The welfare policy also emphasises the need for an integrated and intersectoral approach. This acknowledges that in order to improve the lives of disadvantaged people, Government departments must coordinate services and work together to provide public policies that can improve the capabilities of the most disadvantaged. Services targeting children in the early childhood development phase are located within the mandates of three Government departments namely Health, Social Development and Education. During the interviews with officials from these departments it was clear that there was no coordination of services at service delivery level. In fact officials to ascribed blame and responsibility to the other department for service delivery issues.

> *"it is not our role to provide ECD services that is the role of the department of social development. We are only concerned with children in grade R."*
>
> *(Interview with Education Department official)*
>
> *"We only deal with providing subsidies to early childhood centres and help them get registered and accredited. The education department must also do their job"*
>
> *(Interview with social Development official)*

Public policy is determined by politicians who are governed by political manifestos. This results in a disjuncture between policy and the real felt needs of the people.

> *"Government uses consultants to write implementation plans and these consultants do not always understand the needs of the community." (Interview with FAMSA officer)*

This translates into poor service delivery. Vulnerable communities are further spiraled into the trap of poverty. In every society it is the responsibility of the State to assist the vulnerable through the development of public policies which enable each person to reach their full potential or capabilities. These public policies reflect the paradigm of the State which will directly impact on the way services are rendered. The revision of the social security system after the advent of a new democratic political dispensation, attempted to make provision for all children within South Africa and the State Maintenance Grant was replaced by the Child Support Grant. Seven of the caregivers in this study were recipients of the Child Support Grant. Although the grant was only R200 at the time, it assisted in feeding families and provide for basic needs. The State, at the time of passing this legislation, envisioned that the grant would be supplemented by the feeding schemes, free health care to

children under six, and access to public works programmes which was a poverty relief programme (Lund, 2008). In the community of Groblershoop the lack of adequate service provision is a serious issue which impacts on the quality of life of its inhabitants. The reasons for poor service delivery can be contributed to the fact that there is no deliberate plan to roll out essential services. Furthermore the distance from one town to the other in the Northern Cape is extremely vast, thereby making service provision a costly exercise. In fact the researcher was told by an education official that a significant proportion of the Departments budget is spent on transport as there are huge costs involved in getting from one place to another.

4.6.6 Who are the Caregivers? - A look at the gender practices

The community of Groblershoop is traditional in respect of the roles adopted on by men and women. According to the participants women typically are the "*problem –solvers, the carers, community workers, housewives.*" Women are expected to be "*submissive"* while men are "*the breadwinners, the providers, and heads of the household.*" Men are involved in "*work (outside the home), they play sports, sleep, drink alcohol, abuse women and children, watch soccer and do things in the yard."* Women *"cook, clean, look after the children, do volunteer community work, is involved with the church, look after the husband or boyfriend and also work outside of the home"*. Women "*support each other"* and are concerned with the uplifting of the community. Men *"tend to the cattle"* and are not involved in any community or family work.

The roles of men and women in the home reflect the roles of men and women in the community. All the caregivers except for two, said that the father/ brother / boyfriends were the head of the household. The remaining two participants said that their mother and female cousin was the head of the household. In the one instance the mother was the head of the household because there were no men in the home, and she was the eldest. In the other instances the cousin worked and provided for the family, making her the head of the household. All the caregivers said that the men are the *"natural heads of the household"*. They must be *"respected because they earn the money and because the bible said so"*. This view was corroborated in the focus group. The caregivers stated that *"women and men are*

seen as not being equal. Women are involved in community activities, church organizations and child rearing. The men go to the tavern and makes debt on the women's names. The women work and men play soccer".

The caregivers in the focus group expressed that the church reinforces the traditional teachings and views the men as being the head of the house and the mother does the caring work. There was a strong sense from all the caregivers (those interviewed in the focus group as well as in the individual interviews) that these roles cannot be shifted as the participants of the focus group were adamant that this was part of the teachings of the scripture. They said that if one was to go against this idea of the man as the head of the household one would be "*ostracised and isolated in the community."* The men would also not allow it. So even if the man is unemployed and an alcoholic it is his right to be head of the household and dictate the family rules. This perception is intrinsically believed by men and women in the community. Only three caregivers felt displeased with this reality and stated that "*men should be educated to provide women with more than just financial assistance."* One caregiver stated that she has "*made peace with the way things is"* and another said that "*if men have an important role they must take the leadership role"*. It was interesting to note that those caregivers that were unhappy with the current status were the younger caregivers. The older caregivers did not want to change anything. When asked what some of the consequences are in respect of changes to the current status quo all the respondents agreed that this would not be acceptable by family or society. "*we don't speak back to my father – its his house- he is the man of the house, we were not raised to challenge him"*

Morgan (1999) introduces the notion of family practice rather than simply referring to gender roles and functions. This approach implies that families are fluid and flexible and reflects a sense of agency within family practice (Bozalek, 2004). Morgan's approach reflects a sense of doing family and gender, so conveys a sense of everyday routine that people perform in the process of living. Morgan sees caring as one of the family practices i.e. one way of doing family. In this study it is clear that the women are involved in the caring activities of cooking and cleaning and looking after children. All the caregivers also relied on other females like their mothers, grandmothers, aunts, sisters and female friends to stand in for them when they

are either sick or needed to be away from the home. The caregivers in both the focus group as well as those interviewed individually stated categorically that the men are the heads of the household. Bozalek (2004) found a similar pattern in the study she conducted in 2004, through examining the family in community profiles of students at University of the Western Cape. Most of these men were either seasonally employed or unemployed, were absent from the home environment and were uninvolved in the raising of their children. Despite this, the institution of the Church, the focus on providing services to the family by State Departments as well as the way children were socialised reinforced this ideological paradigm of patriarchy.

4.6.7 Parenting Practices

Nine caregivers stated that they hit their children as a means of disciplining them. Many of the women said that they first attempted to talk, then shout and then hit if the child still does not listen. "First *I talk to him then I hit him with a wet cloth"; "I first ask what happened then I hit"; "I talk to him, explain the consequences but then shout and hit him if he does not listen"*. Only one caregiver said that she "*comforts the child and talks nicely"*. All the participants expressed said that discipline was necessary every day, and often more than once. The researcher also engaged in participant observation and observed that the way the caregiver spoke to the child was to shout and then physically hit if the child's behaviour persisted. All the children that the researcher observed lacked the necessary discipline and pushed the care giver to the point where the next step would be a physical beating. The behaviour would stop only for a short time and then continue or a new behaviour that annoyed the care giver would be started. The cycle of shouting and then spanking would be resumed.

During the participant observation exercise the researcher noted a few important points. The children were largely left to their own devices and there was no consistent parental monitoring taking place. The children were left to play unsupervised in the street and then just wander off with older children. During the interviews most participants expressed a concern about the older children molesting the younger children, but even those caregivers that had this concern allowed their under 6 year olds to wander off into the streets, following

a crowd of older children in most cases. All the care givers indicated that they sleep in the afternoon as it is too hot. The children then often left the yard and went off into the streets. The care givers accepted that the children will return home. There was also no attentiveness in the way that the care giver dealt with the child. During the participant observation exercise no caregiver actually spent time playing with the child, or attempted to develop their motor, sensory or intellectual ability. The children were left to play on their own. The level of care that the children receive is also a concern. During the observation exercise at one home, the caregiver made no attempt to clean the baby even though the baby had passed a stool in his/her nappy. The baby blanket was dirty and crawling with big red ants. No attempt was made to get rid of the ants that were clearly troubling the baby. In another home the child got hurt and scraped his/her knee. The sore knee was not cleaned or tended to and flies settled on the child's sore. At the last home that the observation exercise was carried out the little girl had wet her pants and even though she attempted to alert her mother to this fact, nothing was done to clean the child. Eventually the child fell asleep with the wet pants. The children played very aggressively and boys and girls played through means of fighting and pushing one another. The caregivers reported having very little energy to run after the children or stop the fights. They wait until things got to a point where they are really angry and then shouted and hit the children. The researcher also observed very little obvious acts of love which is normally given by a parent to a child. In the home where the caregiver was going through menopause it was clear that the care of the children "was too much for her." She allowed the children to go ahead with very little attempt to control them or look after them, if they played too aggressively.

4.6.8 Daily Care Practices

The following information boxes provide a glimpse into the daily practice of three of the caregivers interviewed:

I wake up at 5am, wash myself and then start to clean the house. At 7am I get my child up and help her get ready for school. By 7h30 I walk my child to school. When I go home I finish clean the house. Some days when I have a piece job I drop my child then go to work. By 12pm the child must be fetched at school. I come home and if there is food I give them something to eat. Then I sleep as the afternoon is very hot

here. I wake up 5pm, then I make something to eat for supper. Sometimes my daughter sleeps otherwise I walk down the road to see where she is playing and bring her home. I then wash her and make her ready for bed. We then watch some TV and then by 9pm I go to sleep so that I can get up again at 5am.

I get up at 5am and go outside to fetch water from the tap and then prepare it so that I can wash. I then start to clean the house before my daughter goes to work and I have to take over the looking after the children. By 8am the children start to wake up and then I prepare water to wash them. I feed them and then let them play. I then clean the house. By 11am the baby falls asleep and I then do the washing or whatever ironing I have to do. Then at 1pm I give all the children lunch. After lunch the children go and play in the street and then I sleep. I wake up at about 5pm then I make supper. Some nights my daughter comes home late because she goes to the shebeen then I look after the children, give them supper, wash them and put them to sleep. We all sleep outside because it is very hot now and I am struggling with menopause so then I sit up until late at night.

I wake up at 5h30 and then prepare water so that I can wash. I then wake up my daughter and get her ready for the day. I feed her and then I start to clean the house. I get ready for school at about 7am. School starts at about 7h30am. My mom looks after my daughter while I am at school. At 1pm the school comes out. I go straight home, feed my child lunch, then tidy the house again- wash dishes. I sleep normally between 3 and 4 in the afternoon. I wake up then do my school homework and help my mom make supper. I then wash my child, feed her and then either go to a prayer meeting three nights a week or finish up my school projects. When I go to the prayer meeting I get home at 8h30 pm then I wash myself, watch some TV, while I put my child to bed and go and sleep around 10pm.

The above are typical examples of the caring tasks fulfilled by the caregivers. The caregivers feel a sense of responsibility towards the children and care about their well-being which is

the first phase of the caring. They therefore engage in a process of taking care of their needs through the practice of caregiving, which is the second and third phase of caring. The children are the receivers of these care and during the early childhood development phase is dependent on the care for survival and are considered to be the care receivers, which is the final phase of caring. The values allow us to assess the care given, while at the same time acknowledging that each caregiver needs certain conditions to be met to provide quality care, as outlined early in this chapter. Responsiveness is the value that allows us to assess the adequacy of care. If the care is not adequate, the care receivers would not experience care in a way that compromises their well-being. These conditions are different for each caregiver and lay the foundation for the quality of care received on the part of the child. The care is dependent on the family practices, so whose responsibility it is to provide care as well as what resources are available for care and how the caregiver uses the resources for caring competently. This competency is dependent on how best the caregivers are able to mitigate the personal, social and environmental factors to utilise the resources that are available to its maximum. As has been demonstrated in the earlier section of this chapter, this is not solely dependent on the individual caregiver, but how best their needs have been met by the State, whether services have been provided and what access mechanism to those services have been put in place by the policy makers. At the same time the attitudes of what caregivers or women (as in this study all the caregivers are women) are entitled to is dictated by the dominant ideology of patriarchy. This plays a role in respect of how their capabilities such as "being able to live one's life in one's own surrounding and context" as one of the capabilities set out by Nussbaum (2000), is being fulfilled.

4.6.9 Impact of Caregiving on Care Receivers

Using a checklist developed by the Personal Touch Early Intervention Programme – Early Childhood Centre New York (2006), the researcher assessed the developmental milestones of the children. Initially the researcher intended to ask the caregivers about the child's developmental milestone achievements, but all the caregivers were unable to answer the questions with any amount of certainty. This assessment tool was fairly simple and the researcher then conducted the assessment with each of the child. The table below describes the developmental delays present in each of the children.

Table 6: Developmental Milestones of the Children

Child	Age	Developmental delay
Dalyn (Francina)	5	Cannot print some letters Cannot recall part of a story Does not understand the concept of time Very withdrawn child Does not want to be with friends
Clivano (Linda)	4	Cannot go up and down stairs without support Cannot use riding toys Cannot copy square shapes Cannot draw a person with 2 to 4 body parts Cannot use scissors Cannot copy capital letters Is not really interested in new experiences Cannot dress or undress himself Grandmother doesn't know if child can distinguish between fantasy and reality and whether she has any imaginary friends or sees monsters
Macnic (Linda)	6	Cannot tell jokes or riddles Very withdrawn child
Elvino (leana)	2	Cannot pull toys behind him while walking Cannot build block towers or put 4 blocks on top of one another Cannot use two word sentences Begin to sort shapes and colours Does not make believe play Not becoming gradually more independent Very withdrawn and passive Very anxious child
Tasleemah (Getrudia)	5 mths	Cannot push up on extended arms Pull to sitting position with no head lag Does not respond to other peoples expression of emotion
Shumeez (Getrudia)	4	Cannot hop or somersault Can copy triangles and other geometric patterns Cannot print some letters Cannot go to toilet on her own

		Cannot say name and address Cannot understand the concept of time Very aggressive
Kaitlin (Mellisa)	2	Cannot build block towers of pile up 4 blocks on top of each other Very attached to her mother not independent
Shannon (Charmaine)	5	Child cannot stand on one foot for more than 10 seconds Cannot copy triangle and other geometrical patterns Cannot draw person with body Cannot use spoon and fork Tell long stories Speak in the present Does not understand the concept of time Doesn't obey rules
Jaselin (Heidi)	2	Cannot carry large toys behind him while walking Cannot scribble spontaneously Turn over container to pour out its content Build a block tower or pile block on top of one another Cannot point to objects or picture that are named for her Cannot use two word sentences Cannot follow simple one step instructions Cannot find objects even when hidden under 2 or 3 covers Cannot begin to sort shapes and colours Cannot begin to play make believe Does not imitate behaviour of others Not very independent child Separation anxiety
Jovani (Johanna)	4mths	Cannot transfer an object from one hand to the other Does not look for toys that have fallen Does not use voice to express joy or sadness Child cries a lot
Jasmine (Johanna)	2	With great difficulty pull large toys behind her while walking With great difficulty carry large toys while walking Still have difficulty running Struggles to get on and off furniture Needs help to go up and down stairs Does not recognize the name of known people of body parts

		Does not yet do forms and sort colours Does not engage in imaginary play Still very dependent
Ignasius (Johanna)	4	Need help to go up and down stairs Cannot draw four sided forms Cannot use scissors Cannot do a circle and square Cannot start to write capital letters Can eat with great difficulty with a spoon Doesn't understand the concept of the same and different Does not have basic grammar Does not really tell stories No concept of time Follow 3 part instructions Cannot dress and undress
Madelaine (Vinita)	5	Does not go to toilet on her own Can only say name not address Does not understand the concept of time Does her own thing – no rules
Xander (Rochelle)	Almost 2	No developmental delays except he is very hyperactive Doesn't not sit still for very long

All except one child experienced developmental delays. The caregivers reported that this was the first time anyone had done these assessments with their children. The caregivers said that the clinic only weighed the babies and provided immunisation, but none of the children were assessed for age appropriate development. The risk of these developmental delays not being addressed by the health care system could have long term impacts on the child's development and quality of life, as well as the life opportunities that would be available to him/her. Possible causes for the developmental delays could be the lack of appropriate stimulation, the lack of adequate nutrition, the social conditions in which these children are raised and the alcohol usage of the mothers during pregnancy. Using the Human Capabilities lens the caregivers' inability to mitigate the personal, social and environmental factors impacted on their ability to provide care to the children. The researcher did not have the medical skills to diagnose Foetal Alcohol Syndrome in any of the children, nor was this focus

of this study, but most caregivers spoke of "drinking socially" during pregnancy and were unable or unwilling to explain this behaviour.

4.7 Environmental Factors

Climate, infrastructure and material resources are environmental factors that play a role in the conversion from the characteristics of the goods to the individual functioning (Robeyns, 2003:13)

4.7.1 Climate

All the caregivers described the climate as being" *very hot*". Six of the caregivers stated that the excessive heat*" makes them tired."* One caregiver stated that she "s*leeps after school"*. Another caregiver admitted that *"I sometimes feel like doing nothing because it is too warm."* The children are also affected by the heat and one participant said "It *affects the activities and it is too hot for the children who struggle to play sport."* The caregivers stated that one needs to adapt to the environment but in doing so one becomes much slower in completing tasks.

4.7.2 Neighbourhood Conditions

All the caregivers, with the exception of one stated that they enjoy living in the community. Six caregivers reported that crime is high in the community and stated that the reason for this is that the "police *don't come, there is no work so people drink and then commit crime, People steal because they are poor, children steal because they come from broken homes and men fight when they abuse alcohol."* Violence is also a problem in the community and all the caregivers except one agreed with this statement. The caregivers attributed the high levels of violence to the amount of alcohol consumed in the community. There are four shebeens in the small community. All the caregivers confirmed that alcohol is easily accessible in the community, while dagga but not other drugs are accessible. Knives are a huge problem and are easily accessible according to all caregivers while guns are not easily accessible. Only three caregivers stated that they knew someone who made a living from

crime in the community. Four caregivers felt that this community of Groblershoop was safe to raise children in.

4.7.3 Physical Home Environment

Seven caregivers live in a dwelling that ranges from having 2 – 4 bedrooms with a lounge and kitchen. These dwellings have no bathroom but have an outside flush toilet. The caregivers use buckets or basins to wash in. The house structures are made of brick wall with metal roof, making it retain heat even more. The caregivers said that in summer it is excessively hot in the houses and in winter it is very cold. While there may be up to 4 bedrooms in a dwelling, the rooms are very small and often sub-divided by the owner him/her self. Only three caregivers live in houses that had bathrooms and toilets inside the house. This facility was installed by the owners themselves. All the caregivers had running water and electricity. The water, however, is problematic and cannot be drunk without boiling. At the time of collecting the data the children was struggling with diarrhea due to the problems with the water. None of the caregivers had access to their own Telkom landline and pay phones were available at some points in the community. Most caregivers had access to cell phones but never had any money to buy airtime.

4.7.4 Resources Identified by Caregivers to Support Caring

The caregivers listed the clinic, the child support grant, the crèche, the church and the family (mother specifically) as support resources that assist in caregiving. When asked what happens when their child/ren are sick, all the caregivers stated that they take the child to the clinic, but attempt home remedies first before going to seek outside help. Five of the caregivers said that they do not know what community resources are available to help them with child care. All the participants including those who participated in the focus group agreed that the children need more support. When asked what support they needed the following was listed by both groups:

- Parenting programme
- A place where you can leave your child when you go to work
- Broaden the feeding scheme
- Need financial help – need jobs

- More recreational facilities
- Parks with swings, play areas
- Doctors, local community clinic
- After school care facilities
- Provide motivation talks to children and parents
- Infrastructure to assist daycare – more Early Childhood Development Centres
- Raise the amount of the child support grant

All the participants said that they have access to the following services in the community:

- Free health care
- Immunisation
- Nutritional information
- Child support grant
- Healthcare – HIV +
- Weighing of baby
- After birth care

Only four caregivers stated that they had access to visual testing, hearing tests and motor development for their children, yet the clinic nursing sister said that these services were routine for all babies who attended the clinic. Six caregivers reported that they knew their rights with regards to services that could assist their children.

4.8 Overview of Main Findings

This research study reveals that personal, social and environmental factors do have an impact on the caregiver's ability to provide care. The caregivers who displayed signs of physical illness and mental distress, either through depression or experiencing anxiety, reported that this impacts on their physical ability to provide care to their children. The research findings also suggest that the level of education achieved determines the type of employment that the caregiver is able to access and therefore the amount of material resources that is available for caring. In Groblershoop employment opportunities are limited to the grape or cattle farms, the abattoir and the local small businesses. The competition for employment is significant.

With an excess of cheap labour available to the business sector, salaries are not competitive, fair labour practices are not upheld as there is no enforcement and workers are almost exclusively at the mercy of their employers.

The study revealed that the women are the primary caregivers in the Groblershoop community. This is reinforced by the Church, the family and the greater community. Men are seen as the "natural head of the household" while it is the women who do the caring practices within the family in relation to child care, as well as household maintenance. It is the responsibility of the women to seek for the next meal when the money is depleted. The women also have to ensure that the men are fed. Due to the lack of recreational facilities within the community, as well as the acceptability of alcohol as part of the social space, men and women frequent the shebeen. The shebeen is often a site where most of the incidences of domestic violence and assaults starts, and is then continued in the home.

Violence is seen as an acceptable means of dealing with conflict and as an effective tool for discipline. As observed during the participant observation process as well as the testimonies of the caregivers themselves, hitting and spanking is seen as the only way to bring about change in behaviour. The interesting phenomenon is that this seldom changed the child's behaviour in any significant manner and before long the child was seeking for attention again. Another important finding is that due to a number of factors cited by the caregivers, including the excessive hot climate, feelings of depression, lack of knowledge on parenting and lack of parenting skills supervision and monitoring of children which is an activity very critical to parenting is absent from all the caregivers repertoire of care in this study. No stimulation activities could be observed during the participant observation process, neither was this reflected by the caregivers themselves. The children were left to play with each other in the streets. When the researcher reflects on the five key functions which the World Health Organization (2004) identifies as core caring functions namely Sustenance, Stimulation, Support, Structure and Surveillance; then the caregivers in this study fall short. Sustenance is an issue for all the caregivers due to the high levels of unemployment and poverty in the area. There was no or very little observation of stimulation, support and structure from caregivers to their children and surveillance was distinctly absent.

Using Tronto (1993) ethics of care perspective and the phases and values of caring, the care provided to children could be assessed. Attentiveness is which the corresponding value of the first phase of caring about requires that the needs of the other be recognised and considered to be important. While the caregivers definitely cared about the children they were less attentive to their needs. The second dimension of care refers to responsibility which defines the level of obligation to meeting the person's need and forms the value of the second phase of taking care of. The caregivers take responsibility for taking care of most of the physical needs of the child in relation to hygiene, feeding, clothing and sheltering the child. However, the need for play and stimulation both emotionally and cognitively was absent from the care given to children. The third element of care, refers to the competence in care-giving. This value corresponds to the third phase of caring which is caregiving and speaks to the actual practice of care. The monitoring and supervision of children, which is an important element of care, is absent from the caregiving practice, as children are left to run in the streets. The fourth phase is care receiving and its corresponding value is responsiveness. The developmental milestones are one marker of judging the responsiveness of children to the care received. Based on the data, only one child suffered no developmental delays, while all the other children in the study were not developmentally on par.

When this was explored further in the study the researcher found that factors such as the lack of infrastructure, the lack of service delivery in the community as well as placing the burden of care solely on the female caregivers with the biological fathers or male role models largely absent from the caring relationship. This coupled with the lack of programmes that provide knowledge and skills around parenting as well as providing assisting to teenage parents create a further reason for poor parenting functioning.

The inability to translate Government policy into implementable service deliver, particularly for the more rural areas, has a serious impact on the lives of the caregivers in this study. In order to access some of the services, a taxi to Upington is required and in the climate where resources are few and far between this is a luxury that most of the caregivers cannot afford. The living conditions also aggravate childhood illnesses like diarrhea and chest illnesses.

The excessive heat makes productivity very difficult and changes family practices in the Groblershoop community, attesting to the fluidity and flexibility of the concept of the family.

The study clearly demonstrates that for the caregivers in this study to achieve their capabilities more has to be done to enhance the functionings of the caregiver. The Human Capabilities approach acknowledges that some people need more resources than others to achieve the same level of functioning. In a community where resources are scarce, the caregivers need to be assisted to better enhance their ability to mitigate their personal, social and environmental factors which could assist to provide care to children. However, in this community a greater emphasis needs to be placed on attempting to engage men in the caring process. Creating awareness about fatherhood and the importance of a positive male role model in the life of the child could be a starting point to engaging men on issues of care. The women also need to be empowered to widen their understanding of their role in society more broadly. While it would seem as if the caregivers in this study have a sense of agency, this is very limited as most caregivers have been socialised to accept that they have no choice but to do the caring work, and that men are heads of the household without interrogating what this means. The women were willing to relinquish the power to the men in their families and in their community, rather than understand the power that they have as caregivers, and women in society.

5 Chapter Five: Conclusions and Recommendations Chapter

5.1 Introduction

In this Chapter the findings of this study are reviewed, the implications are discussed, and broad recommendations for interventions as well as future research are presented.

The Human Capabilities Approach and the Ethics of Care perspective were used to analyse the findings and make sense of the information. The Human Capabilities Approach places emphasis on what the caregiver is able to do and to be i.e. what capabilities they have for caring and as caregivers. This perspective goes further to say that their capabilities is influenced by three factors namely the personal, social and environmental factors and depending on how the caregiver is able to mitigate these factors their level of functioning will be affected. These caregivers may need more resources to achieve the same level functioning as other caregivers in a similar community who have managed to mitigate their personal, social and environmental factors. These caregivers have been marginalised through the provision of poor health care, and had their physical and mental health care needs compromised.

The provision of adequate community based health care would improve the personal factors of the individual caregiver. Provision of alcohol campaigns and services to children who may suffer from Foetal Alcohol Syndrome would assist the caregivers to not only help themselves, but assist the children who may suffer from this syndrome. The Ethics of Care perspective is useful in that it allows the researcher to unpack some key questions to assess the adequacy of care and identify how the caring agenda is determined in the community of Groblershoop. The phases of caring as well as the moral values associated with each phase assisted the researcher to gain a full understanding of care as a practice should be similar. This is the integrity of care Tronto (1993) argues for when the phases and moral values of attentiveness, responsibility and competence are integrated which constitute care as practice

and therefore provides service delivery with a 'standard' for an 'integrated well-accomplished act of care' (Tronto, 1993; Sevenhuijsen, 1998 and Fraser, 1997).

5.2 Personal Characteristics of the Caregiver affecting Caregiving

This study found that personal characteristics have a significant impact on the caregiver's ability to provide care to their children in the early childhood development phase. Caregiver illness plays a significant role in the ability of the caregiver to care for the children. In this study the caregivers reported that when they felt physically ill, they were unable to respond to the needs of the children and that their quality of life was poor as they generally suffered from chronic pain. None of the caregivers in this study disclosed that they were HIV/AID positive. Only one caregiver was treated for a sexually transmitted disease. There was limited knowledge about HIV/AIDS and STI'S and their consequences for health, lifestyle and impact on their family. The caregivers were unable to demand safer sex practices with their partners and most caregivers had children at a very early age, with two of the caregivers still school going.

Most of the caregivers suffered from some form of depression, while only one caregiver was diagnosed and treated for postnatal depression. All caregivers, however, reported some signs of mental distress. With medical services being limited in the community, mental health services are virtually non-existent. Substance abuse, particularly alcohol abuse, was common. This factor however was underplayed by the caregivers. Most caregivers said that they are social drinkers and most of them said that they had a drink or two during pregnancy. Alcohol abuse is common in the community of Groblershoop with both men and women frequenting the shebeens. Alcohol usage also results in the caregivers not being able to give any quality time to the children and prevents families from spending quality time together. Physical assault is common at the shebeens.

The physical health, mental health, at-risk sexual practices combined with the use of alcohol are significant factors which prevents the caregivers from providing care, according to the five element of quality care defined in this study. The at-risk sexual factors will have an

effect on the longer term for the caregivers and their children, as the health of the caregiver will suffer and impede caregiving. The other factors also had a definite impact on the caregiver's ability to provide the necessary stimulation, structure and surveillance and these impacts on the development of the children and have a direct bearing on the associations that they make. The lack of knowledge on the part of the caregivers around HIV/AIDS and their current at-risk sexual practices will have significant consequences for the caregiver herself, as well as the wellbeing of the children.

In this study, educational levels were clearly linked to income levels and employment. The unemployment levels in the community were 76% according to the IDP documents (!Kheis Municipality, 2008). Given the limited opportunities for employment in the community, reliance on social security was the primary means of survival for many caregivers. Those households who had more members in it that were either employed or receiving another form of grant or were receiving some form of maintenance contribution from a biological father, had more resources for caring. The majority of caregivers had to make ends meet with very limited resources. Most caregivers reported that it was their responsibility to provide food for the family. This often meant that when there was no more money to buy food, it was the caregiver who had to find a domestic job or borrow food from the neighbours. All caregivers reported that there were times when there was just no food and they learnt how to get by without eating. Food was given first to the men in the household (irrespective of who he was in relation to the caregiver), then to the children, and lastly the caregivers themselves would eat.

5.3 Social Characteristics of the Caregiver affecting Caregiving

The social factors that this study explored were limited to the resources available for caring, support systems, gender practices and parenting. The developmental milestones of the children were also assessed as one of the measures that looked at the development of the children within their environment.

A key finding of this study was that the social factors had an impact on the caregiver's ability to provide adequate care. The Ethics of Care approach argues that if a caregiver is to be able

to engage in caregiving then adequate caring resources should be available to ensure competency of care. Public policy provides broad guidelines for service delivery at a local level. While the focus of this study was not to analyse public policy discourse or the effectiveness of policy, this study merely looked at what provision public policy makes for caring and at points offered a commentary on how the policy could be interpreted. However both the Ethics of Care and the Human Capabilities Approach emphasise the importance of social policy in being able to adequately provide for care. There were limited physical resources available for caring in the community of Groblershoop. Those that were available to caregivers were the local clinic, social development office to apply for a child support grant, child welfare that provided statutory services, FAMSA who provided family services but who had offices in Upington and three crèches. Early Childhood Development services cut across three departments namely, Departments of Health, Social Development and Education. No coordination of services occurs at this level, and this is problematic for service delivery. The Department of Education and Social Development officials define their role very narrowly in Early Childhood Development. The Department of Education only views their role as managing Grade R and maintains that it is the job of Social Development to audit, train and assists early childhood centres. Social Development merely assists with foster placements of children, works with the elderly and facilitates the process of accessing a child support grant.

Services for children in the early childhood development phase are severely limited, uncoordinated and piece meal. Studies measuring the effectiveness of these services are also lacking. Organisations working in the community are attempting to provide as much as they can with the limited resources available. This does not always translate into a quality service.

Another important resource for caring is the support system that is available to caregivers. The caregivers reported that the female members of their family in the form of their mother, grandmother, aunt, sister or cousin were seen as important sources of support if they needed assistance, or someone to watch over the children when they were ill or needed someone to run errands. Their female friends were also seen as important in this respect. The sense of

community support is alive in Groblershoop and even though there is a greater awareness of issues around child abuse most caregivers said that they would allow their neighbours to care for their children. Religion also played an important role in the lives of the caregivers. Most caregivers said that the Church could do more to assist the poor. Religion also plays a key role in reinforcing the ideology of patriarchy. The idea of the man being the head of the household is fully supported by the church and preached from the pulpits.

Women do all the caring work within the community as reflected by their daily caring practices. Not only are they the sole caregivers of children, they take on further caring roles of home maintenance such as the cooking, cleaning and doing the washing and ironing. Most caregivers in this study also have to seek work so that they could ensure the survival of the children and the family. When there is no food or money to buy food, it is the responsibility of the caregiver to ensure that everyone eats. It is also the caregiver's responsibility to seek assistance if the children are sick. In the community of Groblershoop men do not take responsibility for fathering. Not much thought is given by men as to how they participate in the lives of their children. It would seem as if sex is the right of men and women are left with no choices about whether to be a parent of not. If the caregiver is unable to provide care, the next female within the household (normally the mother of the caregiver) would be required to fulfill this role. This finding was corroborated by Ally-Schmidt study (2005) where the oldest girl child takes over the caregiving role in the absent of the primary caregiver.

Women do all the caring so they also do all the parenting and disciplining. The study demonstrated that there was a lack of knowledge and skill on how to parent and discipline children. Apart from feeding, clothing and sheltering children, very little else was done to encourage growth and stimulate development or form attachments with the children. The caregivers themselves appeared to be weighed down by their circumstances that the ability to form attachments and play with children in a meaningful way was severely hampered. Children were constantly receiving negative attention from caregivers and were left mostly to their own devices. Most times parents had very little idea of where their toddlers had run off to, and did not show any concern with regard to this. There was a general ethos that very

little cares and value was given to this community where people lived in extreme poverty and where employment was difficult and services few. This ethos continues and is reflected in how these caregivers provide care to their children. Discipline equated with physical punishment and verbal reprimands. For these caregivers parenting under these conditions is extremely challenging.

The lack of services, coupled with the lack of stimulation and necessary attachment as well as other biological conditions which the researcher was unable to assess, resulted in significant developmental delays in all the children except one. The caregivers were unable to identify problems with the children and when the researcher asked about the child's abilities none of the caregivers could give an account of this. The researcher thus tested each child using the simple assessment form which is attached. The caregivers said that the children were not tested at the clinic and it appeared that the clinic services were limited to the weighing of babies, provision of immunisation and treatment of serious illness on presentation. Some children had facial features suggesting that they had Foetal Alcohol Syndrome, according to the literature, but the researcher was not in a position to confirm this. Given the levels of substance abuse in the community services raising awareness, diagnosis and treatment of Foetal Alcohol Syndrome and rehabilitation units are almost non-existent.

This study thus concludes that the social factors play a major role in the kind of care that the caregiver is able to provide to the child. None of the resources that are available to caregivers acknowledge that these caregivers need more support in terms of learning parenting skills, and more about the development of children to better build their capabilities to provide care. The social circumstances where women are relegated to do all the caring work as well as provide for the family and often live below the breadline, implies that they need more resources to be able to achieve functioning. This should be acknowledged by public policies and reflected in the types of interventions and resources made available at community level.

5.4 Environmental Factors of the Caregiver affecting Caregivers

The environmental factors that were considered in this study included climate, physical home environment, neighbourhood conditions and resources identified by the caregivers as needed for caring. The key finding of this section reflects that the environment does affect the caregiver's ability to care for children.

The climate in Groblershoop is very harsh; incredibly hot in summer with temperature reaching almost 40 degrees Celsius and very cold in winter. Rain is very scarce in this region and the ground consists of red clay, which is very dry. The caregivers reported that the heat makes it impossible for caregivers to do much in the afternoons and all the caregivers except those that are employed said that they sleep when it gets very hot. Most families sleep outside in the summer and when one walks through the community one can see the beds placed outside. When the caregivers sleep during the afternoons the children are left to wander around in the community and play outside.

The physical home environment is also challenging for the caregivers. There are some homes where families still use the pit latrine system. All the caregivers in this study had access to a flush toilet; however, the toilets were situated outside of the home. There was no bathroom in the housing structures and the caregiver had to heat water to bath and bathing was done outside, behind the toilets for privacy. The provision of water is also a problem and on certain days the water is not fit for human consumption. Caregivers either buy water or are forced to boil it before drinking. Diarrhea is very common among children and can be attributed to the problems with the water.

Crime in the community was largely alcohol related and violent assaults are common. There are no recreational facilities in the community and drinking at the shebeen is seen as a social space where people come together. The caregivers clearly requested more recreational facilities as a means of taking care of themselves. Self-care is also very critical as outlines by Tronto (1996). Other services that the caregivers saw as gaps in the system was around teaching them parenting skills, establishing more early learning centres, creating employment opportunities, providing a doctor in the community, broadening feeding schemes and

provision of aftercare facilities for children. What was interesting is that none of the caregivers stated that they needed better housing and infrastructure, proper lighting and roads in their community or better provision of water. The Human Capabilities perspective recognises that people become accustomed to less and adjust their lifestyle accordingly (Sen, 1984; Nussbaum, 2000). This, however, does not respect people's basic human rights and need for dignity and respect which is enshrined in the South African Constitution.

The environment and other social factors described above portray an uncaring stance or attitude toward the inhabitants in this community by the part of the Government, as the provider of services and securer of basic human rights. Not only are they marginalised by distance to urban centres and the facilities that are available there, they learn to live with less and this becomes acceptable and a measuring stick of what it is that they deserve and how they are valued as citizens.

5.5 Reflections on this study

This study has challenged the researcher in that the data collection took place in the height of summer and this took its toll on the researcher. In retrospect what would have been interesting for this study would have been to consider the impact the climate had on caring during the winter months, when it was extremely cold. If the researcher had the opportunity to repeat this study or build on its findings she would also interviewed men to understand more about their concept of fatherhood, and also attempt to explore more their absence as fathers in the lives of their children.

The researcher also valued the opportunity to engage in participant observation. This process provided insight into what the caregivers were unable to articulate about their parenting practices. The participant observation process, however, only happened with three of the caregivers for a limited space of time. What would have been more useful is to have done participant observation over a period of time. The researcher also had difficulty using a tape recorder and the responses of the women were not as rich as they could have been. If the researcher could repeat the study she would focus on breaking up the individual interview so

that each theme could be dealt with in greater depth, while at the same time building a much stronger rapport with the caregivers themselves. The researcher wrote up each interview and allowed the caregiver to go through the response again, making notes for clarity, and therefore feels as that the information received is accurate, even though it may not be as detailed as the researcher would have desired. The initial baseline report that was conducted by the CJCP provided critical information about what exists in the community and what resources were available. This report was used to provide background information in this study, and was considered to be useful by the researcher.

The research process taught the researcher much more about the fieldwork and data collection and challenged the researcher to learn more about the data through the use of a theoretical framework. The research process enabled the researcher to get a glimpse into the lives of the caregivers who were challenged by circumstance, mostly beyond their control and learnt about the resilience and tenacity of the human soul.

5.6 Recommendations

The research findings raise pertinent issues which need to be considered so that people are able to achieve functioning. The Human Capabilities Approach emphasises a focus on what a person is able to do and be; on the quality of their life and on removing obstacles in their lives so that they have the freedom to live the kind of life they find valuable (Robeyns, 2003:6). This kind of approach does not measure development in terms of numbers or commodities, but in terms of what value people have and what agency they acquire to achieve the value. Personal, social and environmental factors influence how a person can convert the characteristics of the commodity into a functioning. It would therefore be essential to assist an individual to mitigate these factors so that functioning can be achieved. This study set out to explore how these factors influence a particular kind of capabilities that is the ability to care for children in the early childhood development phase. Based on the findings presented in the study the researcher seeks to make the following practical recommendation:

An integrated coordinated approach to service delivery is required. The problem presently is that services are fragmented and offered in a piece meal fashion. Basic service delivery is also seriously lacking. Water provision and community infrastructure is poor. The integrated approach should focus on providing a holistic service to children and caregivers and all services should compliment each other. Services delivery should focus on providing services in the following areas:

- A programme aimed at providing parenting skills. The parenting skills that are needed include having knowledge about the development of children, how to stimulate development and form attachments with children, nutritional information, health information on childhood illness, positive discipline of children, how to develop routine and structure, and the importance of monitoring and supervision of children. These programmes should target both males and females and provide support to fathers to fulfill their caring responsibilities.
- Additional Early Childhood Development centres should be established and existing Early Childhood Development centres should be audited and upgraded. It is also recommended that the existing childhood centre should have trained educators who are familiar with child development, positive discipline and how to develop activities that will stimulate growth and development of children.
- Mental health services should also be provided as this these issues were largely undiagnosed and untreated.
- Substance abuse programmes should also be made available. This should address rehabilitation as well as awareness and behaviour change through cognitive behavioural programmes.
- A broader programme focusing on promoting dialogue in the community about issues of gender, gender based violence and caring practices is imperative if men are to be engaged as active fathers and take on the responsibility of fathering. This would also involve engaging in dialogue with the Church, which presently plays a significant role in shaping the thinking of the men and women in Groblershoop.
- Existing services should be evaluated for their effectiveness and usage by caregivers. One of the issues that were evident from the caregivers was the fact that they did not know what services existed, implying that the few services that are available are

under utilised or under marketed. Perhaps issues of access to these services need to be addressed.

- Employment opportunities focusing on the existing environment needs to be considered. Skills building programmes which focus on addressing the local demand as well as teaching business skills to create markets for new opportunities should be considered. Government public works programmes could be utilised and the local community could be employed in the upgrading of community facilities such as improving the water provision, building roads and recreational structures.

5.7 Concluding Remarks

Despite the debates globally and in South Africa about gender practices and gender equality very little has changed in the lives of women from rural communities such as Groblershoop. Care work is still considered to be the responsibility of women. Women have no choice about being a caregiver and in these communities men enjoy privileges. Even where resources are scarce, men take away from the family the material resources that could be used in caring albeit they themselves have not contributed towards those resources. Women shoulder these burdens in silence and remain voiceless.

Public policies such as the White paper on Social Welfare, and the Integrated Social Service delivery model which have been developed should be properly implemented to assist the vulnerable. Presently there is limited assistance to caregivers, and there is the assumption that women will take on the work of care and that they are in a position to provide this care. With the advent of democracy in 1994, South Africa promulgated many progressive policies and legislation. However the disjuncture between the policies and implementation has resulted in the provision of paper rights for many South Africans. Poverty, poor health, violence, substance abuse and the lack of basic infrastructure and service delivery continues to be the reality for many poor communities. The lack of adequate monitoring and evaluation of programmes and interventions has contributed to poor service delivery. The State's focus on the number of people using a service as opposed to the quality of services prevents an assessment of how the service has enabled the person to improve their lifestyle and feel a sense of well-being.

This study has highlighted that development is not solely about the provision of resources but about a complex array of factors which must be considered if sustained change is to occur in people's lives. Development is about people and in the words of Amartya Sen "allowing people to live the kind of life that they have reason to value". Development in its real sense is accompanied with values of freedom, justice, equality and democracy and the acknowledgement and celebration of the diversity of the human race. This approach to development which is encapsulated in the Human Capabilities framework, values differences as opposed to pathologising them and set about in the pursuit of building equality and real freedom.

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6 Appendices

6.1 Map of Northern Cape

6.2 Map of Groblershoop

6.3 Research instruments:

6.3.1 Semi – structured interview guide with caregiver

6.3.2 Semi-structured interview guide with service provider

6.4 Information leaflet

6.5 Consent form

6.6 Developmental checklist

Semi - Structured Interview Guide

Interview with Caregiver

Conducted by: Faeza Khan
Date:
Place of Interview:

Thank you for your time. We are inviting you to participate in this research project because you have a child 6 years or younger and have been identified as being the caregiver of the child. The purpose of this research project is to make sure that projects that are established in your community will better assist you in caring for your children. The information obtained from this interview will be kept confidential and we will also seek to protect your identify by ensuring anonymity. If you do not feel comfortable with any questions, please feel free to say so. If you do not want to continue with the interview at any point, please feel free to say so.

The interview will be structured and will cover 7 areas

- Demographic details
- Personal information
- Information about your family
- Information about your social networks
- Information about the environmental factors that influence your life
- Access to services
- Parenting and your child

I am going to start by asking a few questions about you.

1. Name
2. Age
3. Sex
4. Home Language
5. Marital status
6. Do you have a partner?
7. Do you live together?
8. What community do you live in?
9. What community were you born in?
10. Why did you come to live here?
11. How many children do you have?
12. How old are they and what is their sex
13. Are Any of them adopted? Who?

INCOME AND EDUCATONAL LEVEL

1. Are you employed? Full time or part time
2. What kind of work do you do?
3. If unemployed are you seeking employment currently?
4. What impact does unemployment have on your life and that of your children?
5. If employed how long have you been working for this company?
6. What is your household income per month?
7. please breakdown your monthly income sources
8. Does anyone in your home receive a grant? What grant and how much?
9. What is the grant money spent on?
10. What is the highest standard of education that you have obtained?
11. Did you complete grade 12?
12. If not what grade did you leave school?
13. Are you able to read fluently?
14. Are you able to write?
15. Have you had the opportunity to complete any short courses or workshops? Name them

FAMILY STRUCTURE

1. How many people live in you household – please describe them in terms of name, sex, age, their relationship to you and how long they have lived with you?
2. How many brothers and sisters do you have? Where do they live and how often do you see them?
3. IS you mother still alive?
4. Is your father still alive?
5. Are your maternal grandparents alive? Where do they live
6. are you paternal grandparents alive? Where do they live
7. Do you have a good relationship with your family – please explain

PERSONAL CHARACTERISTICS

1. Do you have any disabilities? Describe them.
2. Do you suffer from any illnesses? Describe the condition.
3. Have you ever been tested for HIV?
4. Have you ever been tested for STI"S
5. Do you feel comfortable to disclose your status? If yes what is it?
6. Have you ever suffered from depression or has there ever been a time in your life when had been very sad
7. How often has this happened?
8. Do you have difficulty sleeping?
9. How often does this happen?
10. DO you ever feel like not eating or do you overeat?
11. How often does this happen

12. Do you ever feel like you have no energy and do not want to get out of bed in the morning?
13. How often does this happen
14. DO you feel hopeful about the future Why or why not?
15. Do you feel anxious about things you cannot control?
16. If yes how often?
17. Have you ever felt angry
18. Have you ever felt mixed up and confused about your life?
19. Do you ever feel lonely and unsupported?
20. How often do you feel the above?
21. How do you cope with the above
22. Using three words describe you personality?
23. Why do you think these words best describe who you are?
24. what influence do you think you have in the lives of your friends and family
25. Do you use alcohol – how often- did you use during pregnancy
26. On average how much do you drink in a week/on weekends?
27. Does your partner drink- how much
28. On average how much do you think he drinks during the week and on week ends
29. Have you ever used drugs
30. Did you use drugs during pregnancy – please explain
31. does your partner use drugs – How often
32. Has there been any other significant event in the last 5 years that may have an impact on your life.

SOCIAL CHARACTERISTICS

1. Who do you speak to first when you have a personal problem?
2. Do you have many friends? What role do they play in your life
3. How often do you visit them?
4. What role does religion play in your life
5. How often do you go to your place of workshop?
6. Do you know the name of your neighbours?
7. Describe your relationship with you neighbours
8. Would you let them look after your child for a night?
9. Do you feel safe in your community – what makes you feel safe
10. What roles do men and women play in your community?
11. What role does men and women play in your home?
12. who is the head of the household
13. Are you happy with the role that men and women take on in your community?
14. What are the consequences of not following the roles in your family?

ENVIRONMENTAL CHARACTERISTICS

1. What services exists in your community and how often do you used them

2. describe the climate that you live in?
3. How does it affect your daily activities
4. Do you enjoy living in your neighbourhood? Why
5. is crime a problem in your community? Explain
6. is alcohol easily accessible?
7. are drugs easily accessible?
8. Are guns and knives easily accessible?
9. Do you think your community is a safe place to raise children? why
10. Please describe the structure of your home (how many rooms, formal structure etc)
11. Do you have a toilet inside the house, ablution facilities inside the telkom landline, cell phone, useable running water, electricity

PARENTING

1. Who is involved in taking care of your children most of the time during the week?
2. who is involved in taking care of your children most of the time during the weekend?
3. please describe a typical day in your life from the time you wake until you sleep?
4. how do you deal with your child when he/she has done something wrong?
5. How do you discipline you child?
6. Who takes care of your child when you are not feeling well?
7. What happens when your child is sick? Does anyone assist you?
8. What support networks do you have to help you with parenting?
9. What resources are available in your community to help with caring?
10. DO you need more resources that can assist you to look after your child? W hat would these be?
11. How can the State go about helping caregivers to provide care to children
12. Did your newborn child have access to:
    - Free health care
    - Immunization
    - Nutritional information
    - Child support grant
    - Baby weighing
    - Auditory testing
    - Visual testing
    - Motor development
13. did you have post natal care?
14. do you know if the above is available in your community?
15. Are you aware of your rights with regards to receiving these services
16. Complete developmental checklist with child and caregiver
17. Has anyone asked you similar questions in relation to the development of your child?
18. If yes when

19. IF there is a problem with the child's development has anyone provided you with any assistance – explain

Thank you for participating.

Structured Interview Guide with Service Providers

Date:
Place of interview:
Conducted by:

Thank you for participating in the research. We are conducting research into the factors that influence care giving to children between birth and 6years. As part of this process we are interviewing service providers to gain an understanding of what services exists for children this age and how care givers can access these services.

1.1.	Name:	
1.2.	Organisation name Address	
1.3.	Do you have a satellite office in the groblershoop community?	
1.4.	What areas do you service?	
1.5.	Can you describe the mission of your organization?	
1.6.	What services broadly does your organization render?	

1.7.1. 1.7.2. 1.7.3.	Who are your services targeted at? Describe the population that your organization serves? DO you offer any services to the “white” population in grobbershoop? What services are theses?	
1.8.	Do you render any services to children from birth to 6years? If yes can you describe this service in detail?	
1.9.	How does your service operate on a very practical level within the community? - office hours, - how many times a week, - how do people access your offices, is there transport)	
1.10.	How do people in the community know about the services of your organization?	

1.11.	What do you think are some of the key issues that need to be addressed to assist care givers to care for children between birth and 6 years?	
1.12.	What do you think are the gaps in service delivery particularly around early childhood development services within the Grobblershoop area?	
1.14.	What is your organizations approach to providing services. Is your work underpinned by any ideological principle, approach, theory?	
1.15.	What is in your opinion are some of the gaps in policy around early childhood development?	

1.16.	How do you think the gaps in policy can be addressed?	
1.17.	Do you know of any other organization that provides service to care givers or children in early childhood stages in the grobblershoop or upington area? Who are they? What services do they provide?	
1.18.	Do you work together in any way? How?	

Thank you for taking the time to complete this interview with me.

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592277, Fax: 27 21-959
E-mail: training@cjcp.org.za

INFORMATION SHEET

Project Title: Towards developing an understanding of the conversion factors and its impact on care giving of children between birth and 6 years from the Groblershoop community.

What is this study about?
This is a research project being conducted by Faeza Khan, from the social work department at the University of the Western Cape. We are inviting you to participate in this research project because you have a child 6 years or younger and have been identified as being the caregiver of the child. The purpose of this research project is to make sure that projects that are established in your community will better assist you in caring for your children.

What will I be asked to do if I agree to participate?
You will be asked to participate in an individual interview or a group interview. These interviews will take place in Groblershoop at a venue that is convienant for you and will be approximately an hour long. You may also be asked if I could come to observe you and your child in your home environment. If you participate in the individual interview, I will ask you questions about yourself in terms of your age, your educational level, whether you can read or write and find out more about a typical day in Groblershoop. I will also ask you about what resources you have to help you look after your child. If you participate in the group interview I will ask you to draw a map showing me where the resources are in your community and we will have a discussion as a group about the resources that have been identified. If you are comfortable to invite me into your home, I will observe the interaction between yourself and your child for short periods of time and may need to come back to your home a few times to assist me to understand your challenges in caring for your child.

Would my participation in this study be kept confidential?
We will do our best to keep your personal information confidential. To help protect your confidentiality, we will not record your name during any of the interviews or the observation process. All the information collected during the research process will be stored in a locked cabinet and passwords will be used for any computer files. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

What are the risks of this research?

There may be some risks from participating in this research study. You may feel uncomfortable or embarrassed to have me come to your home to observe you with your child. It may also be exhausting emotionally to have the presence of a stranger in your home. Telling a stranger about your life may also not be easy and you may find that you do not speak easily about yourself.

What are the benefits of this research?
The results of this research hopes to ensure that future programmes that will be established in the Groblershoop community will understand the different needs of caregivers and can assist you in accessing resources so that you can better look after your children.

Do I have to be in this research and may I stop participating at any time?
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?
Counselling and workshops on parenting will be provided to you if you require them. If there are any other issues which may arise the researcher will in as far as possible ensure that you are referred for assistance.

What if I have questions?
This research is being conducted by Faeza Khan from the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Faeza Khan at: 0833877102 or write to me, 98 Jupiter Street, Surrey Estate, Cape Town.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:
Head of Department:
Dean of the Faculty of Community and Health Sciences:
University of the Western Cape
Private Bag X17
Bellville 7535
This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

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CONSENT FORM

Title of Research Project: Towards developing an understanding of the conversion factors and its impact on care giving of children between birth and 6 years from the Grobblershoop community.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

This research project involves making tape recording the interviews between you and the researcher. The tape recordings are made so that the researcher can correctly record what your responses to the questions are. The tapes will be transcribed and then destroyed. Your identity will be kept confidential and will not be mentioned on the transcriptions.

___ I agree to be audio taped during my participation in this study.

___ I do not agree to be audio taped during my participation in this study.

Participant's name……..

Participant's signature……

Date……..

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: **Faeza Khan**

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959- 2277

Cell: 0833877102

Fax: (021) 6853284

Email: training@cjcp.org.za

(this list has been adapted from the Personal Touch Early Intervention Programme – Early childhood centre New York)

DEVELOPMENTAL CHECKLIST - 1 TO 3 MONTHS

CHILD'SNAME:_____
DOB:_____
PARENT OR
GUARDIAN:_____

MOVEMENT DATE OBSERVED:

☐ RAISES HEAD AND CHEST WHEN LYING ON STOMACH (3 MOS.) _____

☐ SUPPORTS UPPER BODY WITH ARMS WHEN LYING ON STOMACH (3 MOS.) _____

☐ STRETCHES LEGS OUT WHEN LYING ON STOMACH OR BACK (2-3 MOS.) _____

☐ OPENS AND SHUTS HANDS (2-3 MOS.) _____

☐ PUSHES DOWN ON HIS LEGS WHEN HIS FEET ARE PLACED ON FIRM SURFACE (3 MOS) _____

VISUAL

☐ WATCHES FACE INTENTLY (2-3 MOS.) _____

☐ FOLLOWS MOVING OBJECTS (2 MOS.) _____

☐ RECOGNIZES FAMILIAR OBJECTS AND PEOPLE AT A DISTANCE (3 MOS.) _____

☐ STARTS USING HANDS AND EYES IN COORDINATION (3 MOS.) _____

HEARING AND SPEECH

☐ SMILES AT THE SOUND OF VOICE (2-3 MOS.) _____

☐ COOING NOISES; VOCAL PLAY BEGINS AT 3 MOS. _____

☐ ATTENDS TO SOUND (1-3 MOS.) _____

☐ STARTLES TO LOUD NOISE (1-3 MOS.) _____

SOCIAL/EMOTIONAL

☐ BEGINS TO DEVELOP A SOCIAL SMILE (1-3 MOS.) _____

☐ ENJOYS PLAYING WITH OTHER PEOPLE AND MAY CRY WHEN PLAYING STOPS (2-3 MOS.) _____

☐ BECOMES MORE COMMUNICATIVE AND EXPRESSIVE WITH FACE & BODY (2-3 MOS.) _____

☐ IMITATES SOME MOVEMENTS AND FACIAL EXPRESSIONS _____

DEVELOPMENTAL RED FLAGS
1 TO 3 MONTHS

- DOESN'T SEEM TO RESPOND TO LOUD NOISES
- DOESN'T FOLLOW MOVING OBJECTS WITH EYES BY 2 TO 3 MONTHS
- DOESN'T SMILE AT THE SOUND OF YOUR VOICE BY 2 MONTHS
- DOESN'T GRASP AND HOLD OBJECTS BY THREE MONTHS
- DOESN'T SMILE AT PEOPLE BY 3 MONTHS
- CANNOT SUPPORT HIS HEAD WELL AT 3 MONTHS
- DOESN'T REACH FOR AND GRASP TOYS BY 3 TO 4 MONTHS
- DOESN'T BRING OBJECTS TO HER MOUTH BY 4 MONTHS
- DOESN'T PUSH DOWN WITH LEGS WHEN HIS FEET ARE PLACED ON A FIRM SURFACE BY 4 MONTHS
- HAS TROUBLE MOVING ONE OR BOTH EYES IN ALL DIRECTIONS
- CROSSES HER EYES MOST OF THE TIME (OCCASIONAL CROSSING OF THE EYES IS NORMAL IN THESE FIRST MONTHS

DEVELOPMENTAL CHECKLIST - 4 TO 7 MONTHS

CHILD'S NAME:_____

DATE OF BIRTH:_____

PARENT OR GUARDIAN:_____

MOVEMENT DATE OBSERVED:

- ☐ PUSHES UP ON EXTENDED ARMS (5 MOS.) _____
- ☐ PULLS TO SITTING WITH NO HEAD LAG (5 MOS.) _____
- ☐ SITS WITH SUPPORT OF HIS HANDS (5-6 MOS.) _____
- ☐ SITS UNSUPPORTED FOR SHORT PERIODS (6-8 MOS.) _____
- ☐ SUPPORTS HIS/HER WHOLE WEIGHT ON HIS/HER LEGS (6-7 MOS.) _____
- ☐ GRASPS FEET (6 MOS.) _____
- ☐ TRANSFERS OBJECTS FROM HAND TO HAND (6-7 MOS.) _____
- ☐ USES RAKING GRASP (NOT PINCER) (6 MOS.) _____

VISUAL

- ☐ LOOKS FOR TOY BEYOND TRACKING RANGE (5-6 MOS.) _____
- ☐ TRACKS MOVING OBJECTS WITH EASE (4-7 MOS.) _____
- ☐ GRASPS OBJECTS DANGLING IN FRONT OF HIM (5-6 MOS.) _____
- ☐ LOOKS FOR FALLEN TOYS (5-7 MOS.) _____

LANGUAGE

- ☐ DISTINGUISHES EMOTIONS BY TONE OF VOICE (4-7 MOS.) _____
- ☐ RESPONDS TO SOUND BY MAKING SOUNDS (4-6 MOS.) _____
- ☐ USES VOICE TO EXPRESS JOY AND DISPLEASURE (4-6 MOS.) _____
- ☐ SYLLABLE REPETITION BEGINS (5-7 MOS.) _____

COGNITIVE DATE OBSERVED

- ☐ FINDS PARTIALLY HIDDEN OBJECTS (6-7 MOS.) _____
- ☐ EXPLORES WITH HANDS AND MOUTH (4-7 MOS.) _____
- ☐ STRUGGLES TO GET OBJECTS THAT ARE OUT OF REACH (5-7 MOS.) _____

SOCIAL EMOTIONAL

- ☐ ENJOYS SOCIAL PLAY (4-7 MOS.) _____
- ☐ INTERESTED IN MIRROR IMAGES (5-7 MOS.) _____
- ☐ RESPONDS TO OTHER PEOPLE'S EXPRESSION OF EMOTION (4-7 MOS.) _____

DEVELOPMENTAL RED FLAGS
4 TO 7 MONTHS

SEEMS VERY STIFF, TIGHT MUSCLES

SEEMS VERY FLOPPY, LIKE A RAG DOLL

HEAD STILL FLOPS BACK WHEN BODY IS PULLED TO SITTING POSITION (by 5 months stills exhibits head lag)

SHOWS NO AFFECTION FOR THE PERSON WHO CARES FOR HIM/HER

DOESN'T SEEM TO ENJOY BEING AROUND PEOPLE

ONE OR BOTH EYES CONSISTENTLY TURN IN OR OUT

PERSISTENT TEARING, EYE DRAINAGE, OR SENSITIVITY TO LIGHT

DOES NOT RESPOND TO SOUNDS AROUND HIM

HAS DIFFICULTY GETTING OBJECTS TO HER MOUTH

DOES NOT TURN HIS HEAD TO LOCATE SOUNDS BY 4 MONTHS

DOESN'T ROLL OVER (STOMACH TO BACK) BY SIX MONTHS

CANNOT SIT WITH HELP BY SIX MONTHS (NOT BY THEMSELVES)

DOES NOT LAUGH OR MAKE SQUEALING SOUNDS BY FIVE MONTHS

DOES NOT ACTIVELY REACH FOR OBJECTS BY SIX MONTHS

DOESN'T FOLLOW OBJECTS WITH BOTH EYES

DOES NOT BEAR SOME WEIGHT ON LEGS BY FIVE MONTHS

DEVELOPMENTAL CHECKLIST - 8 TO 12 MONTHS

CHILD'S NAME:_____

DATE OF BIRTH:_____

PARENT OR GUARDIAN:_____

MOVEMENT DATE OBSERVED:

- ☐ GETS TO SITTING POSITION WITHOUT ASSISTANCE (8-10 MOS.) _____
- ☐ CRAWLS FORWARD ON BELLY _____
- ☐ ASSUMES HAND AND KNEE POSITION _____
- ☐ CREEPS ON HANDS AND KNEES _____
- ☐ GETS FROM SITTING TO CRAWLING OR PRONE _____
- ☐ (LYING ON STOMACH) POSITION (10-12 MOS.) _____
- ☐ PULLS SELF UP TO STANDING POSITION _____
- ☐ WALKS HOLDING ON TO FURNITURE _____
- ☐ STANDS MOMENTARILY WITHOUT SUPPORT _____
- ☐ MAY WALK TWO OR THREE STEPS WITHOUT SUPPORT _____

HAND AND FINGER SKILLS

- ☐ USES PINCER GRASP (7-10 MOS.) _____
- ☐ BANGS TWO CUBES TOGETHER _____
- ☐ PUTS OBJECTS INTO CONTAINER (10-12 MOS.) _____
- ☐ TAKES OBJECTS OUT OF CONTAINER (10-12 MOS.) _____
- ☐ POKES WITH INDEX FINGER _____
- ☐ TRIES TO IMITATE SCRIBBLING _____

COGNITIVE DATE OBSERVED

- ☐ EXPLORES OBJECTS IN MANY DIFFERENT WAYS (SHAKING, BANGING, _____ THROWING, DROPPING (8-10 MOS.)
- ☐ FINDS HIDDEN OBJECTS EASILY (10-12 MOS.) _____
- ☐ LOOKS AT CORRECT PICTURE WHEN IMAGE IS NAMES _____
- ☐ IMITATES GESTURES (9-12 MOS.) _____

LANGUAGE MILESTONES

- ☐ RESPONDS TO SIMPLE VERBAL REQUESTS _____
- ☐ RESPONDS TO "NO" _____
- ☐ MAKES SIMPLE GESTURES SUCH AS SHAKING HEAD FOR NO (8-12 MOS.) _____

☐ BABBLES WITH INFLECTION (8-10 MOS.) _____

☐ BABBLES “DADA” AND “MAMA” (8-10 MOS.) _____

☐ SAYS “DADA” AND “MAMA” FOR SPECIFIC PERSON (11-12 MOS.) _____

☐ USES EXCLAMATIONS SUCH AS “OH-OH” _____ __

SOCIAL/EMOTIONAL

☐ SHY OR ANXIOUS WITH STRANGERS (8-12 MOS.) _____

☐ CRIES WHEN MOTHER OR FATHER LEAVES (8-12 MOS.) _____

☐ ENJOYS IMITATING PEOPLE IN HIS PLAY (10-12 MOS.) _____

☐ SHOWS SPECIFIC PREFERENCES FOR CERTAIN PEOPLE AND TOYS (8-12 MOS.) _____

☐ PREFERS MOTHER AND/OR REGULAR CARE PROVIDER OVER ALL OTHERS (8-12 MOS.) _____

☐ REPEATS SOUNDS OR GESTURES FOR ATTENTION (10-12 MOS.) _____

☐ FINGER-FEEDS HIMSELF (8-12 MOS.) _____

☐ EXTENDS ARM OR LEG TO HELP WHEN BEING DRESSED _____

DEVELOPMENTAL RED FLAGS
8 TO 12 MONTHS

DOES NOT CRAWL
DRAGS ONE SIDE OF BODY WHILE CRAWLING (FOR OVER ONE MONTH)
CANNOT STAND WHEN SUPPORTED
DOES NOT SEARCH FOR OBJECTS THAT ARE HIDDEN (10-12 MOS.)
SAYS NO SINGLE WORDS (“MAMA” OR “DADA”)
DOES NOT LEARN TO USE GESTURES SUCH AS WAVING OR SHAKING HEAD
DOES NOT SIT STEADILY BY TEN MONTHS
DOES NOT SHOW INTEREST IN “PEEK-A-BOO OR PATTY CAKE” BY 8 MOS.
DOES NOT BABBLE BY 8 MOS.
DOES NOT BABBLE BY 8 MOS. (“DA DA,” “BA BA”, “MA MA”)

DEVELOPMENTAL CHECKLIST - 12 TO 24 MONTHS

CHILD'S NAME:_____

DATE OF BIRTH:_____

PARENT OR GUARDIAN:_____

MOVEMENT DATE OBSERVED:

- ☐ WALKS ALONE (12-16 MOS.) _____
- ☐ PULLS TOYS BEHIND HIM WHILE WALKING (13-16 MOS.) _____
- ☐ CARRIES LARGE TOY OR SEVERAL TOYS WHILE WALKING (12-15 MOS.) _____
- ☐ BEGINS TO RUN STIFFLY (16-18 MOS.) _____
- ☐ WALKS INTO BALL (18-24 MOS.) _____
- ☐ CLIMBS ONTO AND DOWN FROM FURNITURE UNSUPPORTED (16-24 MOS.) _____
- ☐ WALKS UP AND DOWN STAIRS HOLDING ON TO SUPPORT (18-24 MOS.) _____

HAND AND FINGER SKILLS

- ☐ SCRIBBLES SPONTANEOUSLY (14-16 MOS.) _____
- ☐ TURNS OVER CONTAINER TO POUR OUT CONTENTS (12-18 MOS.) _____
- ☐ BUILDING TOWER OF FOUR BLOCKS, OR MORE (20-24 MOS.) _____

LANGUAGE

- ☐ POINTS TO OBJECT OR PICTURE WHEN IT'S NAMED FOR HIM (18-24 MOS.) _____
- ☐ RECOGNIZES NAMES OF FAMILIAR PEOPLE OBJECTS, AND BODY PARTS (18-24 MOS.) _____
- ☐ SAYS SEVERAL SINGLE WORDS (15 TO 18 MONTHS) _____
- ☐ USES TWO WORD SENTENCES (18 TO 24 MONTHS) _____
- ☐ FOLLOWS SIMPLE ONE STEP INSTRUCTIONS (14-18 MOS.) _____
- ☐ REPEATS WORDS OVERHEARD IN CONVERSATIONS (16-18 MOS.) _____

COGNITIVE DATE OBSERVED

- ☐ FINDS OBJECTS EVEN WHEN HIDDEN UNDER 2 OR 3 COVERS _____
- ☐ BEGINS TO SORT SHAPES AND COLORS (20-24 MOS.) _____
- ☐ BEGINS MAKE-BELIEVE PLAY (20-24 MOS.) _____

SOCIAL

- ☐ IMITATES BEHAVIOR OR OTHERS, ESPECIALLY ADULTS AND OLDER _____ CHILDREN (18-24 MOS.).

☐ INCREASINGLY ENTHUSIASTIC ABOUT COMPANY OR OTHER CHILDREN (20-24 MOS.) _____

☐ DEMONSTRATES INCREASING INDEPENDENCE (18-24 MOS.) _____

☐ BEGINS TO SHOW DEFIANT BEHAVIOR (18-24 MOS.) _____

☐ EPISODES OF SEPARATION ANXIETY INCREASE TOWARD MIDYEAR, THEN FADE ___

DEVELOPMENTAL RED FLAGS
12 TO 24 MONTHS

CANNOT WALK BY EIGHTEEN MONTHS

FAILS TO DEVELOP A MATURE HEEL-TOE WALKING PATTERN AFTER SEVERAL MONTHS OF WALKING, OR WALKS EXCLUSIVELY ON HIS TOES

DOES NOT SPEAK AT LEAST FIFTEEN WORDS BY EIGHTEEN MONTHS

DOES NOT USE TWO WORD SENTENCES BY AGE TWO

BY FIFTEEN MONTHS DOES NOT SEEM TO KNOW THE FUNCTION OF COMMON HOUSEHOLD OBJECTS (BRUSH, TELEPHONE, BELL, FORK, SPOON)

DOES NOT IMITATE ACTIONS OR WORDS BY 24 MOS.

DOES NOT FOLLOW SIMPLE ONE-STEP INSTRUCTIONS BY 24 MOS.

DEVELOPMENTAL CHECKLIST - 24 TO 36 MONTHS

CHILD'S NAME:_____

DATE OF BIRTH:_____

PARENT OR GUARDIAN:_____

MOVEMENT DATE OBSERVED

☐ CLIMBS WELL (24-30 MOS.) _____

☐ WALKS DOWN STAIRS ALONE, PLACING BOTH FEET ON EACH STEP (26-28 MOS.) _____

☐ WALKS UP STAIRS ALTERNATING FEET WITH SUPPORT (24-30 MOS.) _____

☐ SWINGS LEG TO KICK BALL (24-30 MOS.) _____

☐ RUNS EASILY (24-26 MOS.) _____

☐ PEDALS TRICYCLE (30-36 MOS.) _____

☐ BENDS OVER EASILY WITHOUT FALLING (24-30 MOS.) _____

HAND AND FINGER SKILLS

☐ MAKES VERTICAL, HORIZONTAL, CIRCULAR STROKES WITH PENCIL OR CRAYON (30-36 MOS.) _____

☐ TURNS BOOK PAGES ONE AT A TIME (24-30 MOS.) _____

☐ BUILDS A TOWER OR MORE THAN SIX BLOCKS (24-30 MOS.) _____

☐ HOLDS A PENCIL IN WRITING POSITION (30-36 MOS.) _____

☐ SCREWS AND UNSCREWS JAR LIDS, NUTS, AND BOLTS (24-30 MOS.) _____

☐ TURNS ROTATING HANDLES (24-30 MOS.) _____

LANGUAGE

☐ RECOGNIZES AND IDENTIFIES ALMOST ALL COMMON OBJECTS AND PICTURES (26-32 MOS.) _____

☐ UNDERSTAND MOST SENTENCES (24-40 MOS.) _____

LANGUAGE DATE OBSERVED

☐ UNDERSTANDS PHYSICAL RELATIONSHIP (ON, IN, UNDER) (30-36 MOS.) _____

☐ CAN SAY NAME, AGE, AND SEX (30-36 MOS.) _____

☐ USES PRONOUNS (I, YOU, ME, WE, THEY) (24-30 MOS.) _____

☐ STRANGERS CAN UNDERSTAND MOST OF HIS/HER WORDS (3-36 MOS.) _____

COGNITIVE

☐ MAKES MECHANICAL TOYS WORK (30-36 MOS.) _____

☐ MATCHES AN OBJECT IN HIS HAND OR ROOM TO A PICTURE IN A BOOK (24-30 MOS.) _____

☐ PLAYS MAKE BELIEVE WITH DOLLS, ANIMALS, AND PEOPLE (24-36 MOS.) _____

☐ SORTS OBJECTS BY COLOR (30-36 MOS.) _____

☐ COMPLETES PUZZLES WITH THREE OR FOUR PIECES (24-36 MOS.) _____

☐ UNDERSTANDS CONCEPT OF "TWO" (26-32 MOS.) _____

SOCIAL/EMOTIONAL

☐ BY THREE, SEPARATES EASILY FROM PARENTS _____

☐ EXPRESSES A WIDE RANGE OF EMOTIONS (24-36 MOS.) _____

☐ OBJECTS TO MAJOR CHANGES IN ROUTINE (24-36 MOS.) _____

DEVELOPMENTAL RED FLAGS
24 TO 36 MONTHS

FREQUENT FALLING AND DIFFICULTY WITH STAIRS
PERSISTENT DROOLING OR VERY UNCLEAR SPEECH
NABILITY TO BUILD A TOWER OF MORE THAN FOUR BLOCKS
DIFFICULTY MANIPULATING SMALL OBJECTS
INABILITY TO COPY A CIRCLE BY THREE
INABILITY TO COMMUNICATE IN SHORT PHRASES
NO INVOLVEMENT IN PRETEND PLAY
FAILURE TO UNDERSTAND SIMPLE INSTRUCTIONS
LITTLE INTEREST IN OTHER CHILDREN
EXTREME DIFFICULTY SEPARATING FROM PRIMARY CAREGIVER

DEVELOPMENTAL CHECKLIST - 3 TO 4 YEARS

CHILD'S NAME:

_____

DATE OF BIRTH:

_____

PARENT OR GUARDIAN:

_____

MOVEMENT (BY THE END OF AGE 3) DATE OBSERVED

- ☐ HOPS AND STANDS ON ONE FOOT UP TO FIVE SECONDS _____
- ☐ GOES UPSTAIRS AND DOWNSTAIRS WITHOUT SUPPORT _____
- ☐ KICKS BALL FORWARD _____
- ☐ THROWS BALL OVERHAND _____
- ☐ CATCHES BOUNCED BALL MOST OF THE TIME _____
- ☐ MOVES FORWARD AND BACKWARD _____
- ☐ USES RIDING TOYS _____

HAND AND FINGER SKILLS (BY THE END OF AGE 3)

- ☐ COPIES SQUARE SHAPES _____
- ☐ DRAWS A PERSON WITH TWO TO FOUR BODY PARTS _____
- ☐ USES SCISSORS _____
- ☐ DRAWS CIRCLES AND SQUARES _____
- ☐ BEGINS TO COPY SOME CAPITAL LETTERS _____
- ☐ CAN FEED SELF WITH SPOON _____

LANGUAGE MILESTONES (BY THE END OF AGE 3) DATE OBSERVED

- ☐ UNDERSTANDS THE CONCEPTS OF "SAME" AND "DIFFERENT" _____
- ☐ HAS MASTERED SOME BASIC RULES OF GRAMMAR _____
- ☐ SPEAKS IN SENTENCES OF FIVE TO SIX WORDS _____
- ☐ ASKS QUESTIONS _____
- ☐ SPEAKS CLEARLY ENOUGH FOR STRANGERS TO UNDERSTAND _____
- ☐ TELLS STORIES _____

COGNITIVE MILESTONES (BY THE END AGE 3)

- ☐ CORRECTLY NAMES SOME COLORS _____
- ☐ UNDERSTANDS THE CONCEPT OF COUNTING AND MAY KNOW A FEW NUMBERS _____
- ☐ BEGINS TO HAVE A CLEARER SENSE OF TIME _____
- ☐ FOLLOWS THREE PART COMMANDS _____ ____

☐ RECALLS PARTS OF A STORY _____

☐ UNDERSTANDS THE CONCEPT OF SAME/DIFFERENT _____

☐ ENGAGES IN FANTASY PLAY _____

☐ UNDERSTANDS CAUSALITY ("I CAN MAKE THINGS HAPPEN") _____

SOCIAL MILESTONES (BY THE END OF AGE 3)

☐ INTERESTED IN NEW EXPERIENCES _____

☐ COOPERATES/PLAYS WITH OTHER CHILDREN _____

☐ PLAYS "MOM "OR "DAD" _____

☐ MORE INVENTIVE IN FANTASY PLAY _____

☐ DRESSES AND UNDRESSES _____

☐ MORE INDEPENDENT _____

EMOTIONAL MILESTONES (BY THE END OF AGE 3) DATE OBSERVED

☐ OFTEN CANNOT DISTINGUISH BETWEEN FANTASY AND REALITY _____

☐ MAY HAVE IMAGINARY FRIENDS OR SEE MONSTERS _____

DEVELOPMENTAL RED FLAGS
3 TO 4 YEARS

CANNOT JUMP IN PLACE
CANNOT RIDE A TRIKE
CANNOT GRASP A CRAYON BETWEEN THUMB AND FINGERS
HAS DIFFICULTY SCRIBBLING
CANNOT COPY A CIRCLE
CANNOT STACK FOUR BLOCKS
STILL CLINGS OR CRIES WHEN PARENTS LEAVE HIM
SHOWS NO INTEREST IN INTERACTIVE GAMES
IGNORES OTHER CHILDREN
DOESN'T RESPOND TO PEOPLE OUTSIDE THE FAMILY
DOESN'T ENGAGE IN FANTASY PLAY
RESISTS DRESSING, SLEEPING, USING THE TOILET
LASHES OUT WITHOUT ANY SELF-CONTROL WHEN ANGRY OR UPSET
DOESN'T USE SENTENCES OF MORE THAN THREE WORKS
DOESN'T USE "ME" OR "YOU" APPROPRIATELY

DEVELOPMENTAL CHECKLIST - 4 TO 5 YEARS

CHILD'S NAME:

_____

DATE OF BIRTH:

_____

PARENT OR GUARDIAN:

_____

MOVEMENT (BY THE END OF AGE 4) DATE OBSERVED

- ☐ STANDS ON ONE FOOT FOR 10 SECONDS OR LONGER _____
- ☐ HOPS, SOMERSAULTS _____
- ☐ SWINGS, CLIMBS _____
- ☐ MAY BE ABLE TO SKIP _____

MILESTONES IN HAND AND FINGER SKILLS (BY THE END OF AGE 4)

- ☐ COPIES TRIANGLE AND OTHER GEOMETRIC PATTERNS _____
- ☐ DRAWS PERSON WITH BODY _____
- ☐ PRINTS SOME LETTERS _____
- ☐ DRESSES AND UNDRESSES WITHOUT ASSISTANCE _____
- ☐ USES FORK, SPOON _____
- ☐ USUALLY CARES FOR OWN TOILET NEEDS _____

LANGUAGE MILESTONES BY THE END OF AGE 4

- ☐ RECALLS PARTS OF A STORY _____
- ☐ SPEAKS SENTENCES OF MORE THAN FIVE WORDS _____
- ☐ USES FUTURE TENSE _____
- ☐ TELLS LONGER STORIES _____
- ☐ SAYS NAME AND ADDRESS _____

COGNITIVE MILESTONES BY THE END OF AGE 4 DATE OBSERVED

- ☐ CAN COUNT TEN OR MORE OBJECTS _____
- ☐ CORRECTLY NAMES AT LEAST 4 COLORS _____
- ☐ BETTER UNDERSTANDS THE CONCEPT OF TIME _____
- ☐ KNOWS ABOUT THINGS USED EVERY DAY IN THE HOME (MONEY, FOOD, ETC.) ____

SOCIAL MILESTONES BY THE END OF AGE 4

- ☐ WANTS TO PLEASE AND BE WITH FRIENDS _____
- ☐ MORE LIKELY TO AGREE TO RULES _____
- ☐ LIKES TO SING, DANCE, AND ACT _____

☐ SHOWS MORE INDEPENDENCE _____

DEVELOPMENTAL RED FLAGS
4 TO 5 YEARS

EXHIBITS EXTREMELY AGGRESSIVE, FEARFUL OR TIMID BEHAVIOR

IS UNABLE TO SEPARATE FROM PARENTS

IS EASILY DISTRACTED AND UNABLE TO CONCENTRATE ON ANY SINGLE ACTIVITY FOR MORE THAN FIVE MINUTES

SHOWS LITTLE INTEREST IN PLAYING WITH OTHER CHILDREN

REFUSES TO RESPOND TO PEOPLE IN GENERAL

RARELY USES FANTASY OR IMITATION IN PLAY

SEEMS UNHAPPY OR SAD MUCH OF THE TIME

AVOIDS OR SEEMS ALOOF WITH OTHER CHILDREN AND ADULTS

DOESN'T EXPRESS A WIDE RANGE OF EMOTIONS

HAS TROUBLE EATING, SLEEPING OR USING THE TOILET

CAN'T DIFFERENTIATE BETWEEN FANTASY AND REALITY

SEEMS UNUSUALLY PASSIVE

CANNOT UNDERSTAND TWO PART COMMANDS AND PREPOSITIONS (EX: "PUT THE CUP ON THE TABLE")

CAN'T GIVE HIS FIRST AND LAST NAME

DOESN'T USE PLURALS OR PAST TENSE

CANNOT BUILD A TOWER OF 6 TO 8 BLOCKS

SEEMS UNCOMFORTABLE HOLDING A CRAYON

HAS TROUBLE TAKING OFF CLOTHING

CANNOT BRUSH HIS TEETH OR WASH AND DRY HIS HANDS

DEVELOPMENTAL MILESTONES – 6YEARS

Child Name: _____

DOB:_____

Parent/Guardian_____

Physical Movement: Date Observed

- ✓ Able to do handstands_____
- ✓ Hit a ball_____
- ✓ Ride a two wheeler bike fast_____
- ✓ Able to draw a picture of a house and it will include a garden and sky_____
- ✓ Like to climb, run, jump, skip, _____
- ✓ Be able to throw and catch a ball_____

Speech and Language Development

- ✓ Child knows the different tenses and is able to use the correct tenses in sentences_____
- ✓ Able to tell jokes or riddles_____
- ✓ Begin to enjoy a book on their own_____
- ✓ Speak fluently___
- ✓ Read out loud_____

Social Emotional Development

- ✓ Beginning to be more responsible_____
- ✓ Understanding of what rules are_____
- ✓ Like to win at games_____
- ✓ Bit bossy or still very shy_____
- ✓ May tell lies or take thing that don't belong_____
- ✓ Like going to school unless problems at school___
- ✓ Have an understanding of money___
- ✓ Know left from right_____

DEVELOPMENTAL DELAYS OR RED FLAGS

- ✓ Your child has a problem making friends_____
- ✓ Regularly being aggressive or a bully_____
- ✓ Frequently lying or stealing_____
- ✓ Child has difficulty separating from you_____
- ✓ Unable to keep up with other children_____
- ✓ Have problems with bowel or bladder and no physical cause____