



# Every word counts

## Lessons from a 2015 pilot

By Lynn Stefano, Shelley O'Carroll and Brigid Comrie  
(with findings from an evaluation by Linda Biersteker)

Sharing our learning



Wordworks

2 Jacobs Ladder

St James 7945

Phone: 021 7889233

Fax: 086 775 7930

Email: [info@wordworks.org.za](mailto:info@wordworks.org.za)

Website: [www.wordworks.org.za](http://www.wordworks.org.za)

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## Abstract

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*This document sets out the process of researching and developing the Every word counts programme from 2011-2015, and shares the findings of an evaluation of the training and resource package piloted in a non-ECD organisation that runs a home visiting programme. The programme equips home visitors, community workers, health visitors and play group facilitators with the knowledge and skills to support the parents and caregivers they work with to promote the development of early language, literacy and maths concepts in very young children.*

*The training comprised an orientation session and a two-day workshop, and a feedback and support session, and the materials were used from March to July 2015. The evaluation focused on how the EWC approach and materials were taken up by the organisation, the main purpose being to deepen understanding of where the focus of the Training of Trainers should lie, and to inform the development of the Guide for trainers and facilitator resources. We did not try to establish caregiver behaviour change, nor did we aim to deliver an optimal training package, but wanted at this initial stage to*

*get insight into whether beneficiaries were receptive of and experimenting with some of the EWC ideas and activities.*

*The evaluation concluded that the EWC materials and approach is an appealing and accessible way of introducing key evidence-based early learning and language messages to caregivers of babies and young children, and that the programme can be taken on by non-ECD paraprofessionals with limited formal education with benefit to themselves and caregivers who are ready/receptive to the messaging. There needs to be solid training, opportunities for supported practice and reflection, and time for the programme to become embedded. To successfully implement the programme, there needs to be organisational readiness in terms of all key staff understanding and planning for the requirements, adequate human resource capacity for delivery, regular support and monitoring, and budgeting for any required programme materials and other costs such as training and transport.*



## Introduction

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Wordworks developed the *Every word counts* Programme (EWC) in response to the need to strengthen the early stimulation component of holistic parenting programmes and thereby support the development of early language, literacy and maths concepts in very young children.

This document sets out the process of researching and developing the programme, and shares the findings of an evaluation of the EWC training and resource package piloted in a non-ECD organisation that runs a home visiting programme.

## Context

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The majority of children in South Africa are not able to access quality centre-based early learning programmes, and there is growing recognition of the need to strengthen early learning through families. To address this need, a number of organisations deliver services to vulnerable children by training and resourcing home visitors and play group facilitators to work with parents and caregivers. Existing home visitor/parenting programmes cover topics such as nutrition, health and safety, access to grants, child development and early stimulation. We identified the need for resources that specifically focus on supporting parents to build language, early literacy and maths concepts.

Research shows that the foundations for language and literacy development are laid in the first years of life, and that children's learning experiences in the home in the early years are a crucial factor in later educational success. With many South African children starting school already behind, the achievement gap becomes entrenched from the earliest years, resulting in these children underperforming significantly in literacy. Early intervention and targeted support for young children can break this destructive cycle.



## Background to the *Every word counts* Programme

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In 2012 and 2013, the DG Murray Trust funded Wordworks to work with the Foundation for Community Work (FCW) to strengthen the early learning component of their Family in Focus Programme, and subsequently develop resources that could be used by other partners working with families. In 2014/15, The Claude Leon Foundation funded Wordworks to continue to research and develop both resources and a training programme for parents and caregivers to support babies and young children's early literacy and language development.

We set out to create a programme that can be used to support learning in families, by building on what parents and caregivers already know and do,

while stimulating discussion and offering them new, practical ideas. The programme content is evidence based and draws on both research on young children's language development and early learning, as well as programmes and practical resources that have been designed to equip those that work with and support parents of young children. We looked at both the content and modes of presentation of both local and international home-visiting programmes, and aimed to develop simple and accessible materials, that were well grounded in research and practice. The references section in Annexure 1 includes some of the articles and programmes that informed the development of the resources and training programme.



## Description of the programme and resources

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The *EWC* training programme and resources aim to equip home visitors, community workers, health visitors and play group facilitators with the knowledge and skills to support the parents and caregivers they work with. The programme is designed to be

integrated into existing home visiting and parenting programmes, and used in homes or in group parenting sessions. The materials can also be used for self-study by practitioners who work with babies and young children.



Initially, we produced individual cards with illustrations on one side and text on the reverse. However, we soon realized that cards could be misplaced, so we developed flipchart style A5 books with the following features:

- designed to stand on a table or surface;
- overview pages that show the contents;
- illustration pages which face the parent or caregiver, and information pages that face the home visitor at the same time;
- illustrations and speech bubbles carefully designed to convey the key messages in the information pages;
- information pages include a description of the illustration, questions or ideas to discuss with parents and caregivers, and more ideas to share with parents and caregivers so that they can generalize what they have learnt to new situations.

The six books comprising a total of 95 cards cover the following topics:

- Talk, play and sing (birth to 2 years);
- Talk and sing (3 to 5 years);
- Play (3 to 5 years);
- Share books (birth to 5 years);
- Draw and write (3 to 5 years);
- Enjoy maths everyday (3 to 5 years).



We subsequently developed the following materials to support training and implementation:

- A3 flipchart for training (colour illustrations and additional photos and charts)
- A5 black and white booklets (for individual use)
- Guide for trainers
- Workbook for practitioners
- Leave behind sheets for families (Key messages and pictures for Books 1 – 6. To be given to caregivers to use between home visits or parenting groups sessions)
- Powerpoint CD and video clips (for training)

The books are available in English, isiXhosa and Afrikaans, and will be translated into isiZulu in 2016.

# Evaluation of a pilot to test the training and resources package

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As part of the programme development process, we collaborated with two NGOs to test the *EWC* programme design and some content, and later with one of the NGOs to pilot the training and resource package. Both NGOs train and support practitioners who visit homes, with one focusing on early childhood development and the other focusing on maternal and child health and nutrition. The aim of the pilot was to get feedback from practitioners to improve the programme design and ensure content was culturally acceptable, while the NGOs were interested in using the *EWC* programme to strengthen the child stimulation aspects of their work.

## 1. Pilot programme

The pilot took place from February to mid-June 2015. In February and March, we conducted training for 73 home visitors who would directly deliver the programme. After a short orientation session, the group was broken into three groups (22, 26 and 25 people each) for a two day training of Books 1-3. As a follow up to the initial training workshops, we conducted three feedback and support sessions attended by 55 home visitors on 14, 21 and 28 May. The sessions were to support implementation by reviewing what home visitors had achieved since the initial training, providing new information and resources and encouraging them to continue to use the programme. We recognised that training in blocks of two days was not optimal and our recommended training model is where a trainer within an organisation builds the training into bi-weekly or monthly workshops and includes time for reflection, new content, and planning with home visitors. However, the aim of this pilot was to test the content and get a sense of the levels

of participants and the general uptake rather than deliver an optimal training package.

## 2. Evaluation of the pilot

In mid-2015 we engaged an independent evaluator to conduct an implementation evaluation of the pilot to extract lessons for roll out via other organisations. The evaluation focused on how the *EWC* approach and materials were taken up, implemented and supported in a non-ECD organisation that runs a home visiting programme. The main purpose was to deepen our understanding of where the focus of the Training of Trainers should lie, and to inform the development of the Guide for trainers and facilitator resources. At this early stage of programme implementation, we did not try to establish outcomes in terms of caregiver behaviour change, nor did we aim to deliver an optimal training package, but wanted to get some insight into whether beneficiaries were open to and experimenting with some of the *EWC* ideas and activities.

## 3. Evaluation questions

- How did home visitors and caregivers respond to the *EWC* materials?
- Was the *EWC* programme implemented as intended?
- Have programme beneficiaries changed their understandings and behaviour since *EWC* was implemented?
- How has grafting this element into the existing home visiting programme worked?
- What are the lessons for partnership agreements with other organisations who wish to incorporate *EWC* into their service offering?

## 4. Sample

- Thirty five home visitors participated in three focus groups.
- Three coordinators participated in one focus group.
- An individual interview was conducted with the programme manager.
- Six home visitors volunteered for the evaluation field worker to observe two of their home visits, making a total of 12 observed home visits.

## 5. Data sources

- Records kept by home visitors.
- Interview data from focus groups and interviews.
- Meeting with the Wordworks team responsible for EWC.
- Home visit observation questionnaire and checklist.

# Findings of the evaluation

## I. How did the home visitors and caregivers respond to the EWC materials?

Although many of the early language and literacy activities in EWC are not part of common childrearing practice, there was no active resistance to the ideas, and the home visitors indicated that they had understood the importance of early language and play. However, it was evident that the ideas the materials shared were new to many people. A small group of home visitors and caregivers had taken up the messages and had developed an understanding of the purpose of the material.

Some home visitors talked about liking the cards that are closer to the attachment, health and safety messages that they normally promote in their work:

*I like Book 3 – my area is a risky one for wires of electricity on the ground and I advise about safety;*

*It helps the mother to be educated about protecting her children from the stove and flames.*

*I visited a client who is pregnant.  
I used Book 2 picture 14 (pregnant mother and child reading hospital sign).*



Some caregivers showed interest in the materials, as reflected in the following comments:

*The mother was very interested; she now knows that she needs to play with her child;*

*Most of caregivers that are interested in the books are those who have just given birth.*



However, the vulnerability and life situations of many of the caregivers combined with local views on child development posed a challenge to the introduction of EWC:

*The mother first did not have time she was rushing to the clinic, but gave me few minutes to show her and she really liked it;*

*Child showed interest but the mother said she was a busy person.*

There was evidence that the materials were in many cases viewed as picture books rather than training tools. There were numerous requests for the books to be left with families, which highlights the lack of access to books and pictures.

*The mother wanted her own book to teach her own children;*

*The child enjoyed my book and the pictures, she also begged me to give her my book.*

## 2. Was the EWC programme implemented as intended?

Home visitors enjoyed the training, but did not implement the programme entirely as intended. Apart from the indications that some home visitors did not actively engage with the materials, there were some implementation challenges:

- there were more pressing matters to deal with;
- mothers were not willing to participate; and
- home visitors needed more skill in introducing the cards.

Those home visitors who reported that they were implementing the programme were most often

women with young children or grandchildren, and those who were implementing ECD training previously received. These home visitors reported that they used the cards for about 10-15 minutes during their visits, and were selective about when to use the cards:

*I look at the situation. If I notice that I am not welcome, I do not start with the books.*

*I take out the book and explain that these books are important.*

*Teaches you to read to your child. You explain what is happening in the picture, you show the picture and read the information that is at the back of the picture.*

*The child was in the bath and I showed the mother how to play with her child while she's bathing.*

The home visitors were using the materials to teach children, and there was evidence that the books were being used as picture books rather than resource material for the caregiver:

*We sit with children and show them the cards and we make puzzles;*

*The child was pointing things that she knows, and it was fun.*

The observation records of the six home visitors in 12 homes showed that not all the steps were followed when using the books with caregivers. Most home visitors read the information on the back of the picture. Only one attempted all the steps practiced in the training workshop. There was little evidence of caregivers being given time to talk and respond to the information shared.

### 3. Have programme beneficiaries changed their understandings and behaviour since EWC was implemented?

Given the relatively short period that EWC had been included in the NGO's programme, low programme dosage and vulnerable target group, we did not expect that there would be changes in caregiver behaviour. Our strategy was for home visitors to first use the EWC materials with their own children and extended families. Some home visitors gave several examples of using the programme with their own children, showing take up of the activities and behaviours suggested in the cards, for example:

*EWC has helped me to bond more with my children, I use the EWC ideas to communicate with them;*

*I used to shout at my child when she tried on my clothes, but now I know she is learning while she is playing;*

*I showed them the pictures and we sat as a family, coming up with ideas;*

There were also reports of take up by caregivers, for example:

*Mother is interested, she even collected bottle tops to play with today to help her child;*

*Mother tries to talk with her baby and calls him by his name and the baby quickly responds to her mother so it is important to communicate with your baby.*

The following statement captures the sense from the evidence as a whole of a developing awareness of the value of EWC:

*The books have opened doors for us, children demanding to learn and caregivers see that they have responsibility on their hands.*



## 4. How has grafting this element into the existing home visiting programme worked?

Successfully grafting a new programme element into an existing programme depends on several factors including buy in and motivation from all levels of staff, adequate training, resources, support and feedback mechanisms, adequate time for implementation, as well as stimulating demand from clients. How organisations take this up - and particularly those which have a broader focus than early child stimulation - was a key question for this evaluation.

### 4.1 Organisational support and buy in

The partner NGO had identified the critical need for early stimulation in homes. The programme had the support of management, but reported that getting caregivers to see that it was important had been '*such a struggle*'. This struggle extended to their own workers who need to understand that it is part of the package of care, that it helps children's health, growth and well-being and is not just an add-on. Previous ECD training, which involved many practical activities, was not actually being used in the home visits. Though there is excitement during training, afterwards home visitors go back to work as usual. The NGO thought that if they had the EWC programme it would be a reminder, make home visitors more excited and able to use their knowledge. The programme manager felt that EWC '*has gotten our caregivers to understand the importance of playing and talking with children*'.

A relatively small proportion of home visitors bought into the addition of EWC to their duties. It is very widely observed<sup>1</sup>, including in the NGO's own experience, that it is difficult to get lay health

workers to embrace additional duties beyond their usual health scope. Examples noted above of using the cards to support their own priorities e.g. for health, hygiene and bonding messaging support this. Significantly, there was no expression of understanding that early stimulation is important even when children and caregivers are ill. In addition the lack of enthusiasm of many mothers makes introducing a new programme element difficult.

### 4.2 Adequate time for implementation

One of the challenges presented was the time available to introduce the cards. Home visitors work half days and visit 30 to 40 caregivers a week. With this case load and the time it takes to do the normal routine of weighing the child, talking and including food messages and then introducing the card, home visitors say time is limited. The NGO does not require a stimulation activity if there is a pressing health issue, so while stimulation is valued, home visitors are given the message that it is a secondary consideration. This may be entirely appropriate given the NGO's core business, however, it is not conducive to the embedding of stimulation activities.

### 4.3 Training, resources, support and feedback

Given the challenges with home visitor understanding, and resistance from some parents and caregivers, inputs such as good training, adequate resources, support and feedback are essential. The EWC training built on some previous knowledge and experience. Feedback on the value of the workshops indicated what was most salient for the participants: bonding/good relationship caused by doing the activities in the books; making toys from waste; listening to children; answering their questions; naming body parts and repeating what very young children say. The respondents reported

<sup>1</sup> E.g. Personal Communication (with Linda Biersteker): Aisha Yousafzai Pakistani ECD Trial with Lady Health Workers: May 2015, Lewin, S et al (2010) Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases: a review synopsis. The Cochrane Collaboration.

that training was interesting and understandable. The Programme Manager commented that this was especially so because translation was arranged. For some it has changed their practice with their own children, as reflected in the following comments:

*The training made me to be very interested working with children, and to tell children to point and to name the parts e.g. (say) nose and the child must point at the nose.*

*I had confidence after training because it was clear and understandable.*

*I gained a lot at home, (before I) had no time for them, but since I got this knowledge I spent time with them and answer their questions.*

While the training appears to have been successful in transferring the key messages to the home visitors, when a new programme element is introduced, on the job support and monitoring is key to ensure that the programme is delivered correctly. It is clear from the few observations of home visits reported above that the procedure for introducing the *EWC* cards and ideas to caregivers was only partially followed.

The high level buy in reported by the NGO did not translate into directed supervision of implementation or reporting on it. Coordinators did accompany home visitors for supervision, however this seemed to be limited, and one of the strategies to improve implementation was to urge home visitors to practise with the cards:

*When I see that she is not performing well, I tell her: "If you do not practise this at home you won't be able to implement to your families";*

*Most of home visitors have children so it is important for them to practise at home then they can go out to the community.*

The NGO did not provide monitoring templates or structured processes for giving feedback on how *EWC* was delivered, nor schedule regular meetings of home visitors where feedback and guidance could be given. The NGO's senior coordinators were unable to attend the training and the programme manager commented that staff capacity was limited and the nursing sisters who are coordinators were overstretched. She was concerned about how much time and resources *EWC* would take given the need to balance the health priorities of the organisation. Keeping records was clearly an additional burden and something done by relatively few of those who used the cards. Those records that were submitted included incomplete data and wrong dates. We had initially taken the position that NGO partners should have the right to develop their own recordkeeping tools, however, it is evident that there is a need for us to work with partners to ensure the integration of a record keeping element specific to *EWC*.

## **5. What are the lessons for partnership agreements with other organisations who wish to incorporate *EWC* into their service offering?**

While the NGO did not offer all the elements of an ideal test site, due to capacity and resource constraints, the Wordworks team valued the opportunity to pilot *EWC* through this organisation. In addition to the opportunity to pilot the materials, the training activities and the pace and pitch of the training, the partnership also highlighted key issues to be addressed for successful roll out with any partner organisation.

Wordworks' assumptions for partners are that:

- Practitioners will be literate, understand the material and be able to make linkages to current parent practices/context;
- The programme delivery is adaptable but not the content;
- There is a high level of motivation and willingness to take on *EWC*;
- There is organisational support and management, and funds for basic materials such as the leave-behind sheets and photocopies of templates
- There is willingness to share information, reflections and insights with Wordworks.

## Summary of the findings:

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### 1. How did the home visitors and caregivers respond to the *EWC* materials?

There is overwhelming evidence that the *EWC* materials were appealing and engaged the interest of most of the caregivers who were exposed to them. Clearly the ideas were new to many of the caregivers and home visitors. A small group of home visitors had taken up the programme and had developed an understanding of the purpose of the materials.

Several home visitors used materials in unintended ways – as picture books and to reinforce some health, safety and bonding messages which relate to the NGO's programme goals. The latter may reflect the fact that it is difficult for health workers to broaden their programme focus. The former, that a lack of understanding or experience with early education activities, leads to the more concrete activity of reading the pictures once reinforced by the interest and enthusiasm of caregivers and children.

Additional training and support, which is what we envisage for front line workers in the *EWC* model, is clearly necessary to help home visitors develop the knowledge and confidence to engage in new ways around new content.

### 2. Was the *EWC* programme implemented as intended?

The findings showed that it was mostly home visitors with young children and grandchildren who were implementing the programme, and that it was difficult for home visitors to engage certain families, something that is inevitable in highly stressed and disadvantaged circumstances where meeting basic needs takes precedence. A few examples were given of focused instruction or practising of the proposed activities with the caregivers, but several of the home visitors reported playing with the children. This may be because they lacked confidence or because caregivers wouldn't join in (many home visiting programmes note that it is easier and more rewarding to work directly with the children). It needs to be emphasised that **the caregiver** is the *EWC* target for the programme.

The pattern of uneven use of different picture cards has identified the need for a more structured schedule for card use. Further training and support are needed to: ensure that age appropriate cards are used and ways found of managing this when there are children of different ages; that all the steps for introducing the card are followed, including giving the caregiver time to respond to and discuss the card

and think about what activities she will try and how this will be possible (e.g. does she have any materials, could the activity be slotted into daily routines, etc.); and reinforcing the fact that the materials are an adult learning tool, not picture books.

### 3. Have programme beneficiaries changed their understandings and behaviour since *EWC* was implemented?

As noted earlier, the intervention was not yet mature in implementation and there had also been limited caregiver exposure to the material. The take up of *EWC* activities was best with home visitors already 'turned on' to early stimulation. They had attended the initial training, used the material at home, had a chance to give feedback on this at the follow up training and so were more confident of the value of *EWC* and how to use it with client families. To a lesser extent some of the caregivers who had been exposed to the programme were adopting some of the *EWC* messages. Understanding precedes implementation and there were general indications of raised caregiver awareness though relatively fewer concrete examples of activities given.

### 4. How has grafting this element into the existing home visiting programme worked?

The NGO partnered with Wordworks on the understanding that they could not fully meet the desired partnership requirements. This is interesting from the evaluation point of view as it is seldom that a partner will be able to provide all the capacity and resources needed. It may be necessary to start without everything in place and if the programme gains traction this will facilitate the necessary organisational adjustments. In this case, although the NGO's management and assistant coordinators were committed to *EWC*, there were several

challenges. Furthermore, this was not the NGO's first attempt to include early stimulation in their programme and previous attempts had been found to have limited success. Some challenges, such as the NGO's limited staff capacity for field support (especially at coordinator and senior management level), no budget for reminder sheets to be left with caregivers, were known at the outset. Others, such as the caseloads of home visitors, the priority given to health and social problem issues during visits, and the reluctance of many home visitors to take on additional work, had not been anticipated but impacted on supply and demand for *EWC*. The fact that it was not a data requirement to report on *EWC* was another challenge. If a new component is to be grafted it needs to be specified, monitored and supported. All these factors have been identified by the NGO as needing to be addressed to make the *EWC* more effective and integrated.

### 5. Implications for partnership agreements with other organisations who wish to incorporate *EWC* into their service offering.

The pilot illustrated several common challenges for scaling up through grafting a new component into the existing programmes of other organisations. Key to this is the need for ongoing and systematic support and practice to internalise content and procedures introduced in training, adequate staffing for this and for keeping the new programme on the organisational agenda, as well as budgeting for key materials. This requires long term planning and budgeting and recognising that it will take time to mature the intervention so that outcomes can be expected.

The evaluator suggested that how we proceed with future partnerships depends on how willing we are for the programme to be adapted and what we



feel are non-negotiable elements. We believe that the programme content and how the cards should be used is non-negotiable but that there should be flexibility in how organisations integrate the programme into their existing delivery models. This raises the question whether *EWC* will work in diverse contexts, with diverse beneficiaries and delivery mechanisms. As an organisation, we need to set out in our *EWC* theory of change and be explicit about the non-negotiable elements of the programme.

This pilot illustrates how readiness of the target community/beneficiaries is critical for take up. One would not expect overstressed caregivers in a very disadvantaged community who face day to day survival issues and violence to be as receptive to early childhood stimulation messages as caregivers who are somewhat better off. In some cases we are trying to reach some of the 'hardest to

reach' through *EWC*. So the suggestion that the programme be implemented with those families who are interested is sound. This could extend to trialling the programme with those home visitors who are most interested and seeing if it could gain traction and develop from there. It is often found in ECD programmes that caregivers who may not initially have been interested, are attracted by the positive development they see in children who participate in these programmes.

A second critical factor is the delivery mechanism. Given evidence of what it takes to change children's language outcomes, should we only partner with organisations whose modes of delivery are likely to be able to achieve outcomes? This would depend on the quality of delivery, dosage and duration of the programme.

## Conclusion

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The evaluation report concluded that the *EWC* materials and approach is an appealing and accessible way of introducing key evidence-based early learning and language messages to caregivers of babies and young children, and that the programme can be taken on by non-ECD paraprofessionals with limited formal education with benefit to themselves and caregivers who are ready/receptive to the messaging. The report also showed that in order for the programme to be delivered as intended, there needs to be solid training, opportunities for supported practice and reflection, and time for the programme to become



embedded. Lastly, for partner organisations to successfully implement the programme, there needs to be organisational readiness in terms of all key staff understanding and planning for the requirements,

adequate human resource capacity for delivery, regular support and monitoring, and budgeting for any required programme materials and other costs such as training and transport.

## Recommendations from the Evaluation Report

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- Emphasise the interactive effects of health, nutrition and stimulation inputs for child outcomes to encourage buy in from all levels of staff.
- A checklist of organisational readiness in each of the key areas might be usefully completed and discussed when setting up partnerships. The quality of an NGO's delivery, dosage and duration of their programmes should be considered, to gauge the likelihood of achieving outcomes.
- Committing organisational resources would lead to ownership of the programme, and it is essential for NGOs to have someone in charge to supervise, follow up and hold the programme.
- The *EWC* team needs to develop guidelines to enable home visitors/practitioners to plan for and structure sessions more clearly.
- Structured field support is indicated to ensure that the programme is being delivered as intended. The adapted Home visit observation questionnaire and checklist, including a section on any issues for follow up with the home visitor, could be used for this purpose. This would also cue field coordinators to what specific indicators to look for.
- Wordworks needs to be explicit about what outcomes to expect when implementing the *EWC* Programme, and be realistic about the time it takes to imbed a new intervention of this nature.
- *EWC* needs to be specifically included in partners' programme manuals (where these are available) and home-visiting schedules.
- While a flexible approach to home visits enables home visitors to be responsive to emerging household issues (very common in home visiting programmes), implementation of a new programme element needs to be firmly embedded. Wordworks needs to work with partners to ensure the integration of a record keeping element specific to *EWC*.
- Reporting on *EWC* would have to be incorporated into reporting mechanisms and outcomes measured by the organisation.
- There will be a need for an impact evaluation of caregiver and child outcomes once the *EWC* model is mature in terms of materials and delivery guidelines and has had sufficient time in the field to be implemented as intended.

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