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HOME VISITING FOR HOUSEHOLDS WITH CHILDREN NOT IN FORMAL ECD: EVIDENCE FROM THE SOBAMBISANA INITIATIVE





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Ilifa Labantwana is a national Early Childhood Development Programme in South Africa. Ilifa Labantwana is concerned with the design and testing of scalable integrated and affordable ECD models which can be taken forward to ensure that all children in South Africa have access to the services they need to develop to their full potential. It is within this context that Ilifa funded five organisations to test what they believed would be workable models in the context in which they were working. What emerged was a community of practice known as the Sobambisana (Help each other) Initiative.

The Sobambisana Initiative was carried out over a four year period and tracked by a robust research process focusing on monitoring and evaluation the models being implemented. Based on this research, a series of five learning briefs has been published, this is the fifth in the series. It focuses specifically on what emerged from the research about home based interventions for children not integrated into formal early childhood settings.

The place of home-based programmes within South African policy

The National Integrated Plan for ECD (NIP) is South Africa's primary early childhood policy vehicle and seeks to significantly expand services for children under the age of five. Vulnerable children are the priority target. The NIP for ECD recognises that the vast majority of children are not in centre-based programmes. Home-based interventions, therefore, constitute a key channel for expanding access to services to this population.

The NIP goals of promoting early learning stimulation and the development and implementation of psychosocial programmes are particularly relevant to home-based interventions.

Home-based programmes support primary caregivers in the provision of positive parenting, affectionate care and cognitive and language stimulation through play and everyday activities. Home-based programmes also provide opportunities to connect primary caregivers to local health, nutrition and social services.

Women living in poverty carry significant burdens and South African research indicates that many women with young children suffer from depression. Psychosocial support during visits is likely to reduce their distress and enable them to devote more care to their children, reducing the risk of malnutrition, poor health and low levels of stimulation.

International evidence

Home-visiting is emerging as a promising strategy to help primary caregivers and promote the growth and development of young children.

Facilitating effective links with a range of other local services is another important aspect of home and community ECD services.

Home-visiting significantly increases the reach of services to vulnerable caregivers and their families compared with workshop-based interventions, largely because attendance at the latter is often poor.

Programming parameters that have been shown to improve parenting and early stimulation include:

- **Interventions that focus on caregiver training alone are less effective than those that combine this with direct interventions with the child.** Providing parenting information alone has little to no effect on child outcomes. Caregivers need to see the practitioner modelling the desired behaviour with the child for change in activities with their child to take place;
- Primary caregiver participation needs to be active, engaged and regular, normally conducted over extended periods. Depending on the desired outcome, and particularly in very disadvantaged contexts and where the programme seeks to address a range of issues, the programme should be extended over at least a year to obtain the maximum benefit;
- Home-visiting needs to be frequent for improvements in cognitive functioning to occur. The evidence is that the more intense the intervention and the longer its duration, the greater the gains for disadvantaged children. Weekly visits have the best chance of success;
- Providing opportunities for children to initiate and instigate their own learning and exploration of their surroundings with age-appropriate activities;



- Building on traditional child-rearing practices and cultural beliefs;
- For good outcomes, the relationship between participant and programme staff needs to be stable, warm, supportive and uncritical;
- Practitioners' skill in working with primary caregivers is a key determinant of success;
- Home visitors are likely to be more effective in serving families with multiple needs when they form strong partnerships with those who are providing other vital services in the communities they serve; and
- The design and delivery of home-visiting programmes must be guided by local and international evidence for what is effective.

Description of the Sobambisana home-visiting interventions

Three home-visiting programmes were evaluated. All targeted very vulnerable families with young children who were not receiving any form of early childhood programme.

The Centre for Early Childhood Development (CECD) delivered its family outreach programme in a peri-urban setting in the Theewaterskloof Municipality of the Western Cape. Young children and their carers received 18 home visits of about one and a half hours every two weeks. The programme was delivered over nine months. A group workshop was held once a month, at which toys were made from waste materials and information about child development was provided along with a food parcel. During the visits, the visitor supported the caregiver, shared knowledge to help them provide good care and demonstrated early stimulation activities with the child.

The Early Learning Resource Unit (ELRU) delivered its family and community motivator (FCM) home-visiting programme in a rural community near Lusikisiki in the Eastern Cape. Caregivers and their children received two two-hour visits and one workshop with other caregivers a month over a period of 10 months. The workshop included an informal playgroup for children. Caregivers were provided with emotional support, exposed to key messages about providing a safe, healthy and stimulating environment for young children and families were linked to grants and services.

Each visit included an hour-long session in which the FCM and caregiver were engaged in play activities with children using locally available materials and a toy kit.

Khululeka delivered its family home-visiting programme in seven villages of the Chris Hani District Municipality of the Eastern Cape. The programme targeted very vulnerable children who were not attending ECD services. Visits were conducted by community development practitioners (CDPs) and lasted up to two hours. In the first year, the programme content included service referrals, health, nutrition, caregiver support and child stimulation. Because child stimulation was not a priority for very vulnerable caregivers, the programme was adjusted in 2010 to focus on basic needs such as grant access, health and nutrition inputs and caregiver support.

Children were provided with a toy bag, but there was no focused educational input in year two.

In this programme, the length of contact with the family was tailored to its needs and in some cases, extended beyond one year. Khululeka also provided a gardening programme.



There were considerable similarities in content across the programmes. In all cases, visits were conducted by trained and supervised staff selected from the local community.

Evaluation questions for home-visiting interventions

Little is known about effective delivery and outcomes for home-based programmes for young children in South Africa. The Sobambisana intervention provided opportunities to explore three questions.

Did the interventions:

1. Improve the capacity of caregivers to provide safe, hygienic and stimulating environments for children who are not in formal ECD?
2. Improve cognitive and language abilities and improve access to services?
3. Increase ECD opportunities for vulnerable children?

It was possible to assess the effects of all three programmes on caregivers' parenting and their stimulation of children, as well as their provision of safe and hygienic home environments.

The assessment of the effects of the programmes on child outcomes was possible only in the ELRU programme. Children who participated in home-visiting conducted by CECD and ELRU were followed into Grade R and compared with those who had not had any exposure to an ECD programme and those who had participated in a preschool.

Findings on outcomes and at Grade R

The Sobambisana evaluation provided the following evidence for home-based interventions:

Reach:

1. Home visits benefitted significant numbers of vulnerable caregivers and their children who had previously had no access to a holistic early childhood service;
2. Home-visiting enabled exposure to all aspects of programme content.

This means that only very large numbers...were very high they also received the full benefit of the programme.

Effects on children:

1. **Access to grants, health and social services.** Where this was previously poor, home visits significantly improved access;
2. **Effectiveness of home visits in improving children's**

cognitive, numeracy, language and emotional development. Home-visits had no effect on these outcomes. When they reached Grade R, these children did not perform better than those who had never participated in an ECD programme. Further research is needed on this question. It is likely that three factors contributed to these findings:

- Unless home-visiting programmes have early stimulation components that are clearly aligned with the capacities needed for school readiness, they are unlikely to be effective in very vulnerable populations. It is also likely that a more intense intervention may be needed to achieve change;
- The most vulnerable caregivers and children in the community were selected for home visits. A significant proportion of the children were malnourished. It is likely that deprivation since infancy would have affected the extent to which they could have benefitted from the early stimulation components of the type of home-visiting programme delivered in Sobambisana; and
- The ability of home-visiting programmes to change caregiver behaviour and improve child outcomes is likely to have been affected by poor caregiver wellbeing and health, low education levels, and limited household resources.





Effects on caregivers and the home environment:

1. **Knowledge of early development and improved stimulation of young children.** Home-visiting programmes of longer duration (with good supervision) improved parenting, affectionate care and early stimulation;
2. Safety and hygiene practices. Home visits contributed to a significant improvement in this regard in homes where these practices were poor;
3. Improving caregiver wellbeing. Visits every two weeks over 12 months to vulnerable caregivers by community development practitioners who provided emotional support made a significant difference to their ability to cope in constructive ways with difficult circumstances. This finding is significant as the wellbeing of the caregiver is a critical factor in the protection of young children; and

4. Programme flexibility. Some flexibility in programme duration may be necessary to take account of the needs of particularly vulnerable families. If this is not considered, there is the risk that the programme will be terminated prior to the needs of the family being met.

The importance of community processes and advocacy:

1. In order to enhance the ability of home-visiting programmes to meet children's needs, these must be combined with a community-development approach that includes sustained advocacy efforts with local stakeholders. These include traditional authorities, government officials and non-governmental organisations that are responsible for service delivery. This process requires the investment of time, effort and sensitive engagement;
2. The outcome of such a process is more sustainable local services to vulnerable young children and families.



Home visitors:

1. Training, ongoing support and supervision of home visitors.

Key to the success of this form of programming is the support and supervision of the visitors. Close support provides continued guidance and also assists staff in dealing with the difficult circumstances they frequently face during visits;

2. Long-lasting value to communities of well-trained home visitors.

The Sobambisana evaluation demonstrated that practitioners could develop into valued local resources for young children that extended beyond their primary roles;

3. Employment of local home visitors.

This facilitates community entry, relationships with local stakeholders and service providers and helps build social solidarity among vulnerable families, including those who are not enrolled in the programme;

4. Ensuring the quality of programme implementation.

It is essential that home-visiting programmes keep records on programme delivery, participant access to the programme (attendance), and outcomes. Where the programme cannot be delivered as intended and where the desired outcomes are not found, the programme must be reviewed and modified.

The importance of realistic goals:

Home-visiting programmes should not promise more than they can deliver with the resources available. For example, one cannot expect significant changes in child-development outcomes unless the programme has the resources to achieve this. The Sobambisana home-visiting programmes were successful in increasing access to ECD in previously excluded children. Caregiver care and early stimulation improved as a result of the programme, as did children's access to services. In the home-visiting programmes for which data was available, no effects on cognition and other capacities were evident. Further research is needed to confirm this finding.

The Sobambisana Evaluation was conducted by Andy Dawes of the University of Cape Town Department of Psychology together with Linda Biersteker and Lynn Hendricks of the Early Learning Resource Unit.


Sources

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Ilifa Labantwana is a multi-donor partnership which supports integrated early childhood development (ECD) in South Africa. The donor partners include the ELMA Foundation, the UBS Optimus Foundation and the DG Murray Trust. Ilifa Labantwana aims to increase access to, and improve the quality of integrated early childhood development services for children in under-served communities; and to support South African policy implementation of integrated ECD interventions in a sustainable manner.



Tel: (direct) +27 (0)21 670 9847 Fax: +27 (0)86 583 8948
Email: sherri@dgmt.co.za www.ilifalabantwana.co.za