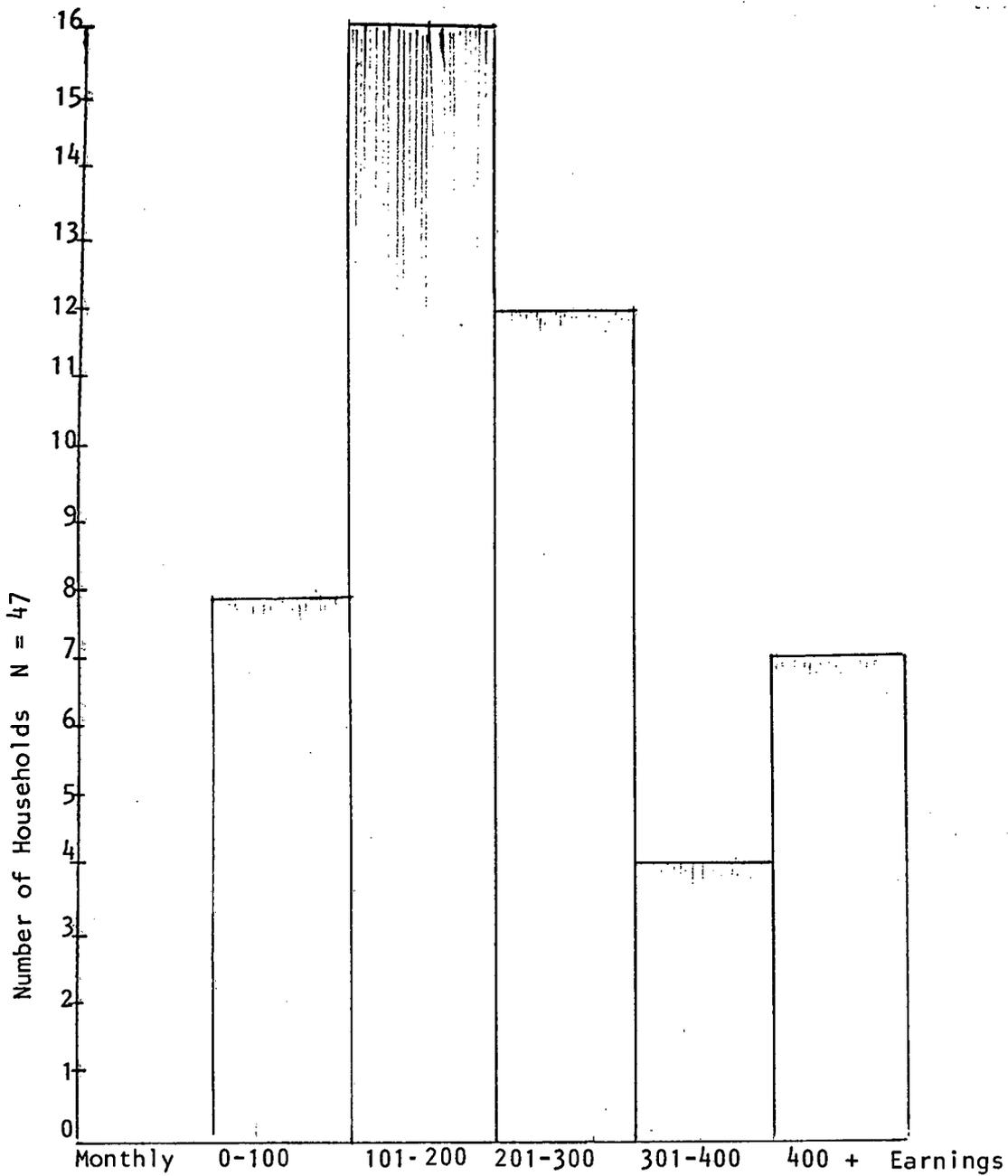


**FIGURE 5 : DISTRIBUTION BY AGE OF DEPENDENT CHILDREN RESIDING ELSEWHERE**

The distribution of the major age categories of dependent children living elsewhere were:-

6 - 10 years	17.3%
11 - 15 years	36.5%
16 - 20 years	25.0%

Only a small number of children who resided elsewhere were pre-schoolers.



**FIGURE 6 : MONTHLY INCOME PER HOUSEHOLD**

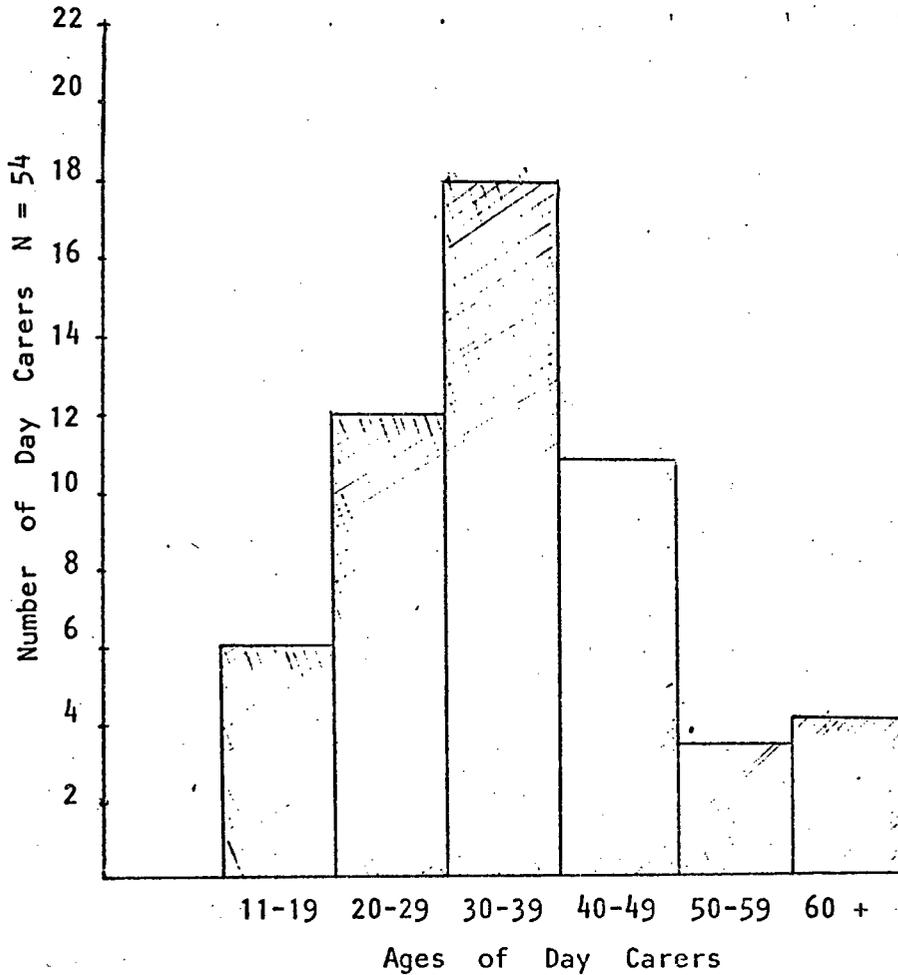
7 Cases excluded. As respondents did not know income per month

34% of households earned R101 - R200

25% of households earned R201 - R300

14.9% of households had an income of more than R400

17% of households had an income of less than R100



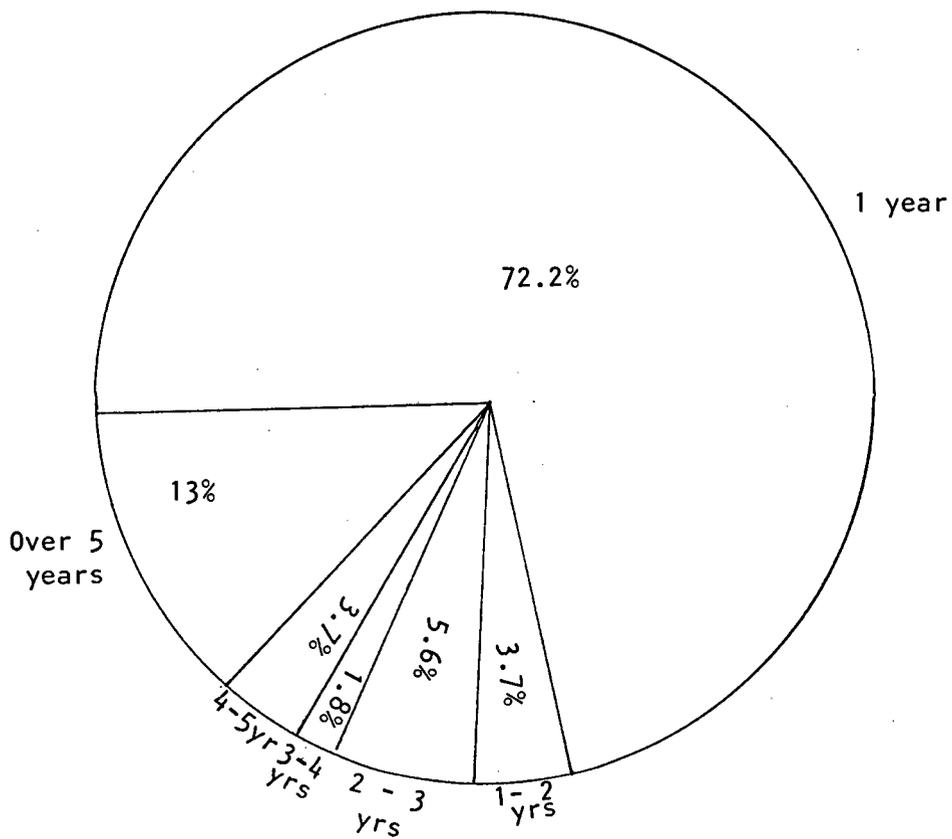
**FIGURE 7 : DISTRIBUTION BY AGE OF DAY CARERS**

The distribution of the major categories of age ranges were:-

18	in 30 - 39 years of age range	=	33%
12	in 20 - 29 years of age range	=	22.2%
11	in 40 - 49 years of age range	=	20.2%

Only 12.9% were over the age of 60 years.

A large number day carers were in age range 30-39 years.



N = 54

**FIGURE 8 : LENGTH OF TIME ENGAGED IN DAY CARE ACTIVITIES**

72.2% Day carers engaged in day care activities for 1 year.

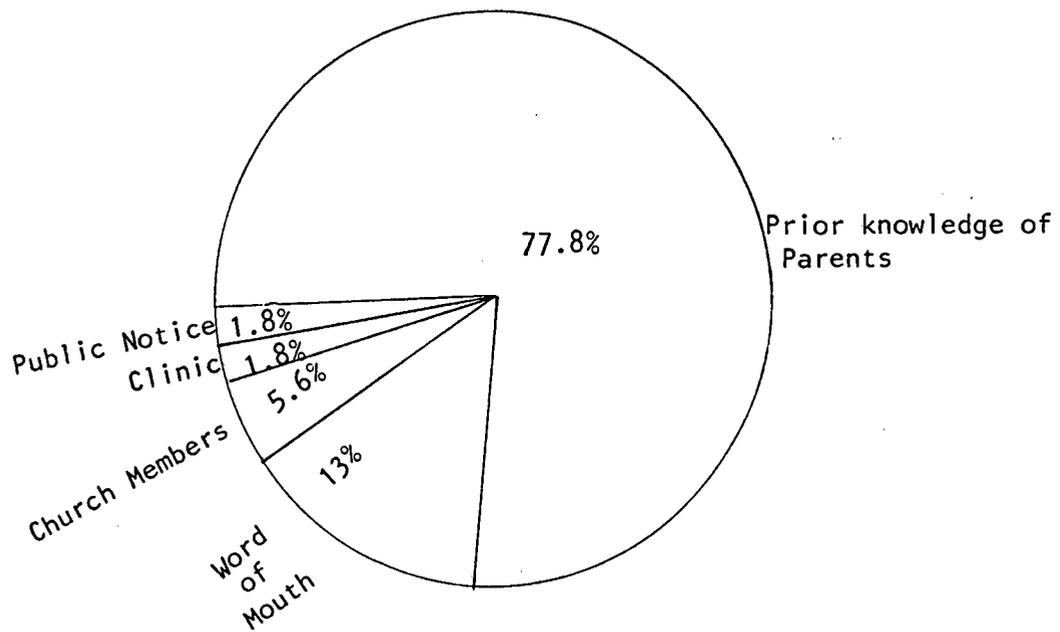
14.8% had been engaged in day care for between 1 - 5 years

13% engaged in day care for over 5 years - these were usually relatives who had provided continuous care for specific children.

**TABLE IX : OCCUPATIONS PRIOR TO PROVIDING DAY CARE SERVICES**

Unemployed	:	32
Domestic	:	13
Teagirl	:	2
Nanny	:	2
Cook	:	1
Restaurant Worker	:	1
Cleaners	:	1
Sheltered Employment	:	1
Police Force	:	1
		54

60% of day carers indicated that they had been unemployed prior to providing day care services. Of the remaining 40%, a large number were employed in manual non-skilled occupations.



N = 54

**FIGURE 9 : METHOD OF RECRUITMENT OF CHILDREN**

96.4% of recruitment occurred through personal knowledge of the parent or personal recommendation.

A small percentage of recruitment (3.6%) occurred via a professional in the community and display of a public notice.

**TABLE X : MINIMUM AGE AT WHICH DAY CARERS WILL ACCEPT CHILDREN FOR DAY CARE**

AGE OF CHILD	DAY CARERS
Under 6 months	31
6 mnths - 11 mnths	0
1 yr - 1 yr 11 mnths	16
2 yr - 2 yr 11 mnths	6
3+ years	1
TOTAL	54

57.4% of day carers reported that they were prepared to provide day care for children under 6 months and 87% were willing to provide Day care for children under 2 years of age.

**TABLE XI : DISTRIBUTION OF CHILDREN BY AGE AND NUMBER OF DAYS THAT DAY CARE IS PROVIDED**

		<u>NUMBER OF DAYS PER WEEK</u>					
		3	4	5	6	7	
A G E	Under 6 months	2	3	29	1	16	51
	1 yr - 1 yr 11mths	2		17	1	11	31
	2 yrs - 2yrs 11mths	1		3	1	7	12
	3+ years			1			1
		5	3	50	3	34	95

The majority of children cared for during the day is under 6 months of age (53.6%), 32.6% over 6 months, but under 2 years of age and 13.6% above 2 years of age.

In the age range 0 - 6 months, 56.86% needed day care for 5 days per week, and 33% required day care for more than 5 days per week and only 9.8% required care for less than 5 days.

A similar trend follows for age range to 1 year 11 months; 54.83% required care for 5 days per week, 38.7% for more than 5 days and 6.45% for less than 5 days per week.

With children above 2 years of age there is a reversal of trend - 30.76% required care for 5 days per week; 61.53% required care for more than 5 days per week and 7.69% required care for less than 5 days per week.

The overall picture of day care required portrays the following profile in terms of the amount of days that day care is required. 52.6% of children require care 5 days per week and 35.8% required care for more than 5 days per week. Only 8.4% required care for less than 5 days per week.

TABLE XII : STARTING AND COLLECTION TIMES OF CHILDREN IN DAY CARE

## COLLECTION TIMES

		Before 4	4	4.30	5	5.30	6	6 30	7	After 7	
S T A R T I N G  T I M E S	5	1	1			1					3
	5.30				1						1
	6	1			1	2	2				6
	6.30				3		2				5
	7		2				4				6
	7.30	2	1		1		2	1			7
	8		1							1	2
	After 8		1	1			1				3
		4	6	1	6	3	11	1	0	1	33

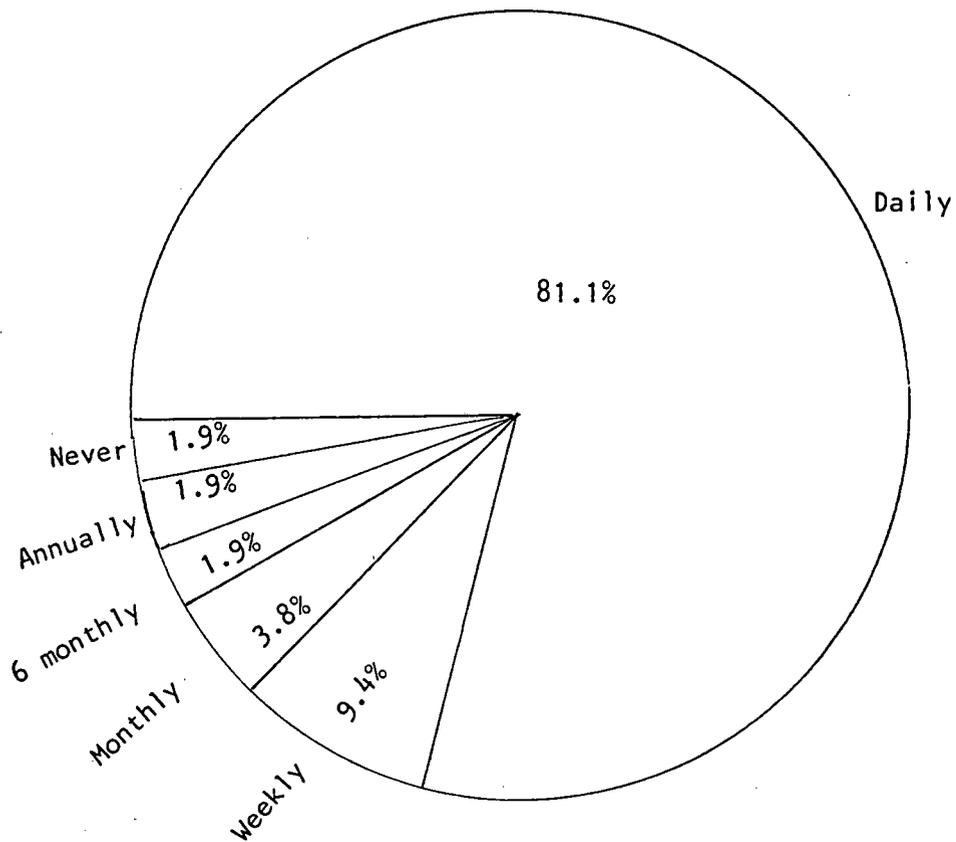
N=33

This table excludes children who are given overnight care, hence there is a lower number of children (65.2% children receive overnight care).

28 (84.8%) of children start their day with the day carer before 7.30 a.m.

31 (93.9%) are collected by 6 p.m.

22 (63.3%) children spend between 10 - 12½ hours daily with day carers.



N = 52

**FIGURE 10 : FREQUENCY OF CONTACT BETWEEN DAY CARERS AND PARENTS**

The majority of day carers, indicated that they had daily contact with the parents  
9.4% had weekly contact  
3.8% had contact between 6 months and 1 year and parents were found to reside in the homelands.  
1.9% never had contact with the parents because their whereabouts were unknown.

**TABLE XIII : MONTHLY FEES AND SERVICES PROVIDED BY DAY CARERS**

Fees Charged	Number of responses	Food inclusive	Sleepover Services
R70	1	1	1
R60	4	3	2
R50	1	1	0
R40	9	3	2
R35	1	0	0
R30	7	3	1
R26	1	1	0
R25	4	0	1
R20	3	0	0
No fixed charge	1	0	0
No charge	25	0	22
	57	12	29

N = 54

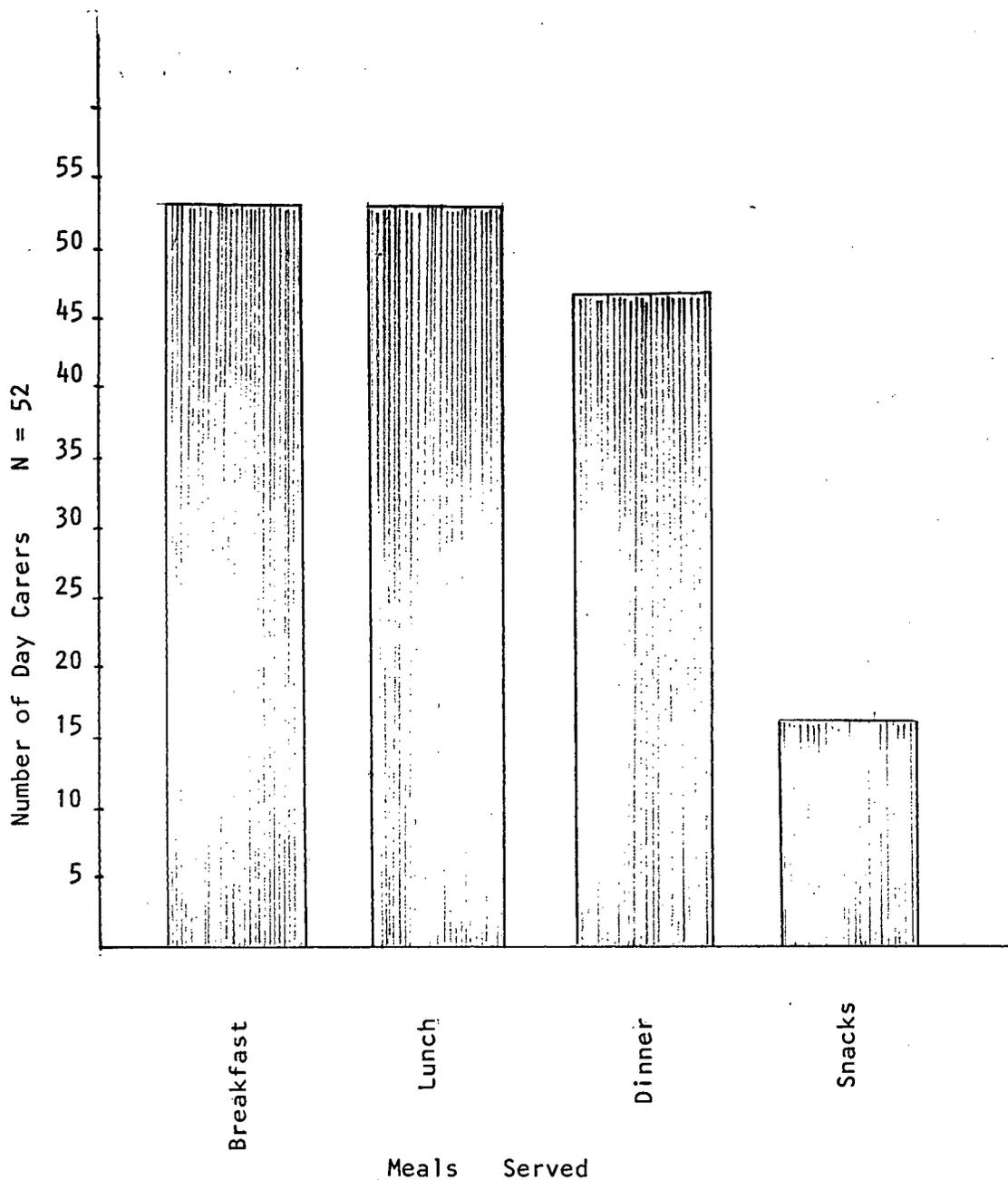
The excess above total number is accounted for by the fact that one day carer charges different fees for three children in her care. 43.8% responses indicate that no charge is made and that the majority of respondents in this category also provide overnight care.

The highest fee charged was R70 and the lowest R20.

21% of day carers provided food for Day care children.

50.8% of day carers provided overnight care.

There appears to be little correlation between fees charged and services provided.



**FIGURE 11 : MEALS PROVIDED FOR CHILDREN IN DAY CARE**

2 cases excluded as day carers are not presently engaged in Day care. All day carers served breakfast and lunch.

90.38% day carers also provided dinner.

Snacks were provided later in the evening by 29% of day carers all of whom also provided overnight care.

**TABLE XIV : NUTRITIONAL ITEMS IN DAILY DIET OF CHILDREN**

	Porridge	Bread	Milk	Meat	Veg.	Fruit	Sweets
Porridge		43	42	43	49	41	31
Bread	43		32	40	43	39	30
Milk	42	32		36	41	35	24
Meat	43	40	36		38	38	27
Veg	49	43	41	38		43	31
Fruit	41	39	35	38	43		27
Sweets	31	30	24	27	31	27	

The table indicates that the majority of day care homes provide a daily diet of porridge, bread, milk, meat and vegetables. Sweets are allowed less frequently as a treat rather than part of the daily diet.

**TABLE XV : FREQUENCY OF CONSUMPTION OF FOOD ITEMS**

	Daily	3Times wkly	Bi-Weekly	Never
Porridge	43	2	4	3
Bread	39	1	3	9
Milk	45	2	2	3
Veg.	33	10	6	3
Meat	16	8	20	8
Fruit	24	6	11	11
Sweets	15	10	5	21

N=52

The above table indicates that 4 staple items were issued daily or three times per week to the majority of children - (porridge, bread, milk and vegetables.)

30% of day carers served meat daily and 53.8% at least bi-weekly.

46% of day carers served fruit daily, with 8.84% serving fruit at least two or three times per week.

28.8% of day carers served sweets daily, but 40% of day carers never served sweets.

TABLES XVI - XX

Convey information about the Age Structure of Children in Day care, related to sleep, play and discipline.

As there are no children between ages 6 - 11 months with day carers, this category has been excluded in the tables.

TABLE XVI : AGE - SLEEPING STRUCTURE

## SLEEPING TIMES

	Morning & Afternoon	Morning	Afternoon	Never	
Under 6 months	15	3	9	2	29
1yr - 1 yr 11mths	8	2	4	2	16
2yr - 2yr 11 months	3		3		6
3 years			1		1
	26	5	17	4	52

A  
G  
E

50% of the children slept both in the mornings and in the afternoons.

42% of children slept either in the morning or in the afternoon.

7.6% of children did not sleep at all whilst with the day carer.

TABLE XVII : AVAILABILITY OF PLAY EQUIPMENT

Availability of Play Equipment			
	Yes	No	Total
Under 6 months	21	8	29
1 yr - 1 yr 11 months	15	1	16
2 - 2 yrs 11 months	3	3	6
3+ years	0	1	1
	39	13	

33 % of day carers had no play equipment for the children.

TABLE XVIII : AGE-AVAILABILITY OF HOUSEHOLD ITEMS FOR PLAY

Availability of Household Items for Play			
	Yes	No	Total
Under 6 months	4	25	29
1 yr - 1 yr 11 mnths	4	12	16
2 yrs - 2 yr 11 mnths	0	6	6
Over 3 years	0	1	1
	8	44	52

15% of day care children in age range from birth to 1 year 11 months were allowed to play with household items.

TABLE XIX : AGE-PLAY SPACE STRUCTURE

		Play Space					
		Yard & two rooms & park	Yard & two rooms	Yard & one rooms	Two rooms	One Room	Total
Age of Child	Under 6 mnths	2	17	2	1	7	29
	1 yr - 1 yr 11 months		6	7	1	2	16
	2 yr - 2 yr 11 months		6				6
	3+ years		1				1

57.6% of children were allowed the run of the house and access to the backyard.

17% of children, predominantly under 6 months were restricted to the use of one room.

Only 3.8% of children were taken to the park in addition to having access to the house and back yard.

TABLE XX : AGE-DISCIPLINE STRUCTURE

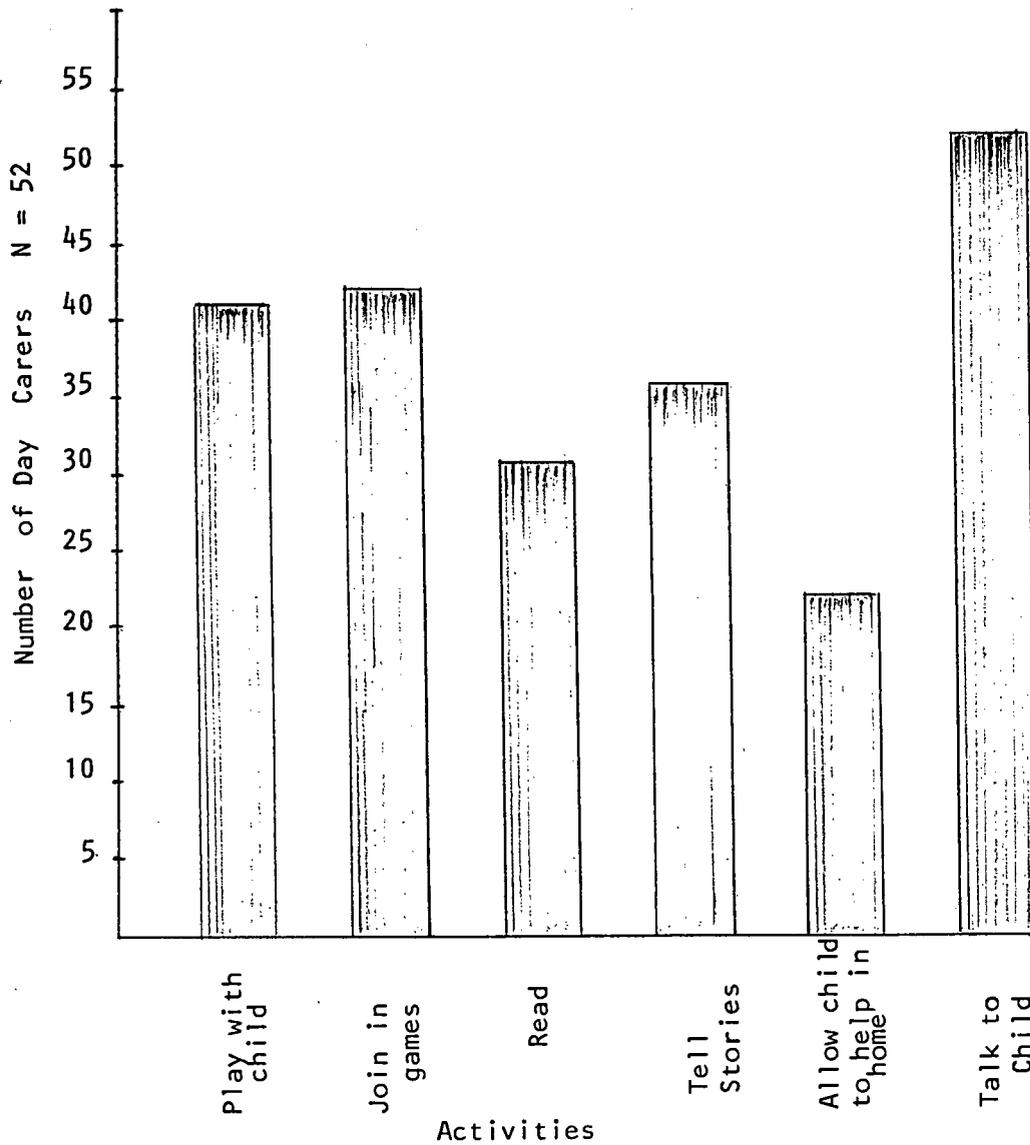
## Method of Discipline

	Hit	Scold	Talk	Tell Prnt	Put to bed	Child does not cause upset	Divert Interest	Isolate Child	Total Children
Under 6 months	11	5	5	3	1	7			32
1 yr- 1 yr									
11 mnths	8	4	7	2		1			22
2-2 yr 11 mnths	4	2	2						8
3+ years	1								1
	24	11	14	5	1	8			63

39.6% and 38% of children respectively were controlled by verbal or physical chastisement.

14.8% of children in age range 0 - 1 year were seen as "causing no upset" and more positive sanctions were used with younger children.

None of the day carers attempted to divert childrens attention or isolated the child as methods of discipline.



**FIGURE 12 : ACTIVITIES ENGAGED IN WITH MINDED CHILDREN**

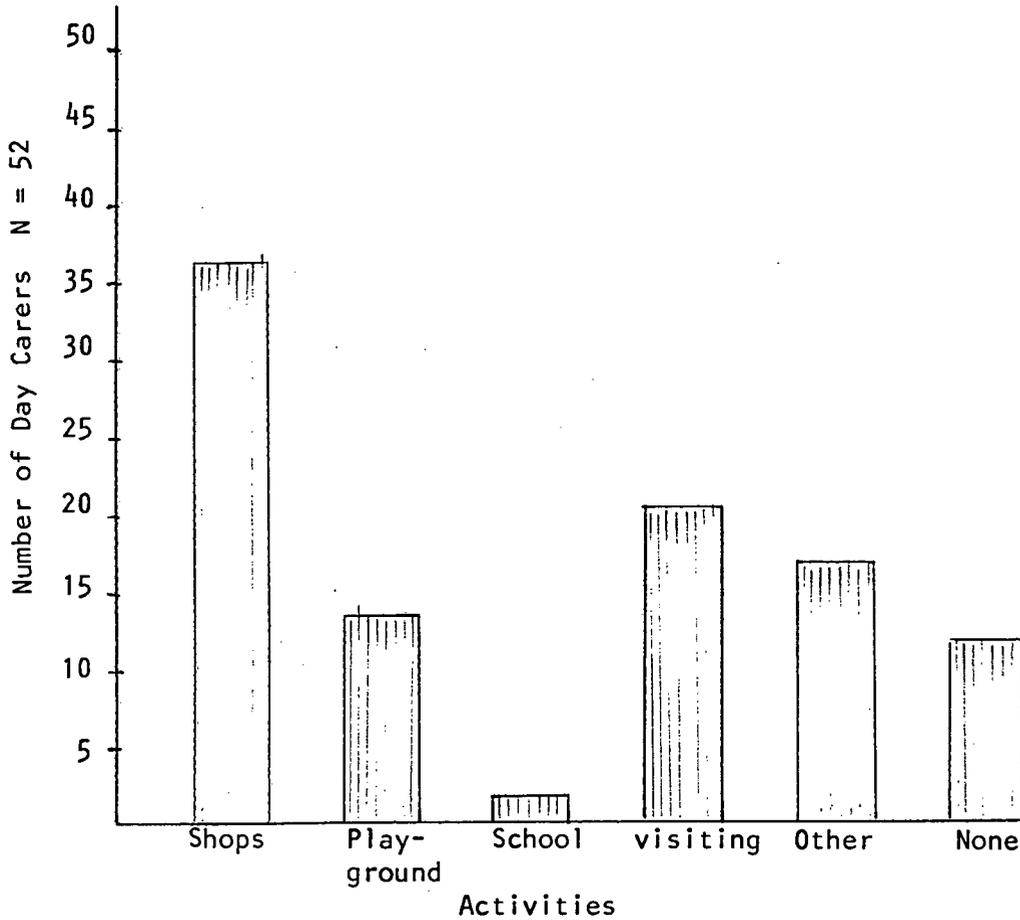
The majority of day carers involved themselves in indoor activities with minded children.

All day carers reported that they talked with the child. Over 75% of day carers reported that they played with children and joined in their games.

Over 60% read to the children and told them stories.

42% of the children were allowed to help in the home.

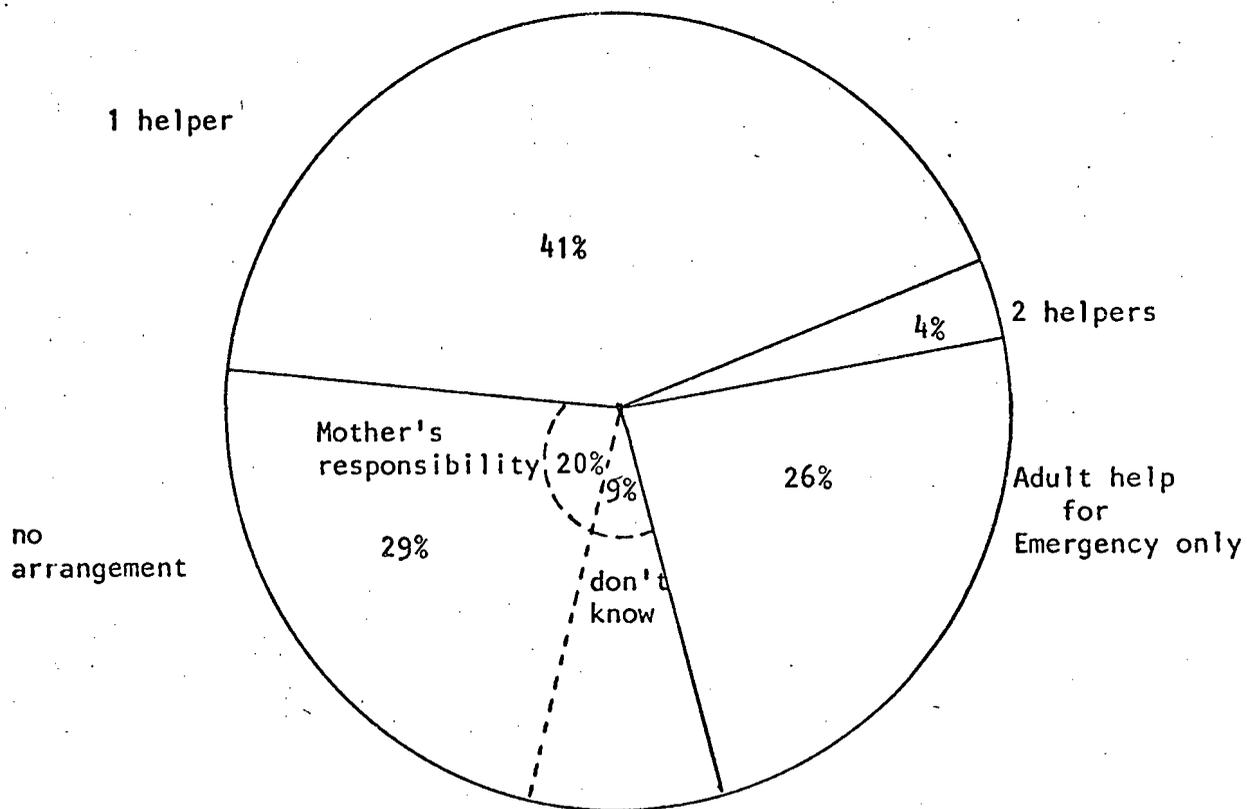
Outdoor Activities in Preceding four weeks



**FIGURE 13 : OUTDOOR ACTIVITIES ENGAGED IN WITH MINDED CHILDREN**

76% of the day carers provided a change of environment. The vast majority of outings were routine outings in the vicinity, either to shop or visiting friends.

The "other" category included trips out of the area to the beach, church and the cinema.



N = 54

**FIGURE 14 : EMERGENCY DAY CARE ARRANGEMENTS**

71% day carers had made emergency arrangements for the care of minded children, with 45% retaining permanent helpers to assist with day care.

29% of day carers had made no provision for emergencies and the majority of these day carers expected the mother to assume responsibility for day care arrangements.

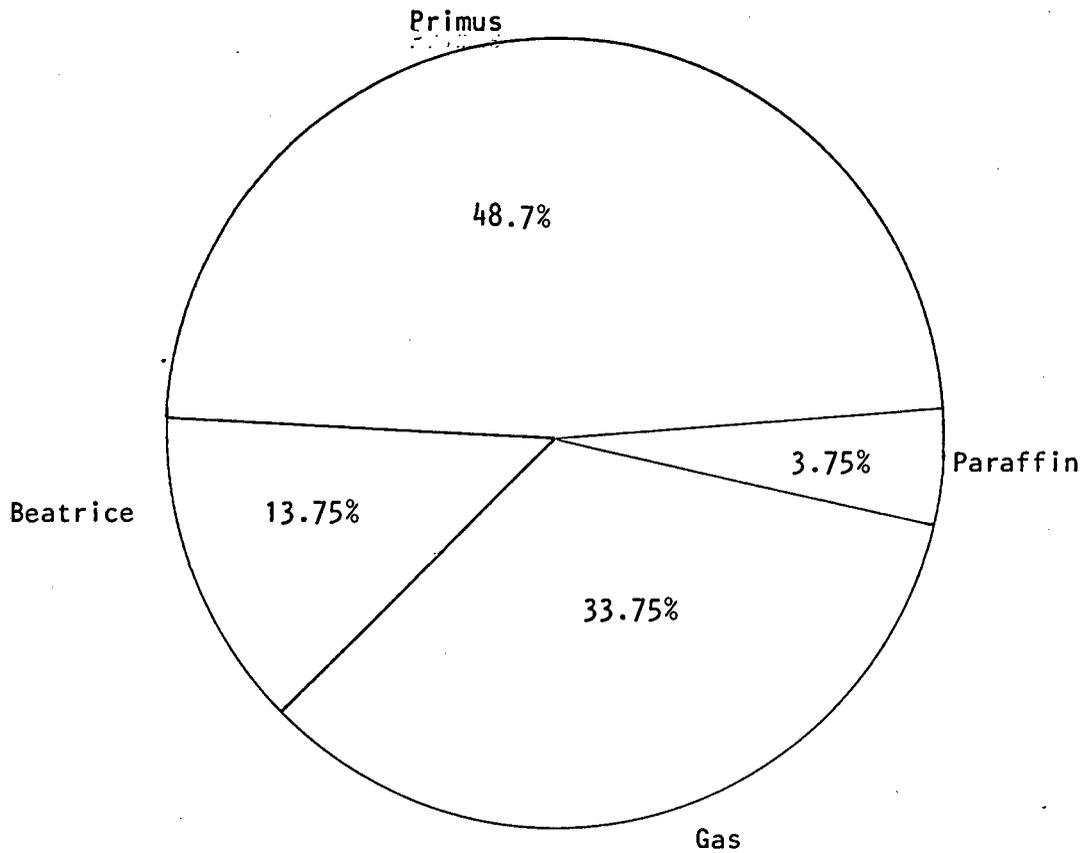
TABLE XX1 : ATTITUDES TO TRAINING

## Attitude to training

		Willing	Unwilling	Don't Know	Total
PREVIOUS TRAINING	Yes	13	1	0	14
	No	29	10	1	40
		42	11	1	54

26% of day carers had undergone training related to work and the majority of these day carers were amenable to participating in further training.

Of the day carers who had had no previous training 72% were willing to participate in training courses if held locally and only one day carer was undecided.



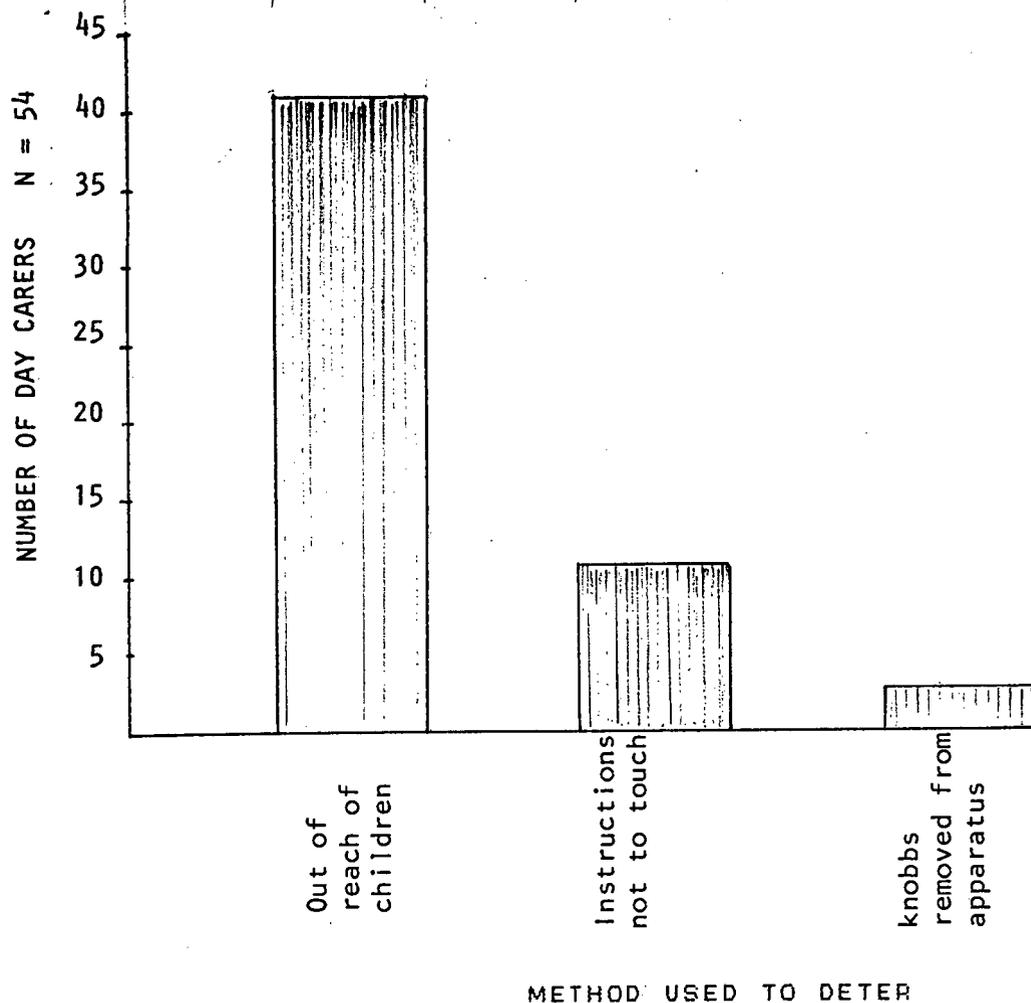
N = 80

**FIGURE 15 : TYPES OF COOKING APPARATUS IN THE HOME**

The excess is accounted for by the fact that some respondents made more than one response.

The two main cooking apparatus used were a primus (49%) and gas cooker (34%).

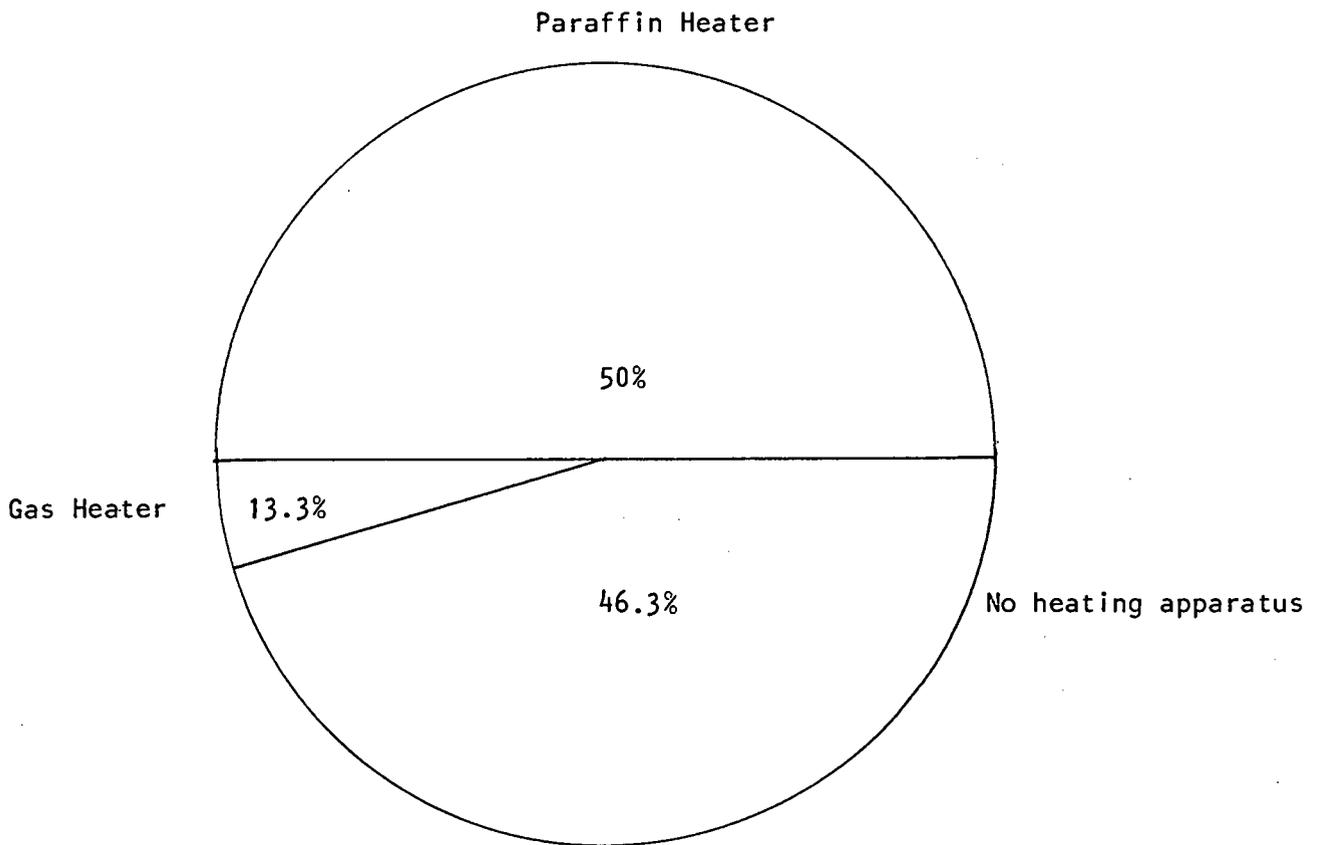
A minority of respondents used beatrice and paraffin cookers.



**FIGURE 16 : METHODS USED BY DAY CARERS TO DETER CHILDREN FROM TOUCHING COOKING APPARATUS**

76% of day carers stored cooking equipment out of the reach of children.

In 24% homes where children were able to touch the apparatus, they were deterred from touching mainly by instructions not to do so and in a minority of these houses extra precautions were taken by removal of knobs.



N = 54

**FIGURE 17 : AVAILABILITY AND TYPE OF HEATING APPARTUS**

63.3% of day carers possessed heaters, predominantly fuelled by paraffin whilst minority (13.3%) used gas heaters.

46.3% of day carers could not afford to purchase a heating apparatus.

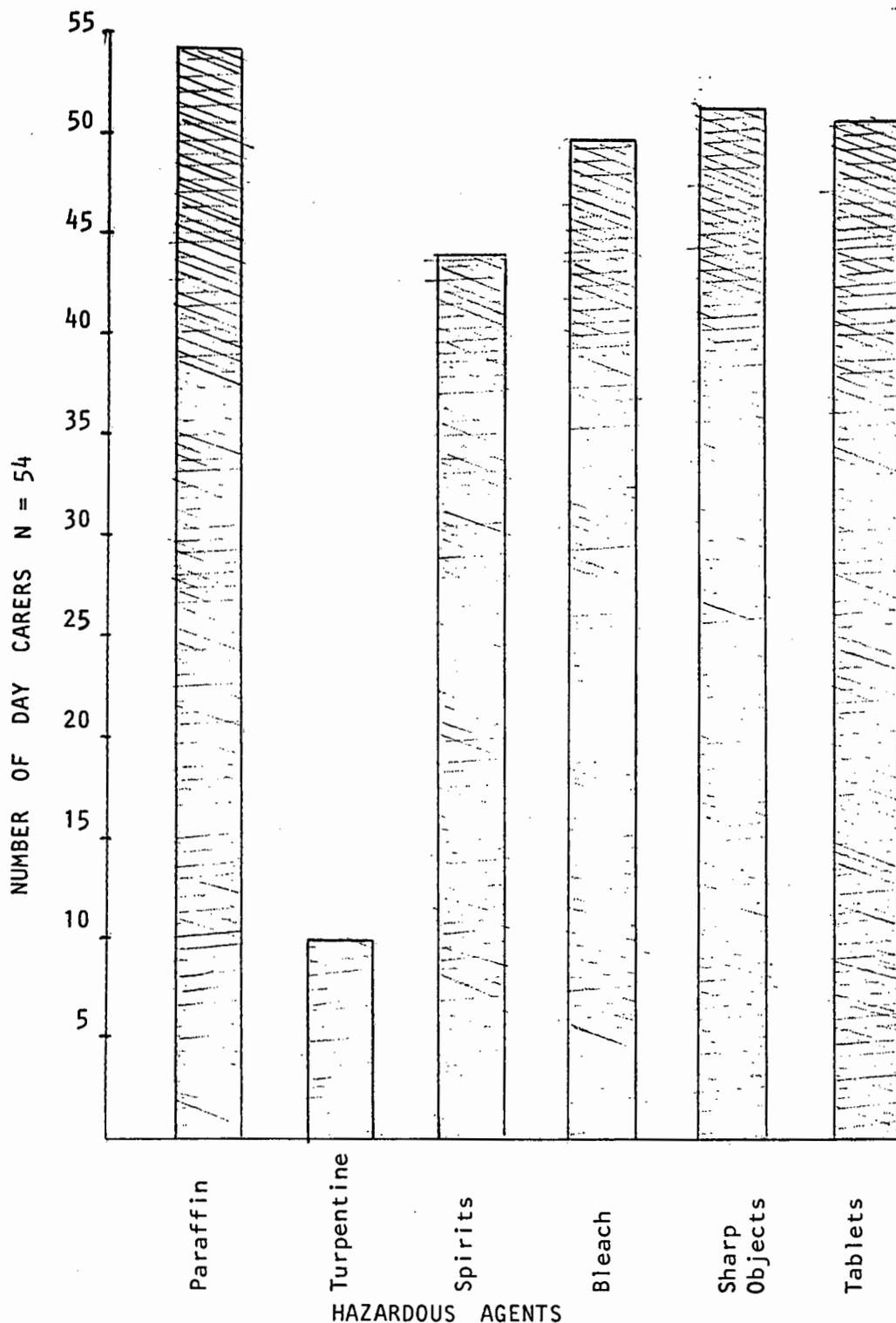


FIGURE 18 : AVAILABILITY OF HAZARDOUS AGENTS

The majority of the day carers used household cleaners, and other hazardous agents (sharp objects and medicines) were also available.

TABLE XXII : FREQUENCY OF CHILDREN'S ACCIDENTS IN DAY  
CARERS HOMES

Types of Accident	No. of Homes
Burn	12
Accident with:	
Paraffin	0
Turpentine	0
Bleach	0
Spirits	0
Deep Cuts	4
Other	1
None	37
TOTAL	54

"Other" category was injury caused by a fall whilst at play outside the home.

In 31.5% of day carer homes children had experienced injury. The majority of accidents (70%) involved burns.

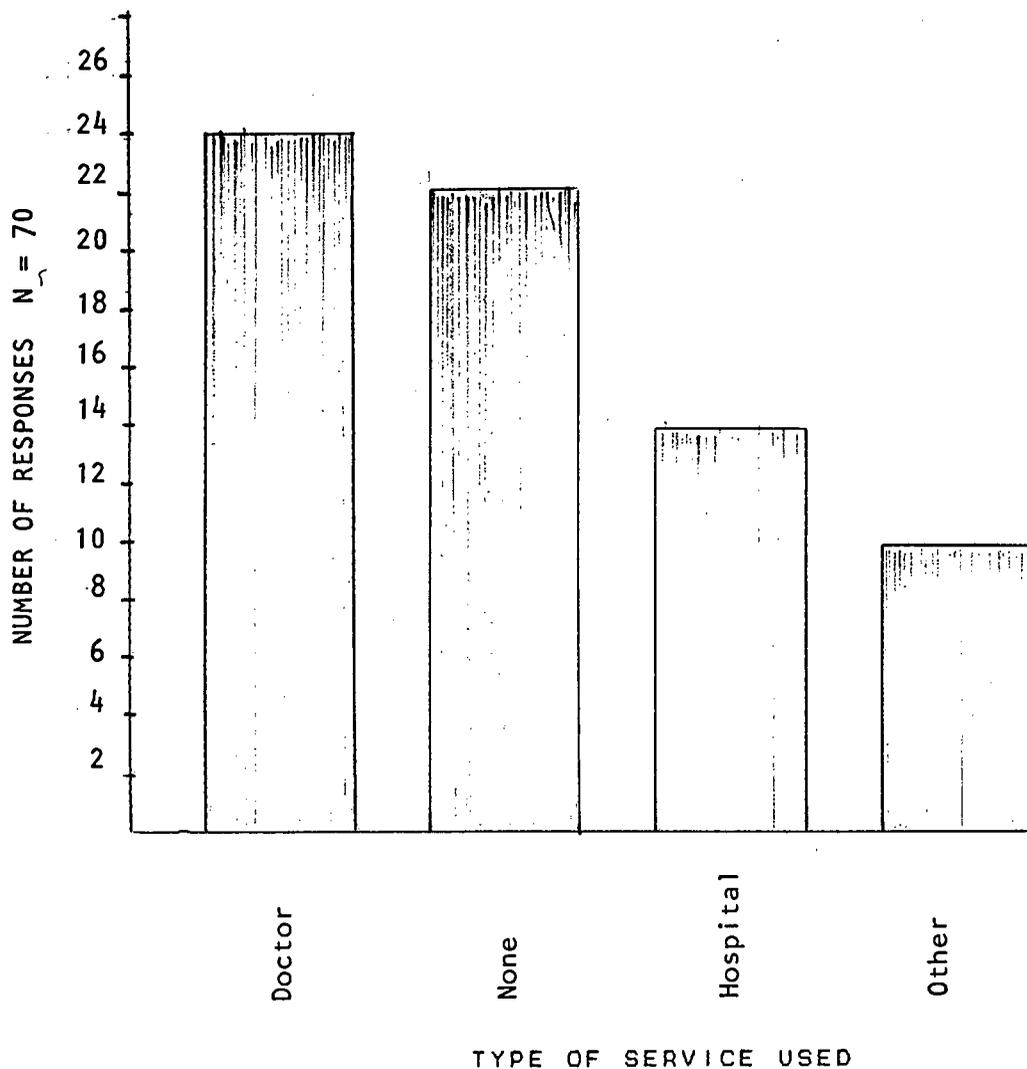
23% of injuries were the result of deep cuts.

**TABLE XXIII : ILLNESSES EXPERIENCED BY DAY CARERS  
DURING 1964**

Illness	f
T B	4
Sugar Diabetes	2
Asthma	2
"Nerves"	8
High Blood Pressure	8
Arthritis	1
Epilepsy	1
Paralysis of arm	1
None	27
Total	54

44% of day carers indicated that they had suffered illnesses in the past.

High blood pressure and "nerves" were the main illnesses, followed by T B, Sugar Diabetes and Asthma.



**FIGURE 19 : DISTRIBUTION OF RESPONSES OF DAY CARERS  
RE CONTACT WITH MEDICAL SERVICES DURING  
1984**

"Other" category included use of Day Hospital and Local Clinic.

40% of day carers had not used the medical services during the preceding year. The majority of responses indicated that contact with the doctor was the most frequent (34.2%). Consultation of the doctor frequently resulted in referral to hospital.

A minority of responses (14%) indicated that there had been contact with the Day Hospital and Local Clinic (mainly for minor illnesses or follow-up after discharge from hospital)

#### 5.4 Summary of results of pre-school centre

One pre-school centre has been established in the area in July 1984 to accommodate 130 children. The Red Cross Society had initial involvement in securing the premises and assisting with the establishment of the pre-school centre, but they appear no longer to be actively involved and the pre-school centre has lamentably become yet another financial burden for the already impoverished community to shoulder.

The pre-school centre is situated in the annex of the local primary school at one end of the residential development in Area A of Khayelitsha.. The building has been made available by the Department of Education, on a temporary basis, so there is no rental charge.

The building consists of four classrooms with two toilets situated at the end of the building. Three of the classrooms are used by the children and the other functions as a kitchen-cum-staffroom-cum-sleeping area for the children.

The three classrooms are equipped with basic child-sized equipment on loan from the school and four cupboards for storage of materials. Cupboard space is considered to be inadequate for storage of materials and are also not able to be locked.

The floors are tiled, but two rooms are partially carpeted with carpet tiles which were donated when the centre was opened. There are no curtains or heaters available.

There is no office space available and a corner in any of the rooms is used for interviews. There are no filing cabinets and the centre has no telephone.

The fourth classroom contains a primus stove, table, chairs and an assortment of cooking utensils. Sleep cots are stored in one section of the room. There is no refrigerator or cupboards for storage of food.

Outdoor space has been fenced in for safety, but remains just a sandy area with no outdoor play equipment and no attempt has been made to vary the scenery.

The amount of space available both indoors and outdoors is insufficient for 130 children, but the centre does not have to meet the requirements for space as it does not receive grant-in-aid.

The centre offers full-time day care for children on 5 days per week, starting at 7.30am and continuing until 4.30pm.

A flexible service is offered in that there is no coherence to school terms, and the service is organised around the working patterns of the parents and hence the

need for day care. There is however a high rate of absenteeism during the school vacations as older siblings provide care for the pre-school children.

There are five staff members employed at the pre-school centre, only one of whom has completed a course for pre-school teaching and she is the only staff member who has previous experience of working in a child care setting.

No medical checks are required for staff members and no formal references are requested. Recommendation by other staff members appears to be sufficient for employment purposes.

There is a high degree of overlapping of roles and all staff members are expected to be fully involved in the education programme as well as carry out other non-teaching duties. Staff members are expected to carry full responsibility for their assigned groups throughout the day, except during periods of outdoor play, when the teacher supervises the entire group. The adult-child ratio has been calculated at 1:26.

There is no pre-training and no in-service training for staff. Only one informal training session has been conducted to make staff aware of the complexity of their task.

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There is no pre-training and no in-service training for staff. Only one informal training session has been conducted to make staff aware of the complexity of their task.

Staff members are too absorbed in the care and supervision of children to set time aside for internal staff meetings, but information is shared daily, in an informal way about the children and the programme.

#### 5.4.1 Day care activities

Children are accepted at the pre-school centre between two and a half to six years of age and at present there are 130 children registered at the pre-school centre.

In the past the centre catered for children not officially registered, but this practice has now ceased. The centre holds a waiting list of 100.

Children are brought principally by the parents although in some cases, older siblings bring children to the centre, with the bulk of children arriving from 7.30 am to 8 am.

Children are normally collected by 4.30pm by older siblings although a few children are collected by the parents when they returned from work. On the odd occasion when the children are not collected before 4.30pm, the staff at the centre return the children to their homes. One of the main problems that the centre experiences is the late collection of children.

Parents pay a fixed monthly contribution of R8, which staff consider causes financial difficulties for parents and results in a fluctuating absentee rate. This is the

only income of the centre and the main item of expenditure was on food, which fluctuates according to the income. The residue of the money is used to pay the salaries of staff members, and pay vacillates from no money at all to R60 per month. There is no money left for the purchase of materials for play and education.

Staff at the centre are aware of the importance of good communication with the parents. Parent-staff relationships are reported as being cordial and relaxed. The pre-school centre has brief daily contact with the parents, but information about the child is exchanged with parents mainly at the fortnightly staff-parent meetings. The centre goes beyond mere communication, as parents are encouraged to become involved in the management committee which formulates policy for the centre. The original Management Committee consisted of sixteen elected members, many of whom were parents and whose functions were to advise on policy matters, formulate intermediate and long term policy and mobilise resources in the community. The Management Committee had dwindled to four members, two of whom are staff members and the other two are members of the local community, as parents have found that home and work commitments are too numerous to undertake regular committee work.

The centre provides breakfast and lunch for the children. Breakfast consists of porridge and milk; whilst lunch

consists of vegetables, bread and a milky drink, with meat stews provided bi-weekly. Four staple nutritional items are provided daily: porridge, milk, vegetables and bread.

The daily routine at the centre is as follows:-

Before 8 am	Arrival and prayer
8 am - 9 am	Breakfast
9am - 10 am	Education activities
10 am - 11 am	Freeplay
11 am -12pm	Outdoor activities and lunch
12 pm - 1pm	Toilet routine and rest period
1 pm - 2pm	Story time and musical ring
2 pm - 3 pm	Preparation to leave Outdoor activities until collection

Children are separated into specific groupings according to age. There are three groups in the centre:-

Two and a half to 4 years of age

Four years to five years of age

Five years to six years of age

The children remain in these groups throughout the day, except during outdoor activities when the teacher assumes sole responsibility for the entire group. The assignation of staff to specific groups throughout the day ensures some predictability for the children.

Children are allowed the use of three rooms and the outside play area for play activities. Indoor and outdoor play materials are available and age appropriate, but in short supply. Basic play items like blocks, puzzles, and books are available for play, but there are no items for outdoor play as this equipment is costly.

Children are not allowed to play with household items as these are in short supply and staff consider that they could prove dangerous for children.

The staff always play with the children; read to them and tell them stories. Only the staff assigned to playground activities join in the children's games and children were expected to clear away the materials they had used in play.

Children are disciplined mainly by diverting attention and talking to the child. Threats and demands or physical punishment were reported as "never used" to discipline children in the centre.

The centre obtains immunisation details of the children and permission from the parents for immunisation. The local community nurse carries out monthly visits to do hygiene checks and will arrange for necessary immunisation. No other medical or dental checks are carried out. In emergencies, the nearby day hospital or

health centre will be used. Emergency contact points for parents are available, but the centre has no telephone, and in emergencies staff have to use the telephones at the school or the nearby shopping centre.

Staff consider the main problems they experience with parents to be irregular fees and late collection of children.

Staff appear to have little contact with other professionals operating in the area. Centre staff have monthly contact with the Social Worker from Child Welfare and the community nurse from the local health centre

Grassroots Education Trust has recently responded to a request for assistance from the centre, but links are as yet, tentative.

## CHAPTER 6

### DISCUSSION

#### 6.1 Community Characteristics and Family Profile of Day Carers

The investigator traced a vast government housing scheme for the black community and against this background looked at two groups of women, who, on the surface, complement each other. One group who wants to go to work and who need day care for their pre-school children and another group who prefer to remain at home and provide care for the children of working parents. Information about the pre-school centre has also been collected as it is a community venture and therefore part of the informal day care structure in Khayeltisha.

An incongruence presented itself when the investigator attempted to examine the findings of the study in the light of issues espoused in the international literature. The findings furnished minimal evidence to resolve the conflicting claims of international critics of day care, but they did impart significant knowledge about community life in Khayeltisha.

The present study affirms that the informal day care system for pre-school children is well utilised in Khayelitsha, partly because, the investigator surmises, it is a traditional and therefore acceptable practice, but also because parents have to make a pragmatic choice of day care that corresponds to what is attainable, within their means and commensurate with their work commitments.

The findings also accentuated the difference in the service provided and problems of day care in Khayelitsha to those of technologically advanced societies and reinforced the need for the formulation of prescriptions relevant to the society.

At the time of the study 1829 families had settled in the area and the residential distribution of areas A,B,C and J was fairly even, (as can be seen from Figure 1 which shows the residential distributions of respondents in the study), whilst dwellings had newly been allocated in Area E which was partly occupied, as was Area Z which comprised about 20 houses.

The area profile that emanated exhibited features which are markedly similar to those identified by Khinduka (1971,p.62) as distinguishing features of third world countries. Khinduka draws attention to the poverty, "not only in terms of low income per capita, but also in terms of lack of resources and social services available..."

The findings reveal that 14,9% of households had an income of more than R400 per month, whilst 59% of households had a monthly income of between R101 to R300, and 17% of households had an income of less than R100 per month. In the latter households, the breadwinner was generally found to be in receipt of state benefit.

The Household Subsistence Level for 1984, according to the Institute of Planning Research (1984,p.5) estimates that R289,69 is required as living expenses for the African household consisting of six members. The Household Subsistence Level excludes travelling expenses and the higher cost of essential commodities at small outlets in the townships. When expenditure for travelling costs to work are taken into consideration, the findings reveal that at least 76% of respondents can be seen to have a level of income below the Housing Subsistence Level.

The study included questions about salaries of all wage earners in the home, but respondents volunteered information only about wage earners employed in the open labour market. The fees of day carers were not included by respondents, nor were any remuneration from informal sector activity, for example, the selling of fruit, vegetables and other produce or the commissions received for acting as agents for large concerns. It is therefore likely that income statements may understate the family

Income by excluding income derived from sources other than formal sector employment. Informal sector activities may be illegal, but may represent the significant avenues that ensure survival for the people as the overwhelming majority of workers are locked into low level income situations and do not possess the necessary training to qualify for higher salaried employment.

The households additionally manifest a multiplicity of dependants. 33,8% of households have children under nine years of age, 18,7% have children between ten and nineteen years of age and in 13,6% of households there are family members over 60 years of age. 40,7% of households also have dependant children residing elsewhere who have to be maintained from the meagre salaries of the households.

According to Van Heerden and Evans (1984,p.63) residents in Khayeltisha identified the following as priority needs for the area; shopping facilities, creches, schools, churches, clinics with doctors, community halls, police stations...and their study showed that many of the facilities were found to be accounted for in the overall plan and most of them were already available, although perhaps in insufficient quantity.

A survey of facilities in the area undertaken by the investigator before the study, corroborates the findings

of Van Heerden and Evans about the paucity of health and social service resources and facilities in the area.

The contact that day care providers have with other professionals, is fairly sparse. Day carers had sporadic contact with a Social Worker who operates in the area once weekly and runs a group for day carers from the Health Clinic. Although day carers were in possession of medical information, it was doubtful that health clinics were used on a regular basis for immunisations and other health matters. Statistics at the Health Clinic and discussions with community nurses, suggest that regular follow up by community nurses only occurred with new babies and there was infrequent contact with older pre-school children.

The pre-school centre likewise, had only intermittent contact with other professionals in Health and Social Work fields.

In organisational terms, it is important to ensure that specialised services are linked together whenever appropriate. An interdisciplinary team approach needs to be striven for to co-ordinate the fragmented services being offered to day care providers and to spell out roles as regards preventative, remedial and educative tasks.

The findings from the sample of 200 households, indicated that there were mother figures (as parent of family) in 79% of households.

In 54,6% of the homes where there were pre-school children, the mother was unemployed and provided day care for the pre-school children. One could suggest that mothers obviously prefer to remain at home and care for their own children, especially when there is a breadwinner in the home. However, the cost and distance to work places, are effective deterrents to obtaining outside work, even though there may be a great need to augment the family income.

In the homes where parents were in employment, housekeeping by siblings appeared to be the most common feature, followed by the maternal grandmother as housekeeper. Although this mode of formation correlates with traditional patterns, it also mirrors the demands of the economy in that mature women are more likely to obtain employment than teenagers or members of the older generation.

Another trend was the extensive use made of the kinship system, which involved sending children to reside with relatives. Nearly 61% of relatives who provided day care lived in the nearby townships or in squatter areas in Cape Town, but a minority resided in the Homelands.

Relatives living closeby, tended to provide diurnal and nocturnal care during the parents working week.

The practice of using the kinship system signifies that ties between the nuclear and the extended families are not completely severed when families relocate, but the arrangements appeared to be more of a voluntary nature and out of sentiment, rather than obligatory.

As shown in Table 111, the predominant form of day care used apart from care by the mother, was care by relatives and only 13,9% of mothers made use of "outside help"; 5,4% of mothers made use of the pre-school centre, and an equal percentage made use of unrelated day carers, whilst 3,1% of mothers used live-in help to care for pre-schoolers.

79% of respondents were unable to identify any day carer in the area and 11,5% were able to identify one day carer. Seven of the respondents were able to identify the same day carer as she had advertised on the outer wall of her home.

Many of the respondents had recently located to the area and may be unaware of the day carers in the locality as were respondents who were in full-time employment out of the area. It is also likely that day carers with long standing arrangements are likely to be better known than

transitional or novice day carers, who may operate unrecognised in the area.

The ensuing discussion represents the findings from 54 day carers who were interviewed; 29 drawn from the original sample and 25 who were identified as day carers.

### 6.2 The Pattern of Day Care

The pattern of day care that emerges, provides fascinating insight into the lives of people in the area. The findings indicate that predominantly grandmothers, young girls and non-working women play a vital role in providing day care services in exchange for payment or mutual services. For relatives who provided diurnal and nocturnal care, parents reciprocated with shelter and food.

The majority of unrelated day carers appear to have limited experience of day care activities and 72,2% had contracted placements since the move to Khayelitsha, mainly to assist friend or neighbours who had procured employment.

13% of day carers had provided services for over 5 years, and the majority of these carers, were relatives who had provided continuous care since birth for the child they were minding.

The profile of day carers that emerged is that of a more mature woman who enjoys fairly good health.

The age range of day carers indicates that although the major categories of age range straddled thirty years (20 to 49 years), the majority of day carers fell within the thirty to thirty nine years age range and only 12.9% of day carers were over fifty years of age.

The health state of day carers indicates that 44% of the day carers had in the past suffered illnesses of high blood pressure, tuberculosis, sugar diabetes or asthma. Only 40% of day carers indicated that they had required medical services during the preceding year. For those who had used medical services, 34% had contact with the doctor which for a minority had resulted in referral to hospital. 14% had used the day hospital for minor ailments or follow up after discharge from hospital.

The findings indicate also that 60% of day carers were unemployed prior to providing day care services. The majority of day carers who had been in employment appeared to have been engaged in low paid domestic related employment. With hindsight, the investigator considers that this question may have been misconstrued by respondents who may only have included employment immediately prior to day care activities.

96.4% of recruitment occurred through prior acquaintance and personal contact between parent and day carer. This

practice may be traditional, but it may also reflect the processes that occur in communities at inception and where local facilities are as yet, unknown. In technologically advanced societies, recruitment occurs mainly through professionals in the community.

✶ For the parents in Khayelitsha the traditional system of informal day care and recommendations through personal contact, is more acceptable because it is more reliable and offers opportunities for surrogate mothers who may be individuals the children have known since birth. For the children the placements offer predictability and stability in terms of their likely continuance and allows a one-to-one relationship and care within the security of familiar surroundings.

Day carers in Khayelitsha appeared to be amenable to caring for very young children. 57,4% were willing to care for children under 6 months of age and 87% were willing to accept children up to two years of age. It is likely that day carers responses may have been influenced by their existing placements as 53,6% of children with day carers were under 6 months of age, and a further 32,6% were between one to two years of age with only 13,6% over two years of age.

One could surmise that a greater number of parents with young babies need to resume or procure employment soon after the birth of their babies, but the findings may

also suggest that parents with older children, may make greater use of the kinship system.

In other countries, home based day carers show a preference to care for younger children as children over the age of two years are considered as "trained" and it is felt to be an arduous task to retrain these children to the day carers expectations and routines. In Khayelitsha, older children would be viewed as "responsible" and therefore an asset to the day carer.

At the time of the study there were surprisingly few children to be found with each day carer. The majority of day carers appeared to be looking after one child and the adult-child ratio was calculated at 1:1.8. With such low ratios it can be expected that children should receive the benefits of one-to-one adult-child interaction.

The findings indicate that one pre-school centre for 130 children has been established in the area, where it has been projected, there could be as many as 9,158 children. It is uncertain though that black parents would make more use of formal facilities, even if there were more available as the concept of young children attending school may not be acceptable to parents who prefer the traditional system of informal care.

However the fact that the pre-school centre is a community run venture, which depends on community

participation and support, may supersede the natural reservations of parents, as the pre-school centre is fully subscribed and holds a waiting list of 100. Admission can occur at present only through withdrawal of children or natural progression to primary schools and this may of course, also serve, as a good deterrent for parents requiring day care.

There are five full time staff members employed at the centre, only one of whom holds a qualification in pre-school teaching. This staff member functions as the head teacher and is in practice in charge of daily activities. Recruitment and hiring of staff is centred around availability of people in the community to undertake the work and the ability to relate to young children, rather than professional paper qualifications. The advantage of this is that people who would otherwise have been disqualified for lack of experience and/or formal education are given the opportunity to participate in day care activities, but it can prove inexpedient, as these employees without special training and experience are closest to the children and have more frequent contact with the children.

The adult child ratio at the pre-school centre is calculated at 1:26. Slabbert and Thomas (1976,p.82) recommend a maximum ratio of 1:12 and a minimal ratio of 1:20 for children from three to six years of age. The

high adult-child ratio at the centre, can serve to thwart effective caregiver contact with children.

Ruopp et al (1973,p.13); Provence et al (1977,p.240) and the United Nations (1969,p.15) are in accord that heterogeneity, competency and love of children are important characteristics for staffing groups. The staffing group at the centre is constituted of predominantly unqualified female staff, who may have an interest in children, but have limited experience of child care settings, and receive no in-service training to assist them to understand the complexity of their task. In addition, the staff also are required to perform the educational and recreational activities as well as the non-teaching duties in the centre like cooking and cleaning.

One can surmise that the combination of deficits, is likely to have a dire effect on the programme.

### 6.3 Frequency of day care provision

The frequency of day care arrangements was totally related to the working pattern of the parents. Day care arrangements, essentially were full-time and consistent. The findings suggest that in only one placement did the children experience an unpredictable schedule and this was related to the casual pattern of the mother's employment. The children, were in this instance cared for by a neighbour who was well known to them and as the

placement involved siblings, it may have afforded sufficient security as the children showed no obvious ill-effects. 50,8% of day carers provided overnight care for children during the parents working week, and of the 33 children who receive only diurnal care, over two thirds (23) spend between ten to twelve and a half hours per day with the day carer. Nine children spend between eight and ten hours with the day carer and one child spends seven and a half hours at the day carers home. Twenty eight children started their day with the day carer before 7.30 am with the earliest placement commencing at 5 am. and thirty one children were collected by 6 pm, with one child returning home after 7pm.

Out of the 95 children who were found to be with day carers at the time of the study, 52,6% of the children received care for five days per week, whilst 35,8% required care for seven days per week and only 8,4% were with day carers for less than five days per week. Children under six months of age appeared more consistently to require care for five days per week, whilst older children seemed to be minded for more than five days per week.

The frequency with which day care is provided in Khayelitsha represents long working hours. In technologically advanced societies day carer activity for improvement of working conditions, has as one of its

prime foci the reduction of hours of day care. In Khayelitsha, curtailment of hours of care would be impracticable because the work obligations of parents governs the demand for child care.

One is therefore faced with the reality in Khayelitsha that day carers accept responsibility for very young children for long hours daily and their potential influence on the cycle of deprivation is considerable and merits further study. However, it is also immanent that day carers who live in the parental home continue to provide care, even when the mother is at home, and it can thus be surmised that day carers provide the type of care which would approximate care by the mother.

The pre-school centre offers full-time day care for 130 children of working parents in the area, although there is no stipulation that the parents should be employed for the child to qualify for a place. The centre operates from 7.30am and continues to 4.30pm for five days per week and offers placements for children between the ages of two and a half to six years.

The centre does not cohere to school holidays and makes available a flexible service, responding to the parents working patterns and hence the need for day care. When the operating hours do not co-incide with the parents working commitments older siblings are used to fill-in time until the parents return from work, as well as to provide day care during the school holidays. This

practice may prove disconcerting in technologically advanced societies where environments contain innumerable safety hazards, but in pre-industrial societies, like Khayeltisha, where there is limited time available to children from parents, sibling interaction is a pronounced feature of community life. In the absence of parental instruction, children develop their own resources at an early age and with support from neighbours, siblings are as mindful of younger children as any adult could be expected to be.

#### 6.4 Suitability of informal day care provision

The research findings mirror the material poverty of the people, but also reveals the propensity for mothering and the expediency of the people to transcend poverty and provide for children a stimulating and enriching environment.

Wilsworth (1979, p.182-183) in her study of a black community in Grahamstown, takes cognizance of this capacity of the people, which she calls "ubuntu" (=humanity) and which she maintains is part of the black communities philosophy of life and is based on neighbourhood bonds and kinship resources which have been built up over a long period of time. Wilsworth believes that this philosophy depends on the physical stability of the people and contends that it must be damaged when people move to an alien environment. The findings of

this study indicate that even with relocation, "ubuntu" is alive, although it is uncertain as to the extent to which it has survived.

Wilsworth (1979,p.182-183) amplifies the concept of "ubuntu". She believes that this philosophy of life, acknowledges that human relations and human survival are paramount values and regards material possessions as the means whereby these values are achieved. Material possessions assume less importance in the classification of values and the fluctuations of individual fortunes are evened out, not through formal systems, but through neighbourliness. Reciprocity and sharing are basic principles underlying neighbour relations, but it is neither class, nor occupation, nor shared recreational, church, or even kinship affiliations, but rather the neighbourhood grouping that is the most important social grouping and which dictates the spirit of ubuntu. According to Wilsworth (1979,p.182), "...face to face relationships exist between members of all economic rankings and the knowledge and expertise of all, including the elite group, are pooled, to become a resource for the community as a whole." Wilsworth (1979,p.50) drawing on Reissman (1965) in an examination of the societal features of cultures of the poor, gives a pen picture of characteristics, which are analogous to life in Khayeltisha. "The co-operation and mutual aid that mark the extended family: avoidance of strain accompanying competitiveness and individualism;

equalitarianism; informality and humour; freedom from self blame and parental over protection; children's enjoyment of each other's company and lessened sibling rivalry; the security found in the extended family and a traditional outlook; the enjoyment of music, games, sports and cards; the ability to express anger; and finally the physical style involved in learning - a particular creative potential of the poor.'

#### 6.5 Day care fees

43% of day carers disclosed that no charge was made for day care. The majority of these day carers were relatives, half of whom also provided overnight care, and who received reciprocal benefits from the parents.

The fees charged by the remainder of the day carers ranged from R20 to R70 per month, with a mean of R37,13 per month. The day carers who charged for their services tended to base their fees on what they considered the mother could afford, and some even felt guilty at taking what they saw as too much from mothers who could ill afford the money. The findings also indicate no connection between the fees charged and the services provided, in terms of food or overnight care, and one can surmise that children are incorporated into the day carers family whilst the parents are at work and receive similar treatment to the day carers own children, and the parent may be expected to contribute what they can in cash or in kind, within their means.

Unlike in technologically advanced societies, day carers in Khayeltisha tended not to conceive of their day care arrangements in terms of a job and appeared to have no expectation of earning a living wage from day care. None of the day carers in the study included their fees as earned income. They appeared to view their day care arrangements as a family service or a sideline that fits in with other commitments and in some instances has the advantage of bringing in extra money.

The pre-school centre is essentially a community run venture, with economic stringencies inhibiting the growth and success of the venture. The only source of income is a fixed monthly income of R8 from parents fees. Parents are mainly in the low income bracket and staff are convinced that parents have difficulty paying the fees and that the fluctuating absentee rate may be connected to parents inability to meet the fees.

The bulk of the income is allocated for the purchase of food for the children and the salaries of the staff are paid from the residue. Staff salaries thus tend to be low and erratic. There is no working capital for the purchase of materials for education or play, which seriously hampers the effectiveness of the educational programme.

Good quality day care costs money and is beyond the financial capacities of these parents.

#### 6.6 Health and Nutrition

Malnutrition is a serious problem for many low income communities in South Africa. Wilsworth (1979,p.216) states that the sight of emaciated black children may be rare, but connected diseases of tuberculosis, gastritis, bronchitis and pneumonia are major causes of infant mortality. Although there is a suggestion that neglect by the parent is the main reason for high death rate, Wilsworth (1979,p.216) found that there is a combination of factors of which poverty and sub-clinical malnutrition are forms. She acknowledges that there may be ignorance and neglect, but there is also the failure of the medical structure to recognise the degree of illness in the child. In Khayelitsha there is low user rate of health facilities both for immunisation and for health care, and emergency treatment is likely to prove problematic in the evenings because of the distance from nearest health facilities.

Poverty produces diets, which for many would be unacceptable. Day carers in Khayelitsha worked to maintain a well balanced diet for the children. At the pre-school centre menus are planned in advance. The findings indicate that the staple diet is constituted of bread, milk, porridge and vegetables, with meat provided bi-weekly. In addition fruit is served daily by 46% of

day carers and bi-weekly by 8,8% of day carers and 28,8% of day carers serve sweets daily, whilst 30% provide sweets occasionally as a treat.

The diet may be limited in variety and may present as monotonous, but based on the literature, the diet can be rated as adequate in nutritional value. Beckenridge and Murphy (1969,p.195) considers that milk, vegetables and fruit should form the mainstay of the child's diet, with meat and poultry or fish provided two or three times per week. They contend also that sugar concentrates should be supplied only occasionally as a treat for the children. Data concerning menus at pre-school centres collected by Slabbert and Thomas (1976,p.14) reveals similar dietary items to those provided in Khayelitsha and was considered by the researchers to be an adequate diet.

The limited variety of dietary commodities is a reflection of the limited budget of the day carers rather than the lack of knowledge about nutritional values of foodstuffs.

However, the pattern of meals is regular and consists of breakfast and lunch. 90% of day carers provided dinner for the children and 29% of day carers provided a snack before bedtime.

An important aspect of mealtimes is the warm and positive atmosphere that the adults create by eating with the children and interacting with them throughout the meal. There is an almost effortless sociability in which the emphasis is on closeness, contact and communication and the consumption of food takes on an emotional significance that supersedes the content of the meal.

#### 6.7 Daily routine, play space and materials for play and education

##### (A) Day carers

Day carers did not follow any specific daily routine as this was not workable, rather they appeared to schedule their activities in the way most convenient for themselves.

In general the child's day did not conform to the picture of confined inactivity as conveyed in the literature, although the majority of children spent long periods either playing about in the house or in the backyard.

57.6% of the children were allowed the run of the house and had access to backyards. Only 17% of predominantly younger children were restricted to the use of one room.

The prevailing impression of the investigator was that the two small rooms of the core house were cramped and could prove quite hazardous for the children, who had to negotiate busy cooking areas, sharp edges of furniture and concrete floors, which in most homes were bereft of

floor coverings. Outdoor play space consisted of sandy areas, frequently containing broken and unwanted items of furniture and the vibacrete fences erected had gaps in the perimeter, so children had access to sometimes busy roads.

The findings indicate that 33% of day carers had no play equipment for the children. Of the day carers who had materials available, the overwhelming majority possessed only one item, usually a doll or a car, which was frequently not in good condition nor age appropriate. Only 15% of day carers allowed children to play with household items and advanced a variety of reasons for their reluctance to allow children the use of utensils; it was unhygienic, dangerous and utensils would be broken or lost.

The prevailing impression is that the lack of materials for play is limited by the availability of funds, as good, durable toys are expensive and cannot be replaced on a regular basis and likewise neither can the cooking utensils, which are already in short supply in the home.

Yet the day carers appeared to provide a stimulating environment for the children through talking and joining in with the children's games. 75% of day carers intimated that they became actively involved with children's games and 60% spent time reading to the children and telling them stories. 76% of day carers

recognised the benefits of providing a change of environment for the children. The majority of outings were however routine; such as trips to the shops or to visit friends. Only 3,8% of children were taken to the playgrounds regularly as the facility was too far for many children to walk.

Day carers thus exposed children to the aspects of urban reality, but more importantly, they also socialised children in traditional ways. According to Wilsworth (1979,p.335) "the African child is born black but becomes African through exposure to the rich and varied religious, ritual and ceremonial life of the township." Part of this process involves introduction to musical expression through popular songs, hymns and traditional songs and dance steps, so that by the age of five or six years the children possess rhythmic and kinetic abilities. In imaginary play, the children emulate parents whilst "playing house" and this involves carrying pots and items on their heads which gives poise and control.

The power of words is revealed in numerous areas and the great flexibility of the spoken word is revealed in the improvised ditties and derision that abounds in the community and in which children are inculcated.

However, there was no formal educational curriculum, instead day carers acted as live models and examples and

education tended to be informal and instinctive and initiated by both day carers and children.

There appears to be general recognition that the waking time of even the young infant, is often occupied with physical and intellectual activity and the child needs to conserve energy. Day carers tended to designate specific times during the day for the child to have a sleep or a rest. Half of the children were reported to sleep both in the mornings and in the afternoons; 42% slept either in the morning or in the afternoon and only 7.6% of children did not sleep whilst with the day carer.

(B) Pre-school centre

The indoor space available to the centre can be considered inadequate for the number of children served by the centre, but the centre does not have to conform to the guidelines for space laid down for facilities which receive a grant-in-aid.

The classrooms contained child sized furniture with a few brightly coloured posters and paintings ornamenting the walls - but the physical space was not used in a very creative way. With some organisation each room could have been divided into specific play areas that could have provided structure, variation and stimulation for the children.

Outdoor space, although fenced in for safety, is an aesthetic liability. The area is a mere sabulous square, bereft of equipment of any description.

Play materials at the pre-school centre were sparse, although more age appropriate than in the day care homes. Children were not allowed to play with utensils as the equipment was already in short supply.

The daily routine at the pre-school centre introduced a degree of regularity so that staff and children knew what to do and what to expect next. It also ensured that activities take place in a balanced sequence. There was no specific educational curriculum followed, and although the routine indicated a good mix of structured and unstructured activities, the programme involved only basic skills. Areas of concept formation and development of themes were neglected and some developmental play in the form of music and rhyme ring had been attempted, but staff were lacking in experience to sustain these activities.

The centre would like to do more with its educational programme than it is doing now, but it is understaffed and there are some days when getting through from morning to evening is a major task.

The daily routine at the centre includes one hour set aside for sleep after lunch. Children are laid to sleep

on sleep cots which are laid out on the floor with aisles between so that adults can have access to all the children.

#### 6.8 Discipline

Each child entering a different setting brings with him his own view of the world and a need to control his little bit of the world and as such poses a threat to the existing set up and order of things. The child also brings with him feelings of aggression and hostility, which he may find difficult to control, and limit setting by adults he can trust, can add to his feelings of security.

Adults vary in the methods of correction they employ. In day care homes, 38% of the children were subject to physical punishment, which appears to be the traditional and accepted way of punishment, but 39,6% of day carers used verbal chastisement, and 14,8% of children in the age group up to one year and eleven months, were perceived by day carers as "causing no upset".

At the pre-school centre, positive sanctions of reasoning, suggestion and diversion of attention were used, rather than threats or punishment. These methods of discipline at times could prove a potential source of conflict with some parents who believe that the only response to misconduct is physical punishment.

Irrespective of the sanctions employed, discipline should encourage the child to accept limits, controls and direction from adults and to work with other children.

In technologically advanced societies, the desirability of physical punishment is disputed as it fails as a means to give positive direction and may impede the development of inner controls.

In Khayelitsha, the emphasis when discipline was exercised, was to maintain a supportive atmosphere in which children knew they were accepted and appreciated. Wilsworth (1979,p.338) comments on two aspects of community life which is conducive to maintenance of the supportive atmosphere.. Firstly, the black community cannot be regarded either entirely as adult-centred or child centred, and could, according to Wilsworth be perceived as "egalitarian" in that respect for the person is as much the child's as the adults right, and within this, the child senses his acceptability. Secondly, within the community, co-operation and sharing are valued more than competitiveness and acquisitiveness and this assists the child to control feelings of aggression and hostility.

#### 6.9 Safety

Sanctions also serve to protect children from the numerous hazards inside and outside the home. Safety in the home is a pertinent issue in Khayelitsha where homes

are small and cramped, and, in the absence of safety equipment, children have access to busy cooking areas and sometimes busy roads.

The main cooking apparatus in the home was the primus stove, which was used by 49% of day carers, whilst 34% utilised gas cookers, and a minority made use of beatrice and paraffin cookers. Although the cost of gas and paraffin are comparable, the financial outlay involved in the purchase of the gas cooker was beyond the budget of most people.

About two thirds of the day carers owned a heating appliance, with 50% running on paraffin and 13,3% fueled by gas. 76% of day carers were found to store equipment out of the reach of children, but in 24% of the homes, children were able to touch the apparatus.

Children were mainly deterred by instructions and adult watchfulness. However, in 31,5% of day carers homes children had sustained injuries, which were caused principally through burns.

All day carers made use of hazardous agents like household cleaners, medicines, and sharp instruments, but these agents were stored safely, frequently in locked cupboards and out of the reach of children. Safety standards in the home can be determined to be below

average, but improvements will entail the procurement of financial assistance from other sources, for the purchase of essential safety equipment.

In the pre-school centre, there was less opportunity for exposure to the hazardous conditions, which children encountered in the home, and accidents were averted mainly through adult watchfulness.

#### 6.10 Parent involvement

Traditionally it is more acceptable to parents to leave their children in the care of relatives and neighbours rather than in a "school setting". This view is substantiated by Morphet (1985,p.35), drawing on a study by Cock, Klugman and Emdon, which identifies that "a staggering 7% (of the sample of almost 1000) were leaving one of their pre-school children alone, 9% with neighbours, 14% with childminders and 8% with servants and only 14% used creches". Many of the day carers who reside in the parental homes continued to provide care for the children, even when parents were at home. It can thus be surmised that the care provided was acceptable to parents.

Parental involvement was automatic and did not exhibit the communication difficulties that appear to arise between day carer and parents in technologically advanced societies and which appears to highlight embarrassment caused by mutual appraising of "mothering" capacities and "territorial" issues.

Parents who make use of the pre-school bring the children in the mornings or collect them in the evenings, so there may be brief opportunity to see what happens in the centre, before the parent has to rush to work. The abrupt way in which children may be left at the pre-school centre, may be analogous to the concerns about the way in which children are left with day carers in technologically advanced societies. For many children this may be the first time that they are away from home. The child in this situation is confronted with a totally unfamiliar environment, quite unlike his home and in addition the child has to learn new rules and new directions in working and playing with other children.

Whilst it is understandable that parents need to fulfil their work commitments, they should be encouraged to prepare the child for separation and to remain with the child for a longer period on the first day of admission.

The centre feels unable to insist on this practice for fear that the parents may lose their employment.

The centre has fortnightly parent-staff meetings which fulfil basic socialisation needs and serve as a forum for discussion of pertinent issues concerned with children or the programme; as well as the survival of the pre-school centre.

The pre-school centre in Khayelitsha goes a step further than just communicating with the parents and offers them a chance to participate in policy making. The original Management Committee consisted of sixteen elected members, but has dwindled to four members, two of whom are staff members and the other two are members of the local community. Many of the parents work at dull, low paying jobs, a distance from home and return late and discouraged at the end of the day, and are still expected to shoulder heavy home commitments. They have neither the time nor the energy to undertake additional tasks. It appears that staff recognise that the loss of membership does not mean that parents are not interested in the programmes or the welfare of their children, but they are human and have multiple demands to meet.

#### 6.11 Emergency arrangements

The majority of day carers had formulated plans to deal with emergencies, and where these involved the child, plans included communication with the parents. 70,3% of day carers had made emergency arrangements, with 44% retaining permanent helpers to assist with day care. These helpers tended to be relatives who lived in the home or friends, neighbours or relatives who lived closeby. 29% of day carers had made no provision for emergency arrangements and expected that the mother would assume responsibility for emergency care

### 6.12 Training

Although there is recognition that staff need to be trained in a variety of skills, including child development, centre management, cooking and nutrition, supervision and so forth, lack of finance and difficulty with release from work responsibilities has made formal staff training impossible. There is no pre-orientation training, nor does any in-service training occur, and given the high adult-child ratio, informal meetings to share information about children is all that is manageable.

Day carers displayed a favourable attitude to participation in training courses provided the courses are held locally. 26% of day carers had participated in short, informal training courses related to their work and the majority were amenable to further training. Of the day carers who had no previous training, 72% were willing to participate and one day carer was undecided.

Assessments of training courses for day carers indicate that day carers show little improvement in child care standards after short, intense training courses. It is suggested that training need not be elaborate, especially in areas where there may be a high illiteracy rate and long term incremental courses, beginning with home based training and leading to formalised coursework may be more

appropriate for day carers. The use of audio-visual aids for teaching and learning programmes needs to be further investigated.

However, if a continuing principle underpins the programme planning, then there must also be scope for professionalisation of home and centre based day carers.

### 6.13 In Summary

#### (A) Day carers

Children being cared for by day carers received the benefit of warm family atmospheres and much interpersonal communication and frequent, loving contact with day carers. The educational component was minimal as was the presence of materials for play and education, and it is unlikely that these will improve without financial assistance from other avenues.

The system thus offered:

For the children protection, nutrition, loving care, a home setting, communication and some self image enrichment.

For the day carers a chance to work, even at a minimal salary, companionship and contact with other adults in the community.

For the parents a chance to work, day care close to home, reliable and affordable day care sufficiently flexible to fit the work commitments.

(B) Pre-school centre

This study has not attempted to deal in depth with the issues and problems facing the project, but problems are in evidence in finding facilities at a minimum cost, inadequate finances, staff shortages, especially qualified staff and a lack of training opportunities for staff.

At the basic level, all elements are present: protection, nutrition, loving care, general stimulation of mind and body and genuine affection. In some areas, especially educational development, the centre could be doing more. What is exceptional is the engagement and activity the project has generated despite very critical survival problems and minimal assistance from other professionals in the area.

This system has offered:

For children opportunities for basic socialization, self image enhancement, peer co-operation, health and nutrition, communication

For staff opportunity to work with particularly needy children, effective parent-staff relations, limited community involvement

For parents knowledge of adequate care of children, health services, involvement in decision making, day care close to home and a chance to work.

## CHAPTER 7

### CONCLUSION

#### 7.1 Broad Perspective

The results of the study emanate from the field study, background information collected from organisations concerned with day care provision and the residents of Khayelitsha, as well as from a review of international and indigenous literature.

The study was primarily designed to examine the pattern, frequency and suitability of informal day care arrangements for pre-school children in Khayelitsha, but a greater expanse was inevitably covered as the researcher was drawn into the issues of child care and the community of Khayelitsha.

The conclusions will initially concentrate on the broader issues as revealed by the above sources, and will then report specifically on day care arrangements in Khayelitsha.

The history of black South Africans is a history plagued by forced removals, influx control and

discriminatory legislature, which ascribes inferior socio-economic status to blacks.

Yet, despite all the harsh measures taken to curtail black migration to South Africa, there has been a steady flow of black workseekers into South Africa. Since 1960, it has been a deliberate strategy to provide no new housing for blacks in the Western Cape. Dewar (1984,p.3) recognises that "housing had become a major task of influx control and the actual process of removal a mechanism for weeding out illegal African imigrants to the towns". With the development of Khayelitsha, the veracity of Dewar's statement was proved, as only "legals" were allocated housing in Khayelitsha, whilst "illegal" blacks were eventually housed in temporary accommodation on "Site C".

The Area profile of Khayelitsha bears the stamp of poverty, not only in relation to the per capita income, but also to the inadequate social services and the paucity of environmental components.

Despite the hardships and the day to day struggle for survival, the humanity of the people remains intact. Wilsworth (1979,p.182-183) refers to this capacity of the people as "Ubuntu" The philosophy of ubuntu rests on the principles of mutual aid and the harnessing of social networks. Kinship and

neighbourhood bonds, which cut across class, occupation and other affiliations, are the most important social groupings. Wilsworth (1979, p.182-183) contends that these bonds are formed to ensure the survival of the people and are cemented over time and are thus dependent on the physical stability of the people.

However these bonds were found to exist in Khayelitsha, a recently relocated population. The investigator found that the parents preferred to place their children in domestic settings, rather than the school setting. The pattern of day care indicated the importance of the kinship system, with children either residing continuously with relatives or being cared for by relatives during the parents working week.

Where non-relatives provided care, these were mainly friends or neighbours who acted as surrogate mothers when the parents found employment. The children were simply absorbed into their family and the day care duties were seen as a neighbourly duty and not as a form of employment. Payment, if made at all, tended to be minimal and was made either in cash or kind.

There is sufficient evidence to indicate that even though these people are immersed in the problem of

survival, they are aware of the affluence of the privileged sector and sensitive to the role of the Government in ensuring the continuance of the system.

Initiatives from Government are justifiably viewed with a certain amount of scepticism and cynicism by the blacks in South Africa, and the alliance between the State and the community which is a necessary condition to bring about positive changes for the black community, is unlikely to occur given the present reality.

The investigator will now address the results of the study pertaining to day care for pre-school children in Khayelitsha.

The recommendations that follow here are made specifically with regard to Khayelitsha, but could also prove pertinent for other black communities - and some of the recommendations have general applicability.

The findings of the study indicate that the community conforms to the Whiting's (1975, p.168-185) description of the simple economic society. Kinship and neighbourhood support systems are vivified in the community and have endured the upheaval of physical relocation of the people.

Willsworth (1979,p.323) identifies that the "ecological space and sociological reality of crowded living space, communal social services and shared resources, support the moral imperative that people living together, must pull together."

Willsworth (1979,p.417) argues that the black community takes cognisance of the values of outside white society and may even show a semblance of western culture, but the white sector, is not the ultimate reference group.

These statements hold true for Khayelitsha and have implications for the establishment of programmes in that the ready made prescriptions applied in first world societies, should not merely be replicated, but programmes should be made relevant to local needs and conditions and allow for a synthesising of the traditional and contemporary urban culture.

The pattern of day care shows a preponderance towards care by relatives, friends and neighbours who are paid either in cash or kind. The prevailing impression is that day care placements are not subjected to the screening and examination which occurs routinely with placements in first world countries, and children appear rather to be incorporated into the day carers family, with the

day carer acting as surrogate mother to frequently very young children who reside in the neighbourhood.

Although the notion of young children attending school may be unpopular with parents who prefer the traditional system of informal day care, the reality of community participation in the centre may serve to counteract the antipathy as the pre-school centre is fully subscribed. However, parents may still entertain the same inimical feelings towards "formal centre-based activity" which is not community controlled.

Parents whose working hours extend beyond the operating hours of the centre, appear to make use of sibling care to fill in until parents return from work and also during the school holidays. With assistance from other adults in the community this type of care becomes a viable alternative.

96.4% of day carers were recruited through personal contact with the parents and this kind of recruitment appears to be conceived of as a reliable form of day care by the parents. The preference that is shown for informal day care may appear to be a reversal of the preferences for centre based day care which occurs in advanced societies, but it does conform to the type of care used by the poorer groups in these societies. The American Public

Welfare Association (1985,p.121) affirms that single parents, black women, mothers with less than high school education and whose incomes are low, used care by relatives. Jackson (1979,p.89) found that ethnic minorities in England used care by relatives and sibling care.

The frequency of day care arrangements mirrors the working commitments of parents and tended to be full-time and consistent. For many day carers the working day commenced before 7.30am and two thirds of day carers provide care for ten to twelve and a half hours per day, usually for five or more days per week.

Diurnal and nocturnal care is provided when the working commitments of parents entail that they sleep over in white suburbs.

Day carers work long hours, but curtailment of hours is impracticable as parents will be unable to utilise the placement. The reality is therefore that day carers look after very young children for long hours daily and the potential influence of the day carer on the cycle of deprivation should be given further attention. As many of the day carers reside in the parental home, it is likely that they will continue to provide care when the parent is at home and one can surmise that the type of care

provided is acceptable to the parent and would probably approximate care by the parent.

The pre-school centre operates between 7.30 am and 4.30 pm for five days per week and caters for 130 children between the ages of two and a half to six years. The pre-school centre operates a flexible service during vacations, corresponding to the work commitments of parents. Siblings provide after-school care as well as care during the school holidays.

#### 7.2 Suitability of day care services

The findings of the study manifests the twin aspects of poverty and ubuntu. Wilsworth (1979,p.318) describes the black community in South Africa as a "person orientated, egalitarian mode, which links individuals together in strong bonds of neighbourliness, thus enabling the group to transcend the poverty which exists and provide for the black child an ameliorative environment."

Day carers tended not to conceive of their work as a job, but rather as a neighbourly service. 43% of the day carers made no charge for their services and where cash payment was received, it was generally low and correlated with what parents could afford.

Sponsoring schemes have been established in South Africa, modelled on the schemes set up in developed countries, to ensure adequate remuneration for day carers. These schemes usually have only limited funding available, and are selective in their choice of day carer. Day carers who may need the assistance and advice most, are the least likely to be considered suitable applicants for the scheme and may not in any event elect to join the scheme; likewise, relatives may be excluded from benefiting financially. These schemes appear to the investigator, to engender fragmentation.

A scheme which instead pays small amounts of baby benefit for children with day carers can be explored. The scheme could stipulate that children be produced regularly at the health clinic, which will increase user rate of health facilities both for immunizations and regular health care of children and after examination, day carers can collect their benefits from an accepted organisation like Child Welfare who may oversee the scheme, using the clinic as a base. A scheme such as this could assist in the detection of problems at an early stage, and combines positive and regular attention in the right setting and linked to an attractive baby benefit. Day carers also have the benefits of regular contact with Social Workers and Community Nurses, but an interdisciplinary team can equally

well be based at the Health Centre, consisting of the Social Worker, Community Nurse, other medical professionals day care staff, and religious representatives. This interdisciplinary team could make a realistic identification of day care needs and make concerted efforts to meet these needs through common programmes, but has to adapt to changing needs and expectations of the community. In order to do this professionals need to spell out their roles and examine their attitudes with regards to day care and working parents. It may be necessary to establish inservice training, workshops or seminar situations to assist professionals with working out their roles and attitudes.

Monitoring in the homes can be carried out by social workers employed by the sponsoring agency or by home visitors. If home visitors are used, there needs to be consensus as to what their roles should be. Selection procedures need to be established to define selection agents (community or agency) and criteria for selection. According to Brakelbaum (1984, pp.231-245), selection should include ubiquitous considerations like local people, cultural pride, flexibility, availability, persuance of a life style not in conflict with the community, belief that people should aspire to improve themselves and an understanding of the nature of the work to be done. However, more personal

considerations like communication skills, ability to motivate, level of oral and written communication, physical stamina, attitude to menial tasks connected to the work and performance under conditions of emergency are equally necessary.

Training of home visitors is an essential element and should be a continuous process, including both pre-training and in-service training opportunities.

In addition regular supervision and support is necessary to fulfil six main functions: legitimacy and credibility of home visitors; protecting home visitors in conflict situations; technical assistance and counselling; to serve as a link between home visitor and outside resources and for evaluation purposes.

Remuneration is a delicate issue, especially if the home visitors are not really a part of the agency with which they collaborate. Many home visitors are paid on subsistence level and cannot abandon any other means of livelihood if they receive no remuneration. Equally it can be regarded as unethical and exploitative to expect home visitors to work without compensation.

In addition, the sponsoring agency could also provide tangible goods like materials for play and

education, (perhaps in the form of playkits on loan to day carers) and supportive networks (in the form of support groups, bulk buying schemes and toy libraries), which could be located at the Health Centre, but may prove more expedient if located at the pre-school centre.

Economic stringencies inhibit the growth and success of the pre-school venture and constantly threatens its survival. The fixed parental contribution of R8 per month is allocated principally for the purchase of food, and the residue is used to pay the salaries of the five staff members employed at the centre.

If the pre-school centre is to remain viable, financial assistance from outside sources is vital, as there is a limit to what "private efforts" and self help can do. Assistance will have to be in the form of outright grants as loans will place the centre under intolerable pressure to repay. Within this financial security, other avenues can be explored, both public and private, to ensure the centre's continued existence.

Financial assistance will have to cover one off purchases like furniture and cooking equipment, but also for repetitive expenses like replacement of toys and educational material, top-up subsidies for teachers and staff who have to assume teaching

roles, as well as for the expansion of the staffing complement.

Government intervention will be necessary but a careful study will have to be made of the "strings attached" to any financial packages offered. Linkage of the centre with an approved organisation like Grassroots Education Trust which will be able to make available finance, expertise and support, and fulfil the role of advocate between the Government and the people, will prove propitious for the centre.

### 7.3 Nutrition

The diet provided for pre-school children reflects the limited budget of day carers rather than lack of knowledge pertaining to nutrition.

Home based day carers recognised the importance of a well balanced diet and the pre-school centre planned the meals in advance to ensure that a well balanced diet is provided. Daily diets were limited to four main items; milk, porridge, bread and vegetables, whilst meat and fruit were served on average bi-weekly. The contents of the meals are fairly inexpensive, stodgy and monotonous, although the diet can be deemed to be adequate in nutritional terms.

However the pattern of meals is regular and mealtimes is a period when adults join children and there is exposure to the social dynamics in which the emphasis is on interpersonal communication and contact that eclipse the content of the meal.

#### 7.4 Daily routine

Nearly 60% of children were allowed the run of the house and the backyard. Lack of space is a pertinent issue in the homes as the rooms are small and cramped. Improvement in terms of space is dependent on finance, to extend onto homes, which residents do not have.

The Western Cape Development Board is unable to allocate homes to day carers, who are without families and who may be willing to render a day care service, as the National Housing Commission, which financed the Housing Development, stipulates that houses are only to be used for family accommodation and permission to alter this ruling is unlikely to be given for day carers.

Young children therefore have access to busy cooking areas in the homes and also to other hazardous agents which are stored in the home. Deterrents are mainly in the form of instructions and adult watchfulness, which, appears not to be too

effective, as 70% of the accidents in the homes were injuries caused by burns.

The growing black child in the homes was exposed to the numerous aspects of the urban reality; 76% of day carers provided a change of environment for the children during the day when children were taken shopping and visiting friends. 75% of day carers played regularly with the children and joined in their games, but children were also allowed long periods of free play and imaginary play, with little or no stimulation from toys. One third of the day carers had no toys and those who possessed toys, had either a doll or a car, which suggests the use to which the toy should be put and which was not necessarily age appropriate. In addition the child's socialisation included traditional practices; rituals, songs, hymns and dance steps, to name but a few.

There is no formal education curriculum and children tend to learn by example and live models; but 60% of day carers read to the children and told them stories. The power of words is culturally given much emphasis and inculcated at an early age. The procurement of materials for education and play, as well as safety equipment depends on obtaining financial assistance from other sources.

The pre-school centre, likewise has limited space for the children it serves, both indoors and outdoors, and materials for play and education is in such short supply that the educational component is almost non-existent.

The daily routine includes both structured and unstructured activities. The pre-school centre has no formal educational curriculum, and tuition involves transmission of basic skills to the children. This is partly the result of the high adult-child ratio which makes more advanced learning difficult, but also because the lack of qualified staff stymies the efficacy of the programme. Both the programmes and the space can be used much more creatively, but expertise is required to realise this.

A more explicitly educational programme needs to be encouraged, emphasising verbal skills, social competence, independence and free choice, and this has to include a programme in which mothers in the community have to be convinced of the benefits of educational input for even young children.

The state should take increasing responsibility for the provision of pre-school education and immediate financial contributions ought to be made in respect of purchase of materials for play and education in order to re-vivify the educational component.

In Khayelitsha, especially, linkage between home based and centre based day carers may be desirable for the continued growth and development of the day care services. The linkage can either be tenuous, with the centre acting as storehouse for bulk bought purchases of food and equipment, and a base from which the agency responsible for overseeing the service, can provide systematic supervision of the homes, or the link can be obvious in that the physical presence of the home based day carers is encouraged at the pre-school premises. With this linkage, regular groups can be formed which can assist in the development and growth of the day carers, enhance their sense of self worth, serve as social contact points, informal training sessions and stimulate interchange with centre based staff and administration of bulk buying schemes and for the children there can be access to toys not normally available in the home and the opportunity to socialise.

Home based day carers may also be employed at the centre, to cover as relief workers in case of emergencies or short staffing, which can offer, for centre children, a "familiar" caretaker, but one cannot impose a duty of responsibility of control and supervision expected of day carers in linking systems, without remuneration.

### 7.5 Training

The majority of day carers were amenable to participating on training courses. For all day care workers there is an urgent need for improved training opportunities. In communities where the standard of education is likely to be low, the initial training need not be elaborate, but the training must be geared to giving sufficient skills and knowledge to do the work. Part-time courses and workshops run by approved institutions should be subsidised and made available to day care workers on a regular basis.

In addition training needs to be flexible to cater for different groups of day care providers, and may initially need to be home based, but the training should be underpinned by a progressive education principle, which may lead eventually to formal coursework and professionalisation of day carers.

The potential of accredited courses using audio-visual aids such as television, radio, tapes, (both audio and audio-visual) and workshop situations should be urgently explored.

Resources of this type may reach a wider audience which creates an implicit curriculum for day carers,

but also caters for illiterate adults or those with work release and financial constraints.

A good vision for the future would be the creation of an open college based on television, radio and literature groups, which could disseminate information at a practical level, but simultaneously act as a support system for day carers.

Jackson (1979, p.241) aptly summarises the most essential ingredient which should underpin any attempt to expand day care facilities, "It is imperative that the background for improvement should be a new sensitivity and an asserted priority for pre-school children."

#### 7.6 Limitations of the study

No investigation can examine everything there is to be examined about any subject of study. The study of day care providers vis-a-vis child rearing practices and attitudes provides a limited description of this phenomenon.

What has been learnt from the present research is in large part a function of the method of study. This is inevitable and important to bear in mind. Even within the confines of what is possible within a particular method, there are other choices that limit discovery. These have to do with one's

conception of the larger process of which the subject is a study and also with decisions as to what is important to find out first and what can be left for later, for someone else to study.

Many criticisms of day carers evolve around relationship issues between the day carer and the minded child. In one sense of course, relationships cannot be measured; but it helps to count occurrences of certain "events" which can be reasonably precisely defined, like the overall subjective impressions of each child's behaviour, the child's involvement with things and people around him; and the attitudes of the day carer towards the child.

A study incorporating this aspect would of necessity, have involved spending time observing and evaluating relationships in day care homes. Trial questionnaires were administered to a sample group of day carers as a pre-test and their views elicited about observation of interaction between day carers and children. The group advised against this as they felt it would have reactive effects, especially in the present political climate.

The study thus did not succeed in generating specific information about the quality of relationships between the day carer and the child,

but the volume of interpersonal communication and contact between day carers and children that occurred continuously and spontaneously, (subjectively evaluated by researcher) attests of a normal, healthy relationship that one would expect to find in most families.

These limitations do not minimize or invalidate the results of the study, but they do serve as reminders that there are many other knowable things about day care that have not come from the study.

The research study utilised a systematic sample, in which every ninth house was studied as the investigator considered that this would ensure even coverage of the area. However, as many of the houses had not been built or were as yet unoccupied, sampling had to include a series of random starts. With hindsight, the study might have benefited from the use of random selection as the procedure would have helped to control for researcher bias which may make the sample unrepresentative of the population, as it emphasises selection purely on the basis of probability so each number has an equal chance of selection. Additionally random sampling may have enabled the investigator to infer to the population so that studies can be compared and data reduced to comprehensive and comparative form.

As the study is an exploratory study, an interview schedule may have been preferable to a questionnaire, for exploration of the informal day care situation. Weaknesses in the design of the research instrument were revealed during the study. The following represents deficits in the instrument used to collect information from day carers:

- (a) The study presupposed that pre-school children were subject to consistent and full time day care by one person and questions 1,3 and 5 should have been amended to include variations in arrangements.
- (b) Question 6 should have stipulated that only pre-school children were being considered.
- (c) The intervals of question 8 are not equal and the categories not mutually exclusive, so result could be ambiguous.
- (d) Question 12 makes no distinction between those people in the home who are full-time, part-time, permanently or temporary employed.
- (e) Likewise with question 13, no distinction can be made between different levels of schooling.
- (f) With Question 14 the upper limit of 29 was chosen as day carers in the pretest intimated that children can study until this age, but it is unlikely that children will be dependent above this age.

- (g) Question 16 proved to be misconstrued by most day carers as there was no intimation of period under study, and their responses indicate that they considered only the period prior to day care activities.
- (h) Questions 22 and 23 made no allowances for differing rates for services provided.
- (i) Question 24 did not consider that nutritional items may be provided by day carers more than once per day.
- (j) Question 29 should have been improved by a more sophisticated scoring device, which should have made allowances for "always, sometimes and never"
- (k) Question 31 did not make allowances for various methods of discipline to be used, perhaps with different frequency.
- (l) Question 33 should have included a category for more than three helpers.

The questionnaire used to collect information at the pre-school centre showed the following omissions:

- (a) Question 9 is too vague and there should have some intimation of the type of experience the investigator was looking for.
- (b) Question 10 should define the meaning of formal training and question 10 shows an upper limit of "more than five" in case extra staff had been appointed in the interim, as the

Investigator was aware from preliminary exploration that there were only five staff members at the pre-school.

- (c) Question 13 should have introduced intervals of three and six monthly.
- (d) Categories should have been more specific as regards the ages in Question 14.
- (e) Question 16 requests an estimate of extra attendance on a daily basis, that may not have proved to be convenient to calculate for the pre-school centre.
- (f) Question 20 makes no allowances for separate rates charged if meals are provided
- (g) Question 22 does not consider that nutritional items can be provided for more than one meal per day.
- (h) Question 23 has a cut off point at 6pm, as all children have usually returned home by then.
- (i) Question 31 does not make allowances for the fact that there could be various methods of discipline used with equal frequency
- (j) The grid used in Question 34 is too simplistic.
- (k) With Question 35, the intervals are not equal.

The interpreter could have benefited from more intense training before the study, so that she may have better understood the implications of the questions she was asking. The investigator felt

that at times the interpreter answered questions on behalf of the respondents and with at least one question, her actions may have influenced the response obtained.

One of the main limitations of the study was however the question of trust. The topic investigated was not of a confidential nature and residents had already identified day care as a priority need, and there was co-operation once the respondents were au fait with the purpose of the study. However, there are always concerns when interviewing in a community experiencing boycotts as insecurity and suspicion exist. The investigator being an "outsider" may be viewed with suspicion and the interpreter (although a local person) may be viewed with likewise as she assists strangers with collecting information, with the result that inaccurate information could have been provided by respondents.

Statistics were mainly descriptive and deemed by the investigator to be appropriate and sufficient for the data. However tabulation was manual and new relationships may not have been highlighted, which could have been revealed had tabulations by computer been used.

### 7.7 Further Research

There are many vital questions which are still unanswered. Research reports often conclude by calling for yet more research, and this report is no exception. The study has provided some description of day care in Khayelitsha, but there are many basic questions that still need answers and the investigator will highlight some of these issues.

It is generally acknowledged that there are deficiencies in the amount, range and quality of day care provision for pre-school children. It is important to draw attention to the desirability of conducting and publishing systematic studies of day care needs in communities so that we are aware of the needs currently being met and how they are being met, so that we can give some estimate of the shortfall of day care services.

Research is required into day care programmes which are currently in operation in order to evaluate their efficacy and their acceptability to the residents and to produce a good working knowledge of various programmes, which can serve not only for developmental purposes, but also to motivate for state funds.

The need for more trained workers is indubitable, but research has to be embarked upon to explore the

question of training courses, current training methods, opportunities for training, as well as to investigate the potential of audio-visual aids, workshop situations and seminars for teaching and learning programmes. Research also needs to concentrate on how, in the present extreme shortage, trained and qualified workers can be used to best advantage.

We know little about the comparative effects of different sorts of day care and whether these different settings have different effects on children, or whether there are children who will thrive anywhere.

More research needs to be undertaken to study children in different day care settings and the potential influence of the day carer on the cycle of deprivation needs to be given urgent attention. Also we have little information on the lives of children at home with their parents. We need to ascertain what sort of behaviour is considered normal and whether this group differs vastly over class and racial groups. The information produced here should be a basis for comparing experiences which the child has at home with experiences with other forms of day care.

There has been much discussion about the best environment for language acquisition. We need to know more about the children's conversations with mothers and how they compare with those of day carers. We also need a clearer understanding of the significance of quiet and detached behaviour and observations as to whether it persists and ways in which to engage quiet children.

There should be more research focused on schemes to integrate the day care services provided, so that parents have a choice of facilities, and alternative approaches to formal day care need to be shared and experimented with and these social experiments need to be translated into evaluations for use in developing day care programmes.

Emphasis should be placed on the role of day care settings to prepare children for demands of primary school in terms of educational, social and physical development and studies should be conducted into children's transition to school, with a view to establishing which setting best prepares children for school.

At the local level, attention should be given to the practicability of the establishment of a day carers association, which could serve various functions

- (ii) act as a support group fully recognising the important role which day carers fulfil;
- (iii) develop peer support and peer established standards of quality day care;
- (iv) act as a pressure group for improvement and integration of services and resources for users, irrespective of race, colour or creed;
- (v) run sponsored training sessions for workers;
- (vi) initiate research into different models of day care with a view to building up a working knowledge of various programmes;
- (vii) publication of a newsletter which will serve as a vehicle between day carers in communities covering activities of the forum, ideas for activities with the children and other aspects of day care provision;
- (viii) and oversee the dissemination of information about local day care facilities, programmes and issues to the local community.

Research should be undertaken into the feasibility of the development of a national forum for key participants in the day care arena, which should

Research should be undertaken into the feasibility of the development of a national forum for key participants in the day care arena, which should serve as a co-ordinating body between the local forum and government departments and should lay down policy and take steps for the promotion of studies and research into day care and procurement of finance for these studies; standard setting for good quality day care; issues of training; legislation and launching of public awareness campaigns using both above and below the line media to make the public as well as the policy makers aware of the issues and benefits of day care.

If suggestions like these could be incorporated into day care policy, informal as it is now, working mothers, their children and society would all be beneficiaries.

"A social vision is needed, expressed in policy and in the community which recognises the condition of childhood and seeks to plan for its present and improve its future." (Jackson 1979, p.256) This social vision has as a necessary pre-condition collaboration between social networks in the Community and the Government. The entire concept of Community and Government collaboration however represents a major obstacle in South Africa, which may prove insurmountable if the gap is not bridged.

unacceptable to the people and will not serve to mobilise strengths in the community, and create the necessary participation and integration between Government and people to bring about national planning and policy for the good of all people.

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Burger                     9/6/83

Star Review               3/3/84

Sunday Times             22/6/86

**APPENDICES**

APPENDIX A

This Act establishes a Basic Framework for Day Carers in the United Kingdom

# Nurseries and Child-Minders Regulation Act, 1948.

II & 12 GEO. 6. CH. 53.

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## ARRANGEMENT OF SECTIONS.

### Section.

1. Registration of nurseries and child-minders.
2. Power to impose requirements in connection with registration.
3. Certificates of registration.
4. Penalties for failure to register and for breach of requirements under section two.
5. Cancellation of registration.
6. Appeals.
7. Inspection.
8. Exemption of certain institutions from provisions of Act
9. Exclusion of sections four and seven of Act where child life protection enactments apply.
10. Exclusion of child life protection enactments where premises registered under Act.
11. Prosecution of offences.
12. Payments out of moneys provided by Parliament.
13. Short title, interpretation and extent.



### CHAPTER 53.

An Act to provide for the regulation of certain nurseries and of persons who for reward receive children into their homes to look after them; and for purposes connected with the matters aforesaid.

[30th July 1948.]

**B**E it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

- 1.—(1) Every local health authority shall keep registers—
- Registration  
of nurseries  
and child-  
minders.
- (a) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a ~~substantial part thereof~~ or for any longer period not exceeding six days;
- (b) of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.

The registers kept under this subsection shall be open to inspection at all reasonable times.

(2) Any person receiving or proposing to receive children as mentioned in paragraph (a) or (b) of the foregoing subsection may make application to the local health authority for registration thereunder, and on receipt of such an application the local health authority shall, subject to the provisions of this section, register the premises to which or person to whom the application relates.

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*Regulation Act, 1948.*

(3) The local health authority may by order refuse to register any premises if they are satisfied that any person employed or proposed to be employed in looking after children at the premises is not a fit person to look after children, or, where the premises were not at the commencement of this Act in use for the reception of children as mentioned in paragraph (a) of subsection (1) of this section, if the local authority are satisfied that the premises are not fit to be used for that purpose.

(4) The local health authority may by order refuse to register any person if they are satisfied that that person, or any person employed or proposed to be employed by him in looking after children, is not a fit person to look after children or that the premises in which the children are received or proposed to be received are not fit (whether because of the condition thereof or for any reason connected with other persons therein) to be used for the purpose.

Power to  
impose  
requirements  
in connection  
with  
registration.

2.—(1) The local health authority may by order require that no greater number of children shall be received in premises registered under the foregoing section than may be specified in the order.

(2) The local health authority may by order require in the case of a person registered under the foregoing section that the number of children received in his home as mentioned in paragraph (b) of subsection (1) of that section, together with any other children in his home, shall not at any time exceed such number as may be specified in the order.

(3) The local health authority may by order made as respects any premises or person registered under the foregoing section require the taking of precautions against the exposure of the children received in the premises to infectious diseases.

(4) The local health authority may by order made as respects any premises registered under the foregoing section impose requirements for securing—

- (a) that a person with such qualifications as may be specified by the authority shall be in charge of the premises and of the persons employed thereat ;
- (b) that the premises shall be adequately staffed, both as respects the number and as respects the qualifications or experience of the persons employed thereat, and adequately equipped ;
- (c) in the case of premises which at the commencement of this Act were in use for the reception of children as mentioned in paragraph (a) of subsection (1) of section one of this Act, that such repairs shall be carried out on

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the premises, or such alterations thereof or additions thereto shall be made, as may be specified in the order ;

- (d) that the premises and the equipment thereof shall be adequately maintained ;
- (e) that there shall be adequate arrangements for feeding the children received in the premises and that an adequate and suitable diet shall be provided for them ;
- (f) that the children received in the premises shall be under medical supervision ;
- (g) that records shall be kept in relation to the children received at the premises containing such particulars as may be specified by the authority.

(5) An order under paragraph (c) of the last foregoing subsection may be made either on registration or at any time within one month thereafter, and any other order under this section may be made either on registration or at any subsequent time.

(6) An order under this section may be varied or revoked by a subsequent order of the local health authority.

(7) In the case of premises which at the commencement of this Act were in use for the reception of children as mentioned in paragraph (a) of subsection (1) of section one of this Act, no requirement shall be imposed under paragraphs (a) to (c) of subsection (4) of this section so as to require anything to be done before the expiration of a reasonable time from the commencement of this Act.

3.—(1) The local health authority shall issue certificates of registration under section one of this Act, and any such certificate shall specify the situation of the premises to which, or the name and address of the person to whom, the registration relates and any requirements imposed under the last foregoing section. Certificates of registration.

(2) On any change occurring in the circumstances particulars of which are stated in a certificate issued under this section, the local health authority shall issue an amended certificate.

(3) Where the local health authority are satisfied that any certificate under this section has been lost or destroyed, the authority shall, on payment of such fee (if any) not exceeding two shillings and sixpence as the authority may determine, issue a copy of the certificate.

4.—(1) If at any time after the expiration of three months from the commencement of this Act a child is received in any premises as mentioned in paragraph (a) of subsection (1) of section one of this Act and the premises are not registered under that section or any requirement imposed under section two of this Act is contravened or not complied with, the occupier of the premises shall be guilty of an offence. Penalties for failure to register and for breach of requirements under section two.

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(2) Where at any such time as aforesaid a person receives as mentioned in paragraph (b) of subsection (1) of section one of this Act children of whom he is not a relative, and

(a) the number of the children exceeds two, and

(b) the children come from more than one household,

then if he is not registered under section one of this Act, or if he contravenes or fails to comply with any requirement imposed under section two thereof, he shall be guilty of an offence.

(3) Where a person has been registered under section one of this Act and while he is so registered he acquires a new home; then until he has given notice thereof to the local health authority he shall not for the purposes of the last foregoing subsection be treated as being so registered in relation to the reception of children in the new home.

(4) A person guilty of an offence under this section shall be liable on summary conviction to a fine not exceeding twenty-five pounds or, in the case of a second or subsequent offence, to imprisonment for a term not exceeding one month or to a fine not exceeding twenty-five pounds or to both such imprisonment and such fine :

Provided that in the case of a first offence under subsection (2) of this section the fine which may be imposed shall not exceed five pounds.

Cancellation  
of registration.

5. Where—

(a) there has been a contravention of, or non-compliance with, any requirement imposed under section two of this Act in relation to any premises or person registered under section one thereof, or

(b) it appears to the local health authority as respects any premises or person registered under the said section one, that circumstances exist which would justify a refusal under subsection (3) or subsection (4) of that section to register the premises or person,

the local health authority may by order cancel the registration :

Provided that where a requirement to carry out repairs or make alterations or additions has been imposed under paragraph (c) of subsection (4) of section two of this Act, the registration of the premises shall not be cancelled by virtue of paragraph (b) of this section on the grounds that the premises are not fit to be used for the reception of children if—

(i) the time limited by subsection (7) of the said section two for complying with the requirement has not expired, and

(ii) it is shown that the condition of the premises is due to the repairs not having been carried out or the alterations or additions not having been made.

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6.—(1) Not less than fourteen days before making an order Appeals.  
under this Act refusing an application for registration, cancelling  
any registration, or imposing any requirement under section  
two of this Act, the local health authority shall send to the  
applicant, to the occupier of the premises to which the registra-  
tion relates, or to the person registered, as the case may be,  
notice of their intention to make such an order.

(2) Every such notice shall state the grounds on which the  
authority intend to make the order and shall contain an intima-  
tion that if within fourteen days after the receipt of the notice  
the said applicant, occupier or person informs the authority in  
writing of his desire to show cause, in person or by a represent-  
ative, why the order should not be made, the authority shall  
before making the order afford him an opportunity so to do.

(3) If the local health authority, after giving the said applicant,  
occupier or person such an opportunity as aforesaid, decide to  
refuse the application, cancel the registration, or impose the  
requirement, as the case may be, they shall make an order to  
that effect and shall send him a copy of the order.

(4) A person aggrieved by an order under this Act refusing  
an application for registration or cancelling any registration,  
or imposing any requirement under section two of this Act,  
may appeal to a court of summary jurisdiction, or in Scotland  
the sheriff, having jurisdiction in the place where the premises  
in question are situated if the order relates to the registration  
of premises, or in the place where the person in question resides  
if the order relates to the registration of a person; and an order  
cancelling any registration shall not take effect until the expiration  
of the time within which an appeal may be brought under this  
section or, where such an appeal is brought, before the determina-  
tion of the appeal.

(5) Sections three hundred to three hundred and two of the  
Public Health Act, 1936 (which relate to appeals) shall apply <sup>26 Geo. 5 &</sup>  
for the purposes of this section as if the provisions of this Act <sup>1 Edw. 8. c. 49.</sup>  
were contained in that Act and that Act extended to London.

(6) Any notice required to be sent under subsection (1) of this  
section, and any copy of an order required to be sent under sub-  
section (3) thereof, may be sent by post in a registered letter.

(7) In the application of this section to Scotland, subsection (5)  
shall be omitted, and any appeal under subsection (4) shall be  
brought within twenty-one days from the date of the order to  
which the appeal relates.

7.—(1) Any person authorised in that behalf by a local health Inspection.  
authority may at all reasonable times enter any premises in  
the area of the authority which are used for the reception of

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children as mentioned in paragraph (a) of subsection (1) of section one of this Act, and may inspect the premises and the children so received therein, the arrangements for their welfare, and any records relating to them kept in pursuance of this Act.

(2) If any person authorised as aforesaid is refused admission to the home of a person registered under section one of this Act, or has reasonable cause to believe that children are being received in a person's home or in any other premises in contravention of section four of this Act, he may apply to a justice of the peace or in Scotland to the sheriff, and if the justice or sheriff is satisfied on sworn information in writing that admission has been refused or, as the case may be, that there is reasonable cause to believe that children are being received as aforesaid, the justice or sheriff may grant a warrant authorising the applicant to enter the home or other premises and carry out any such inspection as is mentioned in subsection (1) of this section.

(3) A person who proposes to exercise any power of entry or inspection conferred by or under this section shall if so required produce some duly authenticated document showing his authority to exercise the power.

(4) Any person who obstructs the exercise of any such power as aforesaid shall be guilty of an offence and liable on summary conviction to a fine not exceeding five pounds in the case of a first offence or twenty pounds in the case of a second or any subsequent offence.

Exemption  
of certain  
institutions  
from  
provisions  
of Act.  
1 Edw. 8. &  
1 Geo. 6. c. 37.

8.—(1) Nothing in this Act shall apply to the reception of children in any hospital, or in any such home or other institution as is mentioned in section two hundred and nineteen of the Public Health Act, 1936, or section eleven of the Children and Young Persons (Scotland) Act, 1937.

(2) Nothing in this Act shall apply to the reception of children in any school, notwithstanding that they are received to be looked after and not for the purpose of education.

7 & 8 Geo. 6.  
c. 31.  
9 & 10 Geo. 6.  
c. 72.

(3) Nothing in this Act shall apply to the reception of children in a nursery school in respect of which payments are made by the Minister of Education under section one hundred of the Education Act, 1944, or by the Secretary of State under section seventy of the Education (Scotland) Act, 1946, or which is recognised as efficient by the Minister of Education or included in a scheme submitted under section seven and approved by the Secretary of State under section sixty-five of the said Act of 1946, or to the reception of children in any play centre maintained or assisted by a local education authority under section fifty-three of the said Act of 1944, or by an education authority under section three of the said Act of 1946.

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9.—(1) Where premises falling within paragraph (a) of sub-section (1) of section one of this Act are used mainly for the reception of children for periods exceeding six days and in such circumstances that the child life protection enactments apply, sections four and seven of this Act shall not apply to the premises and the provisions of the child life protection enactments as to entry and inspection shall extend to all children received in the premises.

(2) Where a person receives children into his home in such circumstances that apart from this subsection he would be required by subsection (2) of section four of this Act to be registered under section one thereof, then so long as provision for entry and inspection as respects any of those children or any other child received into his home is made by or under the child life protection enactments or any enactment relating to the boarding-out of children,—

- (a) sections four and seven of this Act shall not apply,
- (b) the said provision for entry and inspection shall apply in relation to all the children aforesaid.

10. Where premises registered under section one of this Act are used wholly or mainly for the reception of children as mentioned in paragraph (a) of subsection (1) of that section, the provisions of the child life protection enactments as to entry and inspection shall not apply, in relation to any children received at the premises, and the provisions of section seven of this Act shall apply in relation to all children received thereat.

11. In England and Wales, the local health authority may prosecute for any offence under this Act.

12. There shall be defrayed out of moneys provided by Parliament any increase attributable to the provisions of this Act in grants payable under any other Act out of moneys so provided.

13.—(1) This Act may be cited as the Nurseries and Child-Minders Regulation Act, 1948.

(2) In this Act the following expressions have the meanings hereby assigned to them respectively, that is to say :—

“ child ” means a person who has not attained the upper limit of compulsory school age ;

“ child life protection enactments ” means the provisions relating to child life protection of Part VII of the Public Health Act, 1936, the provisions of Part XIII of the Public Health (London) Act, 1936, the provisions of Part I of the Children and Young Persons (Scotland) Act, 1937, and the provisions of Part I of the Children and Young Persons (Scotland) Act, 1937.

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- 2 & 3 Geo. 6.  
c. 27.
- Act, 1937, or the provisions of section seven of the Adoption of Children (Regulation) Act, 1939 ;
- “ compulsory school age ”, in England and Wales, has the same meaning as in the Education Act, 1944, and in Scotland means school age as defined in the Education (Scotland) Act, 1946 ;
- 9 & 10 Geo. 6.  
c. 81.  
10 & 11 Geo. 6.  
c. 27.
- “ hospital ” has the same meaning as in section seventy-nine of the National Health Service Act, 1946, or, as respects Scotland, section eighty of the National Health Service (Scotland) Act, 1947 ;
- “ relative ” means a grandparent, brother, sister, uncle or aunt, whether by consanguinity or affinity, or in consequence of adoption, and as respects an illegitimate child includes a person who would be so related if the child were legitimate ;
- “ school ”, except in the expression “ nursery school ”, means an institution of which the sole or main purpose is the provision of education for children of compulsory school age.

(3) References in this Act to any enactment shall be construed as references to that enactment as amended by any subsequent enactment.

(4) This Act shall not extend to Northern Ireland.

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APPENDIX B

This Act establishes a Basic Framework for Day Carers in the  
City of New York, United States of America

## PART 458

## FAMILY DAY CARE HOMES

## DEFINITIONS

## Section 458.1

(a) As used in section 390 of the Social Services Law, day care of children shall mean care provided for three or more children away from their own homes for less than 24 hours per day in a family home which is operated for such purpose, for compensation or otherwise for more than five hours per week.

(b) As used in this Part, day care in a family home shall mean day care of not more than six children provided in an individual's own home.

\* (c) Authorized child caring agency shall mean a social services district or a voluntary child caring agency which has been approved by the New York State Board of Social Welfare and granted legal authority to provide care in family day care homes.

\* (d) A permit is a document issued by the Department authorizing a place, person, association, corporation, institution, or agency to provide day care in a family home in accordance with the regulations of the Department.

\* (e) A certificate is a document issued by an authorized child caring agency, in accordance with the regulations of the Department, authorizing a person to provide day care in a family home for children received from such agency.

Interpretation

Day care is a service designed for children whose parents are unable to provide them with care and supervision for a substantial part of the day. Such care may be provided during part of the day, limited only by the needs of the child and the circumstances of the child's parents, within the time limits specified by this Regulation.

This section of the Regulations specifies child care situations in which the New York State Department of Social Services Family Day Care Regulations apply and for which a permit or certificate must be secured.

## APPLICATION FOR PERMIT OR CERTIFICATE

## Section 458.2

(a) Upon request of an interested party, the Department or authorized child caring agency shall furnish such party information, application forms and a list of required documentation necessary to complete an application for permit or certificate.

(b) An application for a permit to provide day care in a family home shall be made to the Department in the manner prescribed and on forms furnished by the Department.

(c) An application for a certificate to provide day care in a family home shall be made in writing to the authorized agency if the applicant desires to receive children from such agency.

\* (d) Within 30 days of the receipt of the application and required documentation, written notice of any omissions or deficiencies in the application or documentation shall be given by the Department or authorized child caring agency to the applicant.

\* (e) An investigation to determine the applicant's compliance with Department requirements and regulations shall be conducted by the Department or authorized child caring agency and shall be completed within 75 days of the receipt of the application. Such investigation will include visits and inspection, and necessary contacts with collateral references, review of the required documentation and of the applicant's proposed plan to provide day care in a family home.

\* (f) A notice of approval or denial of the application shall be issued by the Department or authorized child caring agency within 30 days of the completion of the investigation.

\* (g) If the application is approved, the certificate or permit shall be issued to the applicant.

\* (h) If the application is denied, the Department or authorized child caring agency shall give written notice of the denial to the applicant informing him of the reasons therefor and of the applicant's right to request a hearing before the Department.

\* (i) The applicant's request for a hearing before the Department must be made within 30 days of the written notice of denial.

#### Interpretation

Family day care homes fall into two categories. There are those which operate as private enterprises and those which are recruited and approved for use by voluntary child caring agencies or local departments of social services. Although the Family Day Care Regulations apply in both these situations, authority to operate a family day care home as a private enterprise is derived from different sources. Homes in upstate New York which operate as private enterprises must obtain a permit from the New York State Department of Social Services; such homes in New York City are licensed by the New York City Department of Health, 125 Worth Street, New York, N.Y. 10013, under requirements established by that agency. Applications for permits or licenses, and assistance in understanding the requirements for them may be obtained from offices of these agencies. (See following addresses).

Family day care homes which are affiliated with authorized voluntary child caring agencies or local departments of social services, are approved for their own use by these agencies or departments. Child caring agencies and local departments of social services are listed in local telephone directories. Persons not familiar with voluntary child caring agencies can ask for the names of these agencies from local councils of social agencies, community chests, departments of social services, or from Regional Offices of the State Department of Social Services.

*Such homes receive that information from all matters, etc.*

Offices of the New York State Department of Social Services and the counties they cover are as follows:

Eastern Region

N.Y.S. Department of Social Services  
488 Broadway, Albany, NY - 4th Floor  
Telephone (518) 473-1003

Includes the following counties: Albany, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Montgomery, Oneida, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Sullivan, Ulster, Warren and Washington.

Metropolitan Region

N.Y.S. Department of Social Services  
Two World Trade Center, N.Y., N.Y. 10047  
Telephone (212) 488-6462

Includes the following counties: Nassau, Orange, Rockland, Suffolk, and Westchester.

Western Region

N.Y.S. Department of Social Services  
36 Main St. West, Rochester, N.Y. 14614  
Telephone (716) 454-6411

Includes the following counties: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Cortland, Erie, Genesee, Livingston, Madison, Monroe, Niagara, Onondaga, Ontario, Orleans, Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming and Yates.

DOCUMENTATION FOR FAMILY DAY CARE PERMIT OR CERTIFICATION

Section 458.3

The completed application, on forms furnished by the Department, must include:

- \*(a) A report of medical examination of the proposed operator and statement from a physician that other members of the household are in good health and free of communicable disease.
- \*(b) A diagram of applicant's house, showing rooms, number and location of exits and alternate means of egress, and description of outdoor play areas available to applicant.
- \*(c) Names, addresses and telephone numbers of references, from other than relatives who can attest to the applicant's character, habits, reputation and personal qualifications for providing child care.
- \*(d) A statement from an appropriate official or authority that the dwelling meets standards for sanitation and safety where local fire, health and/or building code authorities require approval.

\*(e) A statement by the applicant, upon completion of the investigation by the Department or the authorized child care agency, that she understands the requirements for safety and sanitation, supervision of children, the nutrition and activities program and has the resources and intent to meet these requirements.

## PERMITS AND CERTIFICATES

### Section 458.4

No place, person, association, corporation, institution or agency shall provide day care in a family home for three or more children without a permit issued by the department or a certificate issued by an authorized child caring agency in compliance with this Part and all applicable regulations of this department as follows:

(a) Conditions for issuance. A permit or certificate shall be issued for day care in a family home only when:

(1) The applicant and all members of the household enjoy good health and are of good character, habits and reputation;

(2) The applicant's fitness to care for children is attested by satisfactory references;

(3) The applicant gives satisfactory evidence of:

(i) having had training or demonstrated an interest in and ability to care for children;

(ii) finances sufficient to operate properly and in accordance with these regulations;

(iii) good physical health, with no disqualifying mental or emotional handicaps and freedom from communicable disease. Physical fitness shall be shown by a certificate from a physician at the time of application with evidence of medical examinations and tuberculin tests on each person residing in the family day care home.

(iv) compliance with the regulations in this Part.

(b) Duration; revocation. A permit or certificate shall be valid as stated therein or one year or less from date of issuance and only for quarters then occupied, and may be revoked at any time for noncompliance with this Part or for other just cause.

(c) Boarding home care. A permit or certificate shall not be issued to any applicant who provides boarding home care for children in the premises proposed to be utilized as family day care home.

(d) New application. A new application for a permit or certificate shall be submitted to the department or authorized agency as the case may be when there is a change of address, when reinstatement of a withdrawn application is sought, or when a permit or certificate is sought following the department's or authorized agency's revocation of or refusal to renew a permit or certificate.

\*(e) Provisions. The provisions specified on the permit or certificate shall be pending. The number and age range of children specified thereon shall be the maximum

number and age range of children who may be in the care of the family day care home at any one time. For the purposes of this Part, children of the operator of a family day care home, who are under 6 years of age and are present in the home, shall be deemed children in the care of such home.

(f) Fee. There shall be no fee or charge for the issuance of a permit or certificate.

(g) Transfer. A permit or certificate shall not be transferable to any other person.

### Interpretation

A permit or certificate will be issued on completion of a study which determines that the applicant meets the Department's Family Day Care Regulations. These Regulations establish standards which must be met in regard to the family's health, fitness and ability to provide child care. They also specify conditions for issuance, duration and revocation of permits. The following paragraphs outline the broad areas covered in this study.

#### (1) Areas Studied

##### (a) Physical Health and Fitness

Satisfactory evidence of a family's health and physical fitness is established through a physical examination of each member of the household by a licensed physician whose findings are reported on forms issued by the Department or authorized agency. This examination shall include an intradermal tuberculin test and the results of a chest X-ray if the tuberculin test is positive. Information about the family's character, reputation and ability to provide day care is obtained through interviews with the family, and references provided by the family.

##### (b) Finances

In most cases, only a modest financial profit is realized from day care fees and it is important, therefore, that the family not rely on these fees for its maintenance.

#### (2) Conditions Governing Issuance of Permit or Certificate

##### (a) Boarding Home Care

Since provision of 24 hour boarding home care for children involves considerable expenditure of the foster parents' physical and emotional energy, the permitting and certifying of a family home for both boarding and family day care purposes is prohibited.

##### (b) Duration and Revocation

In view of changes which may occur within the day care family or the physical facility in which care is provided, permits and certificates are

issued for no longer than a one-year period and are subject to annual review by the licensing authority.

Permits or certificates are only valid for the premises in which the family resides at the time of issuance. Changes in residence must be brought to the attention of the permitting or certifying agency, and a new study of the family day care home shall be made. Permits and certificates cannot be transferred to other families. The number and ages of children for whom a family is authorized to provide care is specified in the permit or certificate and are binding. If the family wishes to change the number or age range of children to be cared for, approval must be secured from the licensing authority.

## PHYSICAL PLANT

### Section 458.5

- (a) All buildings, premises, equipment and furnishings used for or in a family day care home shall be safe and suitable for the comfort and care of the children and shall be provided and maintained in a good state of repair and sanitation.
- (b) All rooms to be occupied by children shall be above ground level and shall have windows.
- (c) Heating, ventilating and lighting facilities shall be adequate for protection of the health of the children. A temperature of at least 68 degrees shall be maintained in all rooms to be occupied by children.
- (d) Rooms shall be effectively screened against insects.
- (e) A firm, sanitary crib, cot or bed of adequate size shall be provided for each child under five years of age who spends more than four hours per day at the family day care home and for any other child requiring a rest period. No crib, cot or bed shall be occupied by more than one child.
- (f) There shall be space provided for isolation of the child who becomes ill to provide him with quiet and rest and reduce the risk of infection or contagion to others.
- (g) Toxic paints or finishes shall not be used on walls, window sills, beds, toys or any other equipment, materials or furnishings which may be used by children or within their reach.
- (h) The areas used for day care of children in the home shall have floors and walls which can be fully cleaned and maintained and which are nonhazardous to the children's clothes and health.

### Interpretation

Rooms to be occupied by children for the primary purpose of sleeping or eating should be above ground and have windows open to the outside. However, basement level recreation rooms which are finished, airy and well-lighted may be used for occasional children's play. There must be provisions for protecting children from hazards within play areas. Outside play areas should be uncluttered, well-drained and fenced or have other means for keeping children within the area. Fences confining children close to the house or building shall have at least one gate that may be used as an emergency exit.

Although there is no specific requirement regarding amount of square feet allowed per child, overcrowding should be avoided and consideration given during the study process to the adequacy of sleeping, eating and play spaces.

For the child who becomes ill or show symptoms of illness, provision shall be made for isolation until the arrival of the parent. The isolation area may be in a separate room or in a screened area within a large room.

### ADMISSION OF CHILDREN

#### Section 458.6

(a) No child shall be accepted for care unless:

(1) Such child has received a complete medical examination by a physician within 30 days prior to admission, and a written statement signed by the examining physician has been furnished to the family day care home giving assurance that the child:

(i) is free from contagious or communicable disease;

(ii) has received prophylaxis against smallpox, rubella, diphtheria, tetanus, pertussis, poliomyelitis and measles, when there are no medical contraindications.

(b) No infant less than eight weeks of age shall be admitted for care.

(c) No more than two children under the age of two years shall be cared for at any one time.

(d) No more than five children shall be cared for at any one time where one or more of the children in care are under three years of age.

(e) Day care shall be available without discrimination on the basis of race, color or national origin.

### Interpretation

A physical examination for each child is required prior to admission. Arrange-

ments for the examination shall be made by the parent or placement agency. This requirement affords protection to other children placed in the home as well as to the day care family. It also assures that the family day care parent has necessary knowledge of any allergies, special diets or medication which require special attention under a physician's orders. A physical examination may also reveal physical handicaps which require special care or protection for the child.

## SANITATION

### Section 458.7

(a) All rooms, outdoor play space, equipment, supplies and furnishings shall be kept clean and sanitary at all times. The premises shall be kept free from dampness, odors, vermin and the accumulation of trash.

(b) Each family day care home shall comply with the requirements of State and local departments of health. Adequate and safe water supply and sewage facilities shall be provided and shall comply with State and local laws.

### Interpretation

The home in which family day care is provided should be in compliance with all requirements of the State and local sanitation authorities and with other special measures required as safeguards when young children are cared for.

The means of sewage disposal should meet local health standards. There should be an adequate and sanitary supply of water of satisfactory quality for drinking and cooking and a safe and adequate supply of hot water for washing and bathing. Water from springs, wells, or other private sources should be protected against contamination and tested annually by appropriate health authorities.

Dishwashing procedures and facilities should insure sanitation. There should be an adequate supply of hot water. Dishes should be thoroughly dried before storage.

## SAFETY PRECAUTIONS

### Section 458.8

(a) Suitable precautions shall be taken to eliminate all conditions which may contribute or create a fire or safety hazard.

(b) Electrical heaters or other portable heating devices shall not be used in rooms accessible to children regardless of the type of fuel used.

(c) There shall be an adequate number of fire extinguishers which shall be tested and maintained in good working condition.

(d) The home shall be equipped with a first aid kit which shall be kept adequately stocked for emergency treatment. First aid supplies shall be kept in a clean container in a locked cabinet.

(e) All flammable liquids, cleaning supplies, detergents, matches, lighters and any other such items which may be harmful to children shall be kept in a locked cabinet.

(f) Any pet or animal on the premises, indoors or outdoors, shall be in good health properly cared for, and known to be a friendly, suitable pet for children.

(g) Children shall be cared for only on such floors as are provided with readily accessible alternate means of egress which are remote from each other.

(h) There shall be fire safety precautions established, and quarterly fire drills shall take place so that each child is made aware of these precautions.

#### Interpretation

It is important that the family day care home be free from fire hazards, have an adequate number of unobstructed exits which can be used in case of fire and that the family day care mother has developed a procedure to be used in case of a fire emergency. The home must have two nonadjacent exits which are available for egress. The family day care mother should establish a procedure for evacuation of the children from the home in case of fire. This procedure should be practiced in quarterly fire drills and a written record be kept of such drills.

The licensing authority will confirm that the home meets all local requirements. In some instances, this verification will be in the form of a statement from a fire department and in other instances it may be necessary for the licensing authority to contact the local fire officials. A fire extinguisher should be kept in the kitchen of each home. It should be appropriately tested and the family day care mother should be knowledgeable in its use.

Because children can be attracted to many harmful substances, poisons or flammable materials should be kept in a locked container out of the reach of children. Pressurized spray cans should also be kept where children cannot handle them.

#### HEALTH SERVICES

##### Section 458.9

(a) Each child accepted for care shall have a complete physical examination including laboratory tests as indicated, a dental examination and an initial appraisal of his health and development, prior to admission or shortly thereafter, which shall be properly recorded.

(b) The family day care home shall have a plan for its medical and health policies and procedures.

(c) Children shall not be administered any medication (whether by prescription or otherwise), or special diet, and special medical procedures shall not be carried out, except upon the written order of a physician. Medication shall be carefully labeled

with the child's name, kept beyond the reach of children and returned to the parents, guardian or person having custody of the child when no longer needed.

(d) Supervised outdoor play, for at least one hour for each half day in care shall be required for all children in care, except during inclement weather or unless otherwise ordered by a physician.

### Interpretation

A physical examination shall be given prior to admission. When the child is placed in day care by an authorized agency, appropriate medical reports shall be kept by the agency. When necessary, a copy shall be furnished to the family day care mother.

While medical care is the responsibility of the parents or the agency, it is necessary for the day care mother to be prepared to meet emergencies and to cooperate with plans for routine examinations and required treatment. The family day care mother should make appropriate plans to cope with illness in children and to arrange for emergency medical care. This plan should be discussed with the licensing authority and should designate the hospital or physician to be used in an emergency, and the adult who will substitute for the family day care mother when necessary in medical emergencies.

Symptoms, acute physical illness or injury, should be reported immediately to the child's parents or the agency and to the physician who will provide emergency care.

### DIETARY

#### Section 458.10

(a) The family day care home shall provide plentiful and nutritious meals and snacks which shall be prepared in a safe and sanitary manner and served at appropriate intervals. Consultation should be available from a qualified nutritionist or food service specialist.

(b) Milk shall be kept at a temperature below 50 degrees Fahrenheit. All perishable foods shall be kept refrigerated.

(c) If a child is in the home for more than four hours per day, he shall be served a hot meal which shall supply at least one-third of the child's daily food requirements.

(d) If a child is in the home for more than 10 hours per day, he shall be served two meals, of which at least one other than breakfast shall be hot, which shall supply at least two-thirds of the child's daily food requirements.

(e) Where infants formula is required, it shall be prepared and provided by the parent or other responsible person in the infant's home.

(f) Any special diet shall be provided only in accord with a physician's written order.

### Interpretation

Meals along with midmorning and midafternoon snacks should be planned in relation to the number of hours the children are in the home and the meals they receive in their own home or at school. Meals should be nutritious and meet that portion of the daily food requirements for the time the child is in the family day care home. Meals should be served in a quiet and relaxed atmosphere. The family day care mother should exchange information with the parents on the child's eating habits and food preferences. However, this should not preclude encouraging a child to try unfamiliar foods. Family day care mothers may be interested in obtaining consultation on preparation of nutritious, satisfying and appealing meals and snacks. This consultation may be secured through local resources such as Cooperative Extension agents and Health Departments or through agency training programs.

### SUPERVISION

#### Section 458.11

Children shall not be left without competent supervision at any time.

(a) No person under 18 years of age shall be left in sole charge of the children at any time.

(b) Provision shall be made for another person on whom the family day care mother can call in case of emergency or illness.

### Interpretation

The family day care mother is responsible for the care and supervision of children while they are in her home. Provision shall be made for a competent person to be available to substitute for the day care mother in cases of emergency or illness. It is preferable that the substitute be well-known to the children and that she have knowledge of their personalities and behavior.

### PROGRAM

#### Section 458.12

(a) The program of the family day care home shall include a schedule of meals, naps and play. Such schedule shall be sufficiently flexible to provide a family atmosphere and to meet the needs of individual children.

(b) The program shall be varied in order to promote the physical and emotional well-being of the children, to encourage the acquisition of information and knowledge and to foster the development of language skills, concepts and problem solving abilities.

(c) Each home shall have toys, games, books, equipment and material, for education development and creative expression appropriate to the age level of the children.

(d) The day care operator shall make an annual evaluation of the program of care including consideration of the program's goals, progress, problems and steps to be taken during the next year to improve the program.

### Interpretation

Daily activities in the family day care home should be informal so that the child may have the benefit of experience in family living. Children should have an opportunity to participate in the usual household routines, to play both indoors and outdoors and to engage in the same activities and use the same community resources as other children their age living in the neighborhood. Television viewing for extended periods of time cannot be used as a substitute for planned activities. The family day care mother should plan her day so that she has sufficient time to talk with, play with, and offer physical comfort to the children in her care.

Agencies operating a family day care program should take responsibility for providing day care mothers with training and materials necessary for use in activities which provide intellectual and social stimulation of children.

The licensing authority and the family day care mother will annually review the previous year's experience with children in her home. Included in this review will be the day care mother's performance in providing care and supervision to the children and her ability to handle problems which may have arisen, as well as the quality of her relationship with the child's parents.

### SOCIAL SERVICES

#### Section 458.13

(a) The requirements contained in this section shall apply only to family day care homes operating under a certificate.

(b) The certifying agency shall provide necessary social services to the children in family day care homes certified by it.

(c) Appropriate information as to the family background and the individual capabilities and limitations of each child shall be obtained to assist in the introduction and participation of such child in the program of the family day care home.

(d) The certifying agency shall make available to the child and his family, counseling and guidance to help determine the appropriateness of day care for the child in family care home, and the possibility and desirability of alternative plans for care provision shall be made for referrals to other services which may be needed by a child and his family.

(e) Provision shall be made for continuing assessment with the parents, guardian, or other person with legal custody, of the child's adjustment in the day care program and of the child's family situation.

### Interpretation

Authorized agencies that certify family day care homes are responsible for providing necessary social services. These services should include: helping the parents understand the content of the family day care program so that a decision on using a day care home can be made; preparing the parents, child and family day care mother for the child's placement; assisting with the evaluating the parents' and child's adjustment to the family day care situation and giving appropriate help when the family day care placement is to be terminated. Regular social services contact should be maintained with the parents, the child and the day care family for purposes of helping with any problems

which might arise in relation to the parents' or child's adjustment to a family day care home and making it a satisfactory experience for the child.

## RECORDS

### Section 458.14

Records shall be kept to include:

- (a) Name, address, sex, and date of birth of each child; parents' or guardians' names and addresses and place or places at which parents or other person responsible for the child can be reached in case of an emergency; and a daily attendance record;
- (b) Reports of physical examinations and immunizations of children.

### Interpretation

Self-explanatory

## APPLICABILITY

### Section 458.15

The regulations contained in this Part shall apply to all family day care homes operating or to be operated under a permit or certificate obtained on or after January 1, 1969.

### Interpretation

Self-explanatory

## SUPERVISION AND ENFORCEMENT

### Section 458.16

(a) The department or authorized child caring agency is responsible for insuring that holders of permits or certificates operate in compliance with department regulations. Duly authorized representatives of the department or authorized child caring agency may visit a family day care home at any time during the hours of operation for the purpose of investigation or inspection and may call upon governmental subdivisions and government agencies for appropriate assistance within their authorized fields.

(b) It is a responsibility of the family day care operator to keep the department or authorized child caring agency informed of any change in enrollment of children, facility, staff or program which would affect compliance with department regulations.

(c) A permit or certificate of a family day care home may be suspended or revoked by the department or authorized child caring agency when the family day care home fails to operate in compliance with or do any other act required by department regulations.

(d) Before a permit or certificate is suspended or revoked, the holder is entitled, pursuant to the regulations of the department, to a hearing before the department. The holder's request for a hearing before the department on a suspension or revocation of a permit or certificate shall be made within 30 days of the written notice from the department or authorized child caring agency of the proposed suspension or revocation.

(e) A permit or certificate may be temporarily suspended or limited in its terms without a hearing for a period not in excess of 30 days, upon written notification to the holder of the permit or certificate, by the department or authorized child caring policy, following a finding that any individual's health, safety or welfare is in imminent danger. In such event, the holder shall request a hearing before the department within 10 days of the written notice of the suspension or limitation of the permit or certificate. Failure to make such a request shall be prima facie evidence that the finding of imminent danger is valid and the temporary suspension or limitation is corrected, or until the permit or certificate is permanently suspended or revoked in accordance with department regulations.

(f) The regulations in this Part shall be strictly enforced. If in the enforcement of this Part, however, the department finds that to require a particular family day care home to comply literally with one or more of these regulations, or parts thereof, will result in undue hardship, and if the family day care home is in substantial compliance with these regulations and the applicable regulations of the department and their general purpose and intent and, in addition, it complies with such specific condition or conditions as the department may deem necessary for the protection of the health, safety and welfare of the children, the department may determine that such family day care home is in compliance with this Part. The department shall keep a record of its determination in each such case and the condition or conditions imposed by it as well as the particular regulation or regulations, or parts thereof, with which the family day care home is not in literal compliance and the reasons literal compliance is not required.

#### Interpretation

In rare cases where literal compliance is not required, there should be a written record of the reason for this action and any special conditions deemed necessary to protect the health and safety of the children, as well as a plan for bringing the family into full compliance with these Regulations.

#### PROCEDURES FOR RENEWAL OF PERMIT OR CERTIFICATE

##### Section 458.17

(a) (1) Sixty days prior to the expiration of a permit or certificate, the department or authorized child caring agency shall furnish to the holder an application to renew the permit or certificate and a list of documentation which must be submitted in order to obtain renewal. These documents are to be completed and submitted to the department or authorized child caring agency not later than 30 days in advance of the expiration date.

(2) Documentation for renewal of family day care permit or certificate:

- (i) Completed application for renewal.
- (ii) Report on a form supplied by the department of annual medical examination of the applicant and statement from physician that other members of the household are in good health and are free from communicable disease.
- (iii) Statement by the appropriate authority or official that the dwelling meets standards for sanitation and safety where local fire, health and/or building code authorities require approval.

(iv) Copies of records on file in the day care home of registration, attendance and children's health records for the prior licensing period.

(b) Prior to renewal, the department or authorized child caring agency shall conduct a review, including a visit and inspection, to determine compliance with department regulations.

(c) Before denial of renewal of a permit or certificate, the holder is entitled to a hearing before the department. The holder's request for a hearing shall be made within 30 days of the written notice from the department or authorized child caring agency of the proposed denial.

#### Interpretation

Self-explanatory.

APPENDIX C & D

Contains copies of questionnaires used in the study.

Appendix C - Questionnaire for Day Carers

Appendix D - Questionnaire for Pre-School Centre

The female head of the household or spouse (if male head of the household) to be interviewed.

INTRODUCTION:

My name is Linda Lines and I am a student at the School of Social work, University of Cape Town. I am talking to a few people in Khayelitsha to find out what families do during the day with children who are too young to go to school. I would be most grateful if you could help me by answering a few questions.

Can I please write your name and address down? I need to know these details in case I have to call back to see you, to clear up some details which you may have given me.

The details about your name and address is not part of the study and will be destroyed.

If you feel that you don't want to give these details, I shall tear off this sheet and there will be no other details on the rest of the questions to say who you are.

Name of interviewee:

Address of interviewee:

Number
Date
Sector
Respondent Head/Spouse

QUESTIONS 1 TO 7 TO BE ANSWERED BY ALL RESPONDENTS:

1. Are there any children under 6 years living in this house?

Yes	
No	

If no, go to Question 5.

If yes, who usually looks after these children?

Mother/Father
Brother/Sister
Other relative
Creche/Day Centre
Any other person
Please specify below

2. Only to be asked if the person is someone other than the parent-  
otherwise go to Question 5.

Why do you need someone else to look after the pre-school children during the day.

3. How many days per week do you have your pre-school children looked after during the day?

Please circle

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Other please specify.

4. Is this a permanent arrangement?

Yes	
No	

If no, what other arrangements have you got?

5. Do you look after any other children under 6 years of age, who are not your own children?

Yes	
No	

If no, go to Question 7.

If yes, how many days per week do you look after young children?

Please Circle.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Any other times, please specify.

6. Do you provide "sleepover" services?

Yes	
No	

7. For this study I need to talk to as many people as I can who look after children under 6 years of age. Do you know any other people in the area who are doing this. Could you please give me their names and addresses I shall only use these details so that I can find and talk to people who look after young children and these details will not be passed on to anybody else.

NAME	ADDRESS
1.	
2.	
3.	
4.	
5.	
6.	

CLASSIFICATION

Parent of pre-school child only  
 Parent of pre-school child and carer  
 Carer only  
 Other


THIS INTERVIEW SCHEDULE ONLY TO BE COMPLETED BY PEOPLE WHO PROVIDE DAY CARE FOR OTHER PEOPLE'S PRE-SCHOOL CHILDREN.

CHARACTERISTICS:

8. How long have you lived in Cape Town?

Less than 6 months	
6 months - 1 year	
1 year - 3 years	
3 years - 5 years	
More than 5 years	

Could you please answer a few questions about yourself and the people who normally live in your house?

9. How many people live in the house?

Please circle

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

More than 10

10. Can you tell me how many of the people fall into the following age groups and how many of them are male and female?

Age Group	Adults		Children	
	Male	Female	Male	Female
Under 6				
6 - 9				
10 - 14				
15 - 19				
20 - 29				
30 - 39				
40 - 49				
50 - 59				
Over 60				

11. What is the total income per month brought into the home?

Less than R100
R101 - R200
R201 - R300
R301 - R400
More than R400

12. How many of the people in the house are working at present and earning money?

Please circle

None

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

13. How many of the children in the house go to school?

Please circle

None

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

More than 10

14. Do you have any younger or older unmarried sons or daughters who are not living with you at present?

Yes	
No	

If no, go to Question 15.

If yes, can you tell me how many of the children fall into the following age groups and how many in each group are male and female?

Age Group	Male	Female
20 - 29		
15 - 19		
10 - 14		
6 - 9		
Under 6		

DETAILS OF DAY CARE ACTIVITIES.

- 15 How long have you been looking after other people's children as a job?

Less than 6 months	
6 months - 1 year	
1 year - 2 years	
2 years - 3 years	
3 years - 4 years	
4 years - 5 years	
Over 5 years	

16. Did you have any other jobs before you started looking after children?

Yes	
No	

If no, go to Question 17.

If yes, what kind of job(s) have you had?

17. How did you get the children you look after?

A notice that you put on the outside wall of your house; clinic or other place for people to see	
Nurse at the clinic	
Word of mouth, through friends, neighbours	
Church members	
Know the parent beforehand	
Other	



21. How often do you talk with the parents about the child?

Once a day	
Once a week	
Once every 2 weeks	
Once a month	
Never	

22. How much do you charge?

Per day	
Per week	
Per month	

23. Does this include meals?

Yes	
No	

If no, go to Question 25.

If yes, which meals do you usually give the child?

Breakfast	
Lunch	
Dinner	
Snacks	

DAILY ROUTINE.

24. How often do you give the child these foods at your home?

	Times per wk.	Times per mth.	Never
Porridge			
Bread			
Fresh Milk			
Meat			
Vegetables			
Fruit			
Sweets			

25. Do you let the child rest/sleep in the morning and the afternoon?

	Yes	No
Morning		
Afternoon		

26. Where are the children normally allowed to play?

Backyard	
1 room	
2 rooms	
Other, please specify	

27. Do you have any of the following available for the child to play with?

Toys	
Puzzles	
Books	
Pencils/crayons	
Other	

28. Do you allow the child to play with household goods?  
eg. pots, pans, spoons, plastic jugs

Yes	
No	

If no, why not?

If yes, what kind of things do you allow the child to play with?

29. Which of the following activities do you do with the children?

	Yes	No
Play with them		
Join in their games		
Read to them		
Tell them stories		
Allow them to help in the home		
Talk to them		
Other		

30. Did you take the children out in the last 4 weeks?

Yes	
No	

If no, go to Question 31.

If yes, where did you go?

Shops	
Playground	
School	
Visiting	
Other, Please specify	

31. When the child does something to upset you, how do you punish the child?

Child does not cause upset	
Interest the child in something else	
Hit the child	
Scold the child	
Put the child in a room on his own	
Tell the parent	
Talk to the child	
Other, please specify	

32. Do you have a suitable person to take over your duties, when you are not well.

Yes	
No	

If yes, go to question 33.

If no, what would happen if you are unable to look after the child for a day or so?

33. How many helpers do you keep?

1.	
2.	
3.	
None	

ATTITUDES TO TRAINING.

34. In the time that you have been looking after other people's children, have you attended any meetings where there were talks and/or films about looking after children

Yes	
No	

35. If meetings could be held in Khayelitsha where there were talks and films about looking after children, would you attend?

Yes	
No	

HEALTH AND SAFETY

36. What kind of stove do you have and what does it work with?

37. Where does the stove stand in the kitchen?

38. Can the children touch the stove?

Yes	
No	

If yes, how do you keep the children away when you are busy with the stove?

39. Do you have a heater?

Yes	
No	

If no, go to Question 40.

If yes, what does it work with?

40. Can you tell me, do you buy any of these things in the house?

	Yes	No
Paraffin		
Spirits		
Turps.		
Bleach		
Sharp things Razor blades, scissors, needles (for sewing)		
Tablets		

41. Have you had to take your own children, or the children you look after to the doctor or hospital in the past 5 years, for any of the following accidents:

	Yes	No
Burn		
Accident with Paraffin		
Accident with Spirits		
Accident with Turps		
Accident with Bleach		
Deep Cuts		
Any other accidents Please specify		

42. Are you well at present?

Yes	No

If no, what's wrong with you?

43. Have you had any of these sicknesses?

	Yes	No	Don't know
T.B.			
Sugar Diabetes			
Asthma			
Nerves			
High Blood Pressure			
Other			

44. Have you seen any of the following in the past year?

	Yes	No
Doctor		
Herbalist		
Hospital		
Other		

QUESTIONNAIRE FOR THE PRE-SCHOOL CENTREIdentifying details:

1. When was the pre-school centre opened?
2. How many rooms are there in the building?
3. How many rooms are used for the children?
4. Are there any rooms which are not used for the children?

Yes	
No	

If no, go to question 5

If yes, what are these rooms used for?

5. How many toilets are there in the building?
6. How many days per week does the centre open?

1  
2  
3  
4  
5  
6  
7

7. Is the centre open during the school holidays?

Yes	
No	

8. How many staff members are employed at the pre-school centre?
9. How many of the staff members have had previous experience with looking after other people's children?
10. Have any of the staff members had formal training with looking after children?

Yes	
No	

If no, go to question 12.

If yes, how many staff members are trained and which qualifications do they hold?

- 1.
- 2.
- 3.
- 4.
- 5.

More than 5.

11. Which qualifications do they hold?

12. How frequently do staff members receive informal training e.g. films or talks - about how to look after children

Once a day	
Once a week	
Once a fortnight	
Once a month	
Not very frequently	
Never	

13. How frequently do staff meet together to share information about the children?

Once a day	
Once a week	
Once a fortnight	
Once a month	
Never	

DAY CARE ACTIVITIES.

14. From what ages are children accepted at the pre-school centre?

Under 6 months	
6 mths - 1 year	
From 1 year	
From 2 years	
From 3 years	
Over 3 years	

15. How many children are officially registered at the pre-school centre?

16. Does the centre look after children who are not officially registered at the centre

Yes	
No	

If no, go to question 17.

If yes, how many extra children attend on average daily and why do they attend?

17. Does the centre have a waiting list?

Yes	
No	

If no, go to question 18

If yes, how many children are on the waiting list at present?

18. Who normally brings and collects the children and what times are they generally brought or fetched?

	Brings				Fetches						
	7 <sup>00</sup>	8	8 <sup>30</sup>	After 8.30.	Before 4	4 <sup>20</sup>	5	5 <sup>30</sup>	6	6 <sup>30</sup>	After 6.30
Mother/Father											
Sister/Brother											
Other relative											
Neighbour											
Other, Please Specify below											

19. How often do staff, on average talk with the parents about the child?

Once a day	
Once a week	
Once a fortnight	
Once a month	
Once in 6 months	
Never	

20. What is the fee charged?

Per day	
Per week	
Per month	

21. Does this include meals?

Yes	
No	

If no, go to question 23.

If yes, which meals are provided?

Breakfast	
Lunch	
Dinner	
Snacks	

22. How often are the children given the following foods?

	Times per week	Times per month	Never
Porridge			
Bread			
Fresh Milk			
Meat			
Vegetables			
Fruit			
Sweets			

23. Is there a set daily routine for the children?

Yes	
No	

If no, go to question 24.

If yes, can you provide details about the routine?

Before 8
8 to 9
9 to 10
10 to 11
11 to 12
12 to 1
1 to 2
2 to 3
3 to 4
4 to 5
5 to 6
After 6

24. Are the children separated into specific groupings?

Yes	
No	

If no, go to question 27.

If yes, for how long are they in these groups?

All day	
Mornings only	
Afternoons only	
Meal times only	
Other, Please Specify below	

25. What criteria are used to separate the children into groups

26. Are staff members assigned to specific groups?

All day	
Mornings only	
Afternoons only	
Mealtimes only	
Other, please specify below	

27. Are any of the following available for the children to play with?

Toys for indoor play	
Toys for outdoor play	
Puzzles	
Books	
Pencils/Crayons	
Other	

28. Are the children allowed to play with household items  
e.g. pots, pans, spoons, plastic jugs etc.?

Yes	
No	

If no. why not?

If yes, what kind of things do the children play with?

29. Which of the following activities do staff do with the children?

	Always	Sometimes	Not at all	Never
Play with them				
Join in their games				
Read to them				
Tell them stories				
Allow them to help with cleaning and clearing up				
Talk to them				
Other, Please specify				

30. What areas do the children have for play? (Outside play area).

1 Room	
2 Rooms	
3 Rooms	
4 Rooms	
5 Rooms	
More than 5 Rooms	

31. How are the children disciplined mainly?

Hit the child	
Scold the child	
Put the child somewhere on his own	
Tell the parent	
Interest the child in something else	
Talk to the child	
Other, Please specify below	

32. Does the centre have telephone numbers or business addresses where parents can be contacted in an emergency?

Yes	
No	

If no, why not?

34. Would you say staff have any problems with the parents?

Frequently	Sometimes	Never

If no, go to question 35.

If yes, what are the main problem/s experienced?

35. When was the last time any of the following contacted the centre in connection with the children?

	1 wk	Fortnight	Month	2-3mths	3-6mths	6mths-1yr	Never
Social Worker							
Health Visitor							
District Nurse							
Doctor							
Dentist							

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