

**ACCESS TO EARLY CHILDHOOD DEVELOPMENT SERVICES: PERCEPTIONS,  
EXPERIENCES AND CHALLENGES OF EARLY CHILDHOOD PRACTITIONERS  
AND PARENTS**

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## **Abstract**

Children's learning and development takes place in a range of contexts and this includes at Early Childhood Development centers and at home with family. Parent involvement in their children's education has been viewed as an important variable that positively influence children's education. Young children need quality childcare to develop their innate potential and prepare for formal education. Quality care provides nurturing relationships, a mentally stimulating environment, basic health and safety. The formal provisioning of Early Childhood Development falls under the mandate of the Department of Social Development for registered early childhood development centers and the Department of Education for Grade R, the preparatory grade for primary education. The study investigated the perceptions, experiences, and challenges of parents and early childhood development practitioners with regards to their access of early childhood services. The theory underpinning this study was Bronfenbrenner's ecological system, which is based on the principle of interconnectedness within settings and the link between settings that affect individual development. The study utilised a qualitative approach and data were collected from parents and early childhood practitioners within the Buffalo City Metropolitan Municipality in the Eastern Cape Province. The findings regarding the perceptions of practitioners, principals and parents included perception of Early Childhood Development services, affordability, and contentment with ECD education, proximity of the centers and the role of the practitioners. The experiences of the parents, principals and practitioners highlighted in the study includes involvement of parents, training of practitioners, limited support from stakeholders, and scarce resources. In addition, lack of sufficient infrastructure, lack of adequate learning materials, underqualified practitioners and shortage of funds were noted as the challenges affecting the practitioners and the parents. The study recommended training of practitioners, infrastructure development.

## **Keywords**

access

children

early childhood

early childhood development centers

early childhood practitioners

parents

## **List of acronyms**

CWP	- Community Works Programme
DBE	- Department of Basic Education
DOE	- Department of Education
DOH	- Department of Health
DSD	- Department of Social Development
EC	- Eastern Cape
ECD	- Early Childhood Development
ECDC	- Early Childhood Development Care
ECDE	- Early Childhood Development Education
ECDS	- Early Childhood Development Services
ECP	- Eastern Cape Province
ECSECC	- Eastern Cape Socio Economic Consultative Council
ETDPSETA	- Education, Training and Development Practices Sector - Education and Training Authority
EPWP	- Expanded Public Works Programme Phase
MDP	- Masiphumelele Development Project
NDA	- National Development Agency
NDP	- National Development Plan

NICDP	- National Integrated Childhood Development Policy
NIECDP	- National Integrated Early Childhood Development Policy
NPOs	- Non-Profit Organisations
RDP	- Reconstruction and Development Program
RSA	- Republic of South Africa
Stats SA	- Statistics South Africa
UNESCO	- United Nations Educational, Scientific and Cultural Organization
UNICEF	- United Nations Children's Fund

**Declaration statement**

I declare that the study entitled "*Access to early childhood development services: Perceptions, experiences and challenges of early childhood practitioners and parents*" is the product of my own research. All sources used in the study have been fully acknowledged.

Name: Vuyokazi Mpumela

Signature: 

Date: 26-08-2021

## **Dedication**

This work is dedicated to very special souls, my two children, Siliziwe and Khazimla. I appreciate your love, care and support throughout my research.

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Firstly, I would like to thank God Almighty for taking care of me during the study period.

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# **CHAPTER 1**

## **INTRODUCTION OF THE STUDY**

### **1.1 Introduction and background**

The National Integrated Early Childhood Development Policy (NIECDP) (2015) stipulates that all children and their caregivers, including those who face barriers to access early learning, such as poverty, geographic location (i.e. physical distance from services) and developmental difficulties should have the opportunity to access an age- and developmental stage-appropriate early childhood development services (ECDS). Furthermore, the government of South Africa must ensure the availability and equitable access to ECDS through an integrated system which is rooted within a clear legal framework that identifies, enables and compels the success of early childhood development roles and responsibilities of relevant role players (NIECDP, 2015).

The government is obliged to ensure adequate provision of public funding and infrastructure for viable availability and equitable access to comprehensive early childhood development services. Early Childhood Development (ECD) is a critical stage of development that forms the foundation for children's future well-being and learning. Literature has shown that half of a person's intelligence potential is developed by age four and that early childhood interventions can have a lasting effect on intellectual capacity, personality, and social behaviour (Grantham-McGregor, Cheung, Cueto, Glewwe, Ritcher & Strupp, 2007). This is supported by the NIECDP (2015) that early learning opportunities make a real and lasting difference in children's lives. Integrated programmes that target their very early years are, therefore, critical for their mental and psychosocial development. The United Nations Children's Fund (UNICEF) (2001) indicates that failure to invest in ECD can result in development delay and

disability as well as inhibit the optimal development and performance of children throughout their lives.

In order to develop to their full potential, children need good nutrition, good health, a healthy living environment, supportive parenting, cognitive stimulation and, if necessary, access to health care, social services and social assistance (Biersteker, 2012). Factors such as malnutrition, poor health, home environments lacking in stimulation and encouragement for learning, and harsh discipline impact negatively on children's development. Children living in households faced with significant caregiving burdens and poor access to resources, services and education are particularly at risk (Biersteker, 2012). The Government of South Africa has invested significantly in the development of policies, programmes, institutional arrangements, and correlative resources towards expanding access to, and improving the quality of basic education, including early childhood education as stipulated by the Millennium Development Goals (United Nations, 2015). As beneficial as ECD programmes are, access to the programmes in South Africa is often restricted by issues such as the travelling distance to the ECD centers, affordability of the ECD centers, and poverty (Van Niekerk, Ashley-Cooper & Atmore, 2017). Van Niekerk et al. (2017) further argue that there is unequal geographical distribution of the ECD programmes in South Africa with many ECD centers being in the urban areas as compared to the rural areas. More often than not, the few ECD centers in these rural areas are usually of poor quality and have limited access to resources needed by children which include nutrition programmes, speech therapists, health clinics, physiotherapists and occupational therapists (Arthur, 2017; Atmore, 2019).

In South Africa, women living in poverty carry significant burdens and have little access to services and support beyond family and social networks. When caregiver well-being is

compromised, the capacity to care for young children suffers, and child outcomes such as health, nutritional status, and psychological development are also affected (Biersteker, 2012).

It is against this background that this study sought to explore access to ECDS.

## **1.2 Theoretical framework**

Bronfenbrenner's ecological system theory, which is based on the principle of interconnectedness within settings and the link between settings that affect individual development (Bronfenbrenner, 1979), forms the theoretical framework underpinning this study. The ecological systems theory defines complex "layers" of environment, each influencing a child's development and the theory emphasises that a child's own biology is a primary environment fuelling his/her development. The interaction between factors in the child's maturing biology, his/her immediate family/community environment, and the societal landscape fuels and steers his/her development (Bronfenbrenner, 1979). The theory emphasises the importance of understanding not only the relationship between the child and various environmental systems such as family and community but also the relationships among the environmental systems themselves (Bronfenbrenner, 1979). This framework allows for the study of individuals' interactions within their social environment and thus is a valuable tool for understanding the perceptions and experiences of individuals by viewing these individuals as systems in and of themselves (Swart & Pettipher, 2011)

## **1.3 Problem Statement**

Parents, ECD educators, government, donors, and social service providers are important role-players in addressing the needs of young children. A child's development and stimulation at the early stage of life depends on the parents' support, commitment, and involvement in the

child's life ECDS refer to the services provided with the intention of promoting ECD regularly for children up to school-going age (Department of the Western Cape [DWC], 2020). These services include in center services (partial care facilities) and out of center programmes and services such as playgroups, home visiting programmes, and toy libraries (DWC, 2020). A myriad of social, psychosocial, and biological factors affect access to ECDS in South Africa; such factors include poverty, disabilities, ill health, substance abuse, violence and in-adequate materials and supplies which affect access to ECDS (Hall, Sambu, Almeleh, Mabaso, Giese & Proudlock, 2019). The highest number of children affected by poverty are in the Eastern Cape, KwaZulu Natal and Limpopo provinces (Hall et al., 2019). Another challenge relates to the long distances that the children travel to access ECD centers and low learner-attendance rate in the Eastern Cape (Department of Social Development (DSD) (DSD ECD Audit, 2015; Van Niekerk, 2017). These aspects can negatively influence children's early development and are not beneficial to the development of children, thus, threatening the type of care children receive. Therefore, this study explored the parents' and ECD practitioners' perceptions, experiences, and challenges regarding access to ECDS in the Eastern Cape Province.

## **1.4 Research Question**

*What are the perceptions, experiences and challenges of early childhood practitioners and parents regarding access to early childhood services?*

## **1.5 Aim and Objectives of the study**

### **1.5.1 Aim**

The aim of this study was to understand the perceptions, experiences, and challenges of early childhood practitioners and parents regarding their access to early childhood services.

### **1.5.2 Objectives of the study**

The objectives of the study were:

- To explore and describe the perceptions of early childhood practitioners and parents regarding access to early childhood services.
- To explore and describe the experiences of early childhood practitioners and parents regarding access to early childhood services.
- To explore and describe the challenges of early childhood practitioners and parents regarding access to early childhood services.

### **1.6 Research Methodology**

This study utilised a qualitative research approach in which the researcher investigates a problem from the participants' point of view. The focus was to determine "what participants think and feel about a particular phenomenon or issue" (Bless, Higson-Smith & Sithole, 2013:102). Creswell (2009) suggests that qualitative research allows the researcher to explore and understand the meaning individuals assign to a social or human problem, thus enabling qualitative researchers to study things in their natural settings.

The research study design is exploratory and descriptive in nature as it aims to understand and explore the subject tentatively while gaining basic familiarity with the topic to describe findings (Babbie & Mouton, 2001). Mouton and Marais (1990) maintain that using an exploratory design allows the researcher to gain information and insight into an area of research that is somewhat unknown and unexplored. Neuman (2011) argues that descriptive research aims to provide a detailed and accurate picture of the subject matter, as well as reporting on the

background and context of the study creating categories and classification types for better understanding.

### **1.7 Significance of the study**

This study contributes to fill the research gap around quality of ECDS rendered in the Eastern Cape Province, with specific reference to Zwelitsha in Buffalo City. The study results provide information that is relevant to the government, as well as Non-Government Organisations that deal with ECDS, so that appropriate measures may be taken to improve and allocate resources to meet the programme demands. The findings of this study can also be used by ECD practitioners to maintain quality aspects that parents are satisfied with and improve the quality of services they offer, to improve satisfaction among parents and ultimately, attract more children. The study findings may also inform parents on the importance of being actively involved in the ECDC activities to ensure their children receive quality services. Finally, this study may inform policy makers on the views, opinions and thoughts of parents and practitioners. Such information may be used as basis for future planning and policy formulation.

### **1.8 Definition of terms and concepts**

**Access** refers to the right to use something (Cambridge Dictionary, 2021).

**Early childhood** is defined as the period from birth up to eight years old (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2019)

**Children** are all human beings who are below the age of eighteen years (Republic of South Africa, 2005).

**Government services** are development services that are provided by the municipal, provincial and national spheres directly towards the public such as education and learning, safety, water and sanitation, electricity, transportation, health and wellness (Van Niekerk et al., 2017). These services are also aligned with the services that should be offered at ECD centers.

**Equitable access to ECDS** is when all children and their caregivers, including those who face barriers to access and early learning, such as poverty, geographic location (i.e. physical distance from services) and developmental difficulties, could access an age appropriate and developmental stage-appropriate early childhood development services (National Integrated Childhood Development Policy [NICDP], 2015).

**Early Childhood Development (ECD)** is the composite cognitive, emotional, physical, mental, communication, social and spiritual development of children that takes place from conception until they enter formal schooling (i.e. Grade R) or reach the age of 8 years (Draft Early Childhood Development policy of South Africa, 2015).

**Early Childhood Development Practitioner** refers to an individual who provides ECDS through formal early childhood development programmes, family services, playgroups, and training as well as those providing management support services to these workers (NICDP, 2015).

**Parent** refers to the biological, foster, or adoptive mother and or father responsible for the care and protection of a young child, who is stable in the child's life and who loves the child and wants to protect the child (NIECDP, 2015).

## **1.9 Outline of chapters**

**Chapter 1** is the introductory chapter of this study. This chapter provides the general overview of the study. The problem statement is clearly defined as well as the main aim of the research.

This chapter also stated the objectives and the research questions to be answered by the research. Towards the end of the chapter, a justification for conducting the study was given, and the significance of the study was stated.

**Chapter 2** provides a detailed discussion of literature related to the study. This was done to establish a link between existing literature and the current study. The theoretical framework that underpins the study and the policy framework related to ECD are discussed in this chapter.

**Chapter 3** provides a detailed description of the research methodology that underpins the study. The research approach and design were explained. In addition, the population and sampling methods, the data collection methods and an overview of the data collection tools were explained and justified. This chapter also presents the data analysis methods adopted, the trustworthiness of the study and the ethical considerations that underpinned the study.

**Chapter 4** presents and discusses the study results. The discussion of the study findings was related to the existing literature and the theory that underpinned the study.

**Chapter 5** is the last chapter of this thesis and it therefore concludes the study as well as providing a summary of the research. Recommendations of the study and recommendations for future research were also provided.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter explored the literature pertaining to the perceptions and challenges experienced by ECD practitioners as well as parents regarding their access to ECDS. The chapter started with a focus on early childhood development in relation to children and their development. This was followed by an overview of government policies and programmes on early childhood development globally and in South Africa. In addition, literature on the challenges faced by ECD practitioners and parents with regards to their access of ECDS is presented. The theoretical framework that underpins this study was also discussed.

#### **2.2 Early Childhood Development**

Agbenyega (2013) defines ECD as the period of human life before and after birth until eight years of age. It is a critical time for the complete and healthy cognitive, emotional and physical growth of children. This is a holistic approach that arouses ‘cognitive, emotional, physical, mental, communication, social and spiritual development of children from conception until they enter formal schooling (i.e., Grade R) or reach the age of 8 years’ (National Department of Social Development, 2015: 14). Furthermore, it incorporates a range of services and support that is intended for infants and young children, their families or caregivers, from government or civil societies in order to promote early childhood development (NDSD, 2015:15).

The South African Children’s Act no. 38 of 2005 defines ECD as “the process of emotional, cognitive, sensory, spiritual, moral, physical and communication development of children from

birth to school-going age (0-9 years)" (Children's Act no. 38, 2005:151). The Act further indicates that the management of this process is vital for laying a firm developmental foundation for lifelong learning in children. ECD programmes have proven to produce both direct and anticipated long-term outcomes for children and communities (UNICEF, 2005; Agbenyega, 2013; Van Niekerk et al., 2017; Hall et al., 2019). It is fundamental to ensure adequate provision and access to ECD programmes because access to them has direct positive effects on children, parents and the country at large (Van Niekerk et al., 2017).

In addition, Chi, Kim and Kim (2016) postulate that early childhood is a critical period where individuals shape up basic capabilities and self-concepts that influence their future developmental paths. Thus, early access to ECD programmes result in better academic performance, improved psychosocial health and good nutrition for children (Van Niekerk et al., 2017). Van Niekerk et al (2017) argue that the direct positive effects of access to ECD programmes for parents includes better parenting, support and mentoring of young children. This will significantly contribute towards children's growth and development. Therefore, access to quality early childhood development interventions can have a significant effect on reducing poverty and inequality across South Africa (Van Niekerk et al., 2017).

Notably, the main purpose of ECD is to protect the child's rights to optimal development, that is, cognitive, emotional, social and physical (van Niekerk & Ashley-Cooper, 2017). The South African context views an ECD center as, any facility where more than six children are cared for temporarily or part-time, away from their parents. The center can be 'a crèche, a day-care center for young children, a pre-school, and/or after- school care. The center can admit babies, toddlers, and/or pre-school aged children' (DSD, 2014: xi). Early childhood education practices, post-natal, start at home, and can consequently take many forms across several

contexts and different ages of children, within which the settings can be formal or informal. Informal childcare is understood as ‘unregulated childcare’ as opposed to ‘government regulated childcare’ that is often center-based (Bryson, Brewer, Sibeta, & Butt, 2016).

Particularly, children from 0 to 2 years, in most cases, are cared for in their homes by their parents, or other caregivers, including members of the extended family, elderly caregivers and other child-minders while their parents are away at work, studying, engaged in business, or chronically ill or even disabled (NIECDP, 2015:39). In many cases in South Africa, care is non center-based and most ECD centers are managed by non-profit organisations (NPOs) and the private sector (van Niekerk & Ashley-Cooper, 2017). The government plays the role of regulating and subsidising programs that comply with the set norms (Woodhead, 2016; van Niekerk & Ashley-Cooper, 2017). Due to this predicament, underprivileged children have the least access since their parents or caregivers cannot afford to pay the required fees (Samuels, Taylor, Shepherd, van der Berg, Jacob, Deliwe & Mabogoane, 2015). It is also important to note that many centers fail to meet registration norms obligated by the government in order to be subsidised (van Niekerk & Ashley-Cooper, 2017).

An ECD center needs to provide learning and education that is age-appropriate, stimulating and culturally sensitive (NIECDP, 2015; Smith, Cowie & Blades, 2015). Chi, Kim and Kim (2016) argue that stimulation of children needs to start as early as possible, with numerous activities such as reading, talking, singing and playing with them. Progressively, young children develop their language, motor, social, literacy and numeracy skills, and numerous other competencies, as well as physical activity (van der Berg, 2015; Chi, Kim & Kim, 2016). There is no universality regarding ECD programmes; they differ immensely according to contextual needs and objectives. A study led by UNICEF (2001:1) reports that ‘experiences

from Early Childhood Development Care (ECD) programmes around the world reveal a promise for children's well-being and for that of their families and communities.' UNICEF (2001: 7-11) furthermore highlighted the benefits of ECD as:

- At the most basic level of survival, ECD programmes reduce child mortality.
- They facilitate economic growth and transformation by giving parents and caregivers of children the opportunity and flexibility to join the labour force.
- Beyond survival, ECD programmes pursue optimal development.
- ECD programmes serve as a 'first line of defence' in dealing with disability and development delay.
- Integrated ECD programmes can also modify and reduce gender-related inequities by enabling girls to stay longer in school and promoting fathers' roles in parenting.
- Investing in ECD builds social capital.

Further substantiation is that ECD programmes contribute to reduced school dropout and repetition rates, and improved health behaviours (UNICEF, 2005; Hahn, Rammohan, Truman, Milstein, Johnson, Muntaner, 2014; Munthali, Mvula & Silo, 2014; Meier, Lemmer & Niron, 2017).

## **2.3 Policy Framework Governing Early Childhood Development**

The following policy framework governs early childhood development in South Africa.

### **2.3.1 White Paper 5 on Early Childhood Development**

In South Africa the execution of ECD policy may be viewed as multifaceted with different departments having various responsibilities which sometimes overlap. DSD, Department of Education (DOE) and Department of Health (DOH) are the three departments that are core to the provision of ECD with the office of the Rights of Children in the Presidency, playing a monitoring role (UNICEF, 2005), laid the basis for ECD policy and emphasising the key role

of early intervention in the lives of children below the age of 3 years and up until the age of 9 years (Van Niekerk et al., 2017).

The principles of redress and equity are enshrined in the White Paper on Education and Training (1995) and the Reconstruction and Development Program (RDP) suggest that Government act as the fundamental agent for “levelling the playing fields.” This would greatly benefit the historically disadvantaged children who are the majority in South Africa (DOE, 2001). The challenge is to establish in which way the playing fields are being levelled to increase access to ECD programmes for all children in general and poor children in particular. Thus, the importance of implementation of quality programmes has become a matter of urgency (UNICEF, 2005).

The South Africa Constitution (Act 108 of 1996) contains the Bill of Rights, with policies and plans that are in place to ensure that the rights of children in Early Childhood Developmental stage are met (South African Child Gauge, 2007/2008). The National Integrated Plan for ECD (2005-2010) provides a platform for community development workers to play a role in service delivery, targeting vulnerable children and those living in poverty from birth to four years. This calls for collaborations between government, NGO's, and communities aimed at improving ECD provision in homes, ECD sites, women's prisons and orphanages (Biersteker & Dawes, 2012:141).

In 2001, the Education White Paper 5 on Early Childhood Development acknowledged a number of critical areas to be addressed in an integrated ECD strategy. However, as highlighted by Atmore, Van Niekerk and Ashley-Cooper (2012), the document is unclear with regards to

children four years and younger as it only proposes, “the development of a strategic plan for inter-sectoral collaboration, focusing on improving the quality of early learning programmes” (DOE, 2001:11). Nonetheless, the White Paper 5 point out that financial accountability for Grade R is the responsibility of provincial Education Departments and says that, in the short term, provision is made for subsidies to be paid to schools to allow them to establish Grade R Facilities (DOE, 2001).

Ultimately Grade R sites will be funded via norms and standards for Grade R funding. The objective is to subsidise Grade R by 75% because, “the financial burden for ECD falls disproportionately on the poor” (DOE, 2001:12). Biersteker and Dawes (2008) assert that Grade R is treated in a different way to other school grades in respect of the employment of educators and financing methods. Biersteker and Dawes (2008) further argue that Grade R educators are not employed by the government but are financed via a direct grant-in-aid from provincial Departments of Education to school governing bodies, which employ the teachers. Notably, Cele (2021) argues that the DOE is failing to effectively provide educational services to schools, thus it is not capable to effectively render access to ECDS. Likewise, Van Niekerk et al. (2017) asserts that ECDS determine the future of children yet the delivery of these services is still crippled with a myriad of challenges thus failing to deliver equitably to the development of the communities and the nation at large. This is also substantiated by Hall, Sambu, Berry, Giese, Almeleh and Rosa (2016) highlighting that many ECD centers most especially in poor communities are still failing to provide equitable access to the ECDS for all children negatively impacting the psychological development of the ECD learners.

### **2.3.2 The National Development Plan**

The National Development Plan (NDP) (National Planning Commission, 2012) recognised that attaining quality education necessitates investment in early childhood, starting with improving proper nutrition and diet, especially for children under the age of three, and promoting other key early childhood interventions. In addition, the plan envisages that by 2030, all children should start their learning and development at early childhood development centers. These centers should be set up and appropriately supervised.

Furthermore, the NDP endorses that, to overcome the apartheid legacy, everyone in the ECD sector should have access to services of a reliably high standard regardless of whom they are and where they live. This will necessitate that precise attention be given to the most vulnerable children, those who are living in poverty or with disabilities. The NDP suggests the introduction of minimum qualifications and formal qualifications for school principals. In addition, the plan proposes that new principals should possess the entry qualifications and give old principals ten years to acquire the qualifications or be retrenched. However, the plan is silent on the kind of support to be provided to principals and teachers who work in the ECD sector (National Planning Commission, 2012).

### **2.3.3 Expanded Public Works Programme**

The Department of Public Works (2009) highlights that the South African government has been executing the Expanded Public Works Programme (EPWP) since 2004 with the purpose of creating jobs for the unemployed, utilising labour-intensive rather than capital-based technologies. Le Mottee (2012) points out that the EPWP was also introduced as a means to support the evolution of the ECD sector and to put in place possible career options, particularly

for the unemployed. Richter, Biersteker, Burns, Desmond, Feza, Harrison, Martin, Saloojee and Slemming (2012) indicated that since 2004, the EPWP has been a major source of funding for the training of practitioners in early learning and care. The DSD identifies practitioners in registered ECD sites and the Department of Basic Education (DBE) select candidates, offers training and pays a stipend during the training (Richter et al., 2012: 32-33). However, Richter et al. (2012) detect that; it is not clear how many practitioners have been trained, how many practitioners have been placed in Grade R or in ECD, and how permanent the work opportunities are. They conclude that Grade R, which offers a better salary package, tends to draw practitioners away from ECD, once they have been trained.

Berry, Jamieson and James (2011) stipulate that the training funds from the provincial Departments of Education are considered as part of government's Expanded Public Works Programme (EPWP). Phase II of the EPWP started in 2009 and offers a potential source of ECD funding in the form of a Community Works Programme (CWP). The CWP supports community-based projects as the communities are selected on poverty-related criteria (Berry, Jamieson & James, 2011). The authors highlight that, within each selected community, community members decide what types of work are needed (for example, road construction, school infrastructure, or ECDS).

#### **2.3.4 National Integrated Plan for Early Childhood Development**

The NIPECD is government's response to early childhood development programmes for 0–4-year-old children, also known as Tshwaragano Ka Bana. The plan, according to the DOE, DOH, DSD and UNICEF (2005), envisions that all ECD practitioners will be maintained as professionals with a career ladder, on-going professional development opportunities, and compensation that will entice and retain high quality educators. Theron and Perez (2012)

believe that, although this plan recognises the role of ECD centers in providing employment, the objective of creating employment and professionalisation do not necessarily correspond.

The plan recognises a number of different methods to deliver services in addition to ECD centers, and bring together the departments of Social Development, Health, and Basic Education in interdepartmental committees to address the developmental needs of young children. The NIPECD recognises that ECDS can be delivered in homes, communities and/or ECD centers using a range of approaches that include:

- Direct services to children (e.g. ECDC, clinics or informal community-run playgroups);
  - Training of ECD practitioners (e.g. preschool teachers, ECD family workers);
  - Parenting education and support through workshops and home visiting programmes;
  - Community development initiatives to improve the environment in which young children and their families live; and
  - Public awareness campaigns to encourage support for ECD and take up of services.
- (Children's Act No. 38 of 2005).

Hall, Woolard, Lake and Smith (2012) conclude that, even though the plan provides an enabling policy framework that supports the delivery of integrated services for young children, challenges remain in ensuring access to quality services. Atmore (2018) argues that during the implementation of this plan, the government ignored general concerns regarding the implementation and systematic challenges.

### **2.3.5 National Integrated Early Childhood Development Policy**

The National Integrated Early Childhood Development Policy (NIECDP) approved by Cabinet in December 2015 provide guidelines for the implementation of a comprehensive ECD package of services for South African children (NIECDP, 2015). This policy acknowledges that poverty is the major factor in inadequate childcare (DSD, 2015). The policy specifically states that equal access to ECDS is attained when all children, including those affected by poverty or any form of developmental challenges, have the equal opportunity to access appropriate ECDS (DSD, 2015).

According to the National Integrated Early Childhood Development Policy (2015:18), the NIECDP aims to:

- Ensure the universal availability of, and equitable access to, ECDS through a national integrated system which is embedded within a coherent legal framework that identifies, enables and compels the fulfilment of early childhood development roles and responsibilities of relevant role players;
- Establish the organisational and institutional arrangements necessary to lead, plan for, implement, coordinate and monitor the provision of ECDS and support;
- Ensure the provision of adequate public funding and infrastructure for sustainable universal availability of, and equitable access to, quality comprehensive ECDS; and
- Establish appropriate monitoring, quality assurance and improvement systems to secure the provision of quality ECDS and outcomes for young children in South Africa.

The NIECDP strived to ensure a comprehensive package of care to promote children's development and survival (NIECDP, 2015; Hall et al., 2017). Despite improving the development of children, the NIECDP prioritises the voices of 'experts' rather than the voices

of children and their families who are the beneficiaries of the policy (Rudolph, Millei & Alasuutari, 2019).

## **2.4 Government services**

All the policies discussed above were aimed at improving ECDS and ensuring equitable access to the ECDS. Van Niekerk et al. (2017) argues that ECDS in South Africa are rendered through independent and public institutions. The beneficiaries of the policies on ECD, the children and their families, access the information contained in these policies through awareness campaigns (Rudolph et al., 2019) such as media campaigns. These campaigns ensure that parents are well informed on policies and information regarding ECDS in South Africa. Although the majority of ECDS in South Africa are channelled through independent and public institutions (Van Niekerk et al., 2017), the focus of this section is to discuss the ECDS provided by the South African government. The ECDS provided by the government are diverse and includes in-center services (partial care facilities) and out of center programmes and services such as playgroups, home visiting programmes, caregiver support, nutrition and toy libraries (Albino & Berry, 2013; Van Niekerk et al., 2017). According to the NIPECD, these government services can be provided through training caregivers and educating parents, promoting community development, strengthening institutions' capacity and resources, and building public awareness (Children's Act No. 38 of 2005).

Ya Bana and Ilifa Labantwana (2018) indicate that there are basically five elements of ECDS in South Africa which are maternal and child primary health care, social services, nutrition support, support for parenting, and stimulation for early learning. It is within these five essential elements of ECDS that services such as home visits, toy library, playgroups and ECD centers are incorporated. The ECDS provided by the DOH, DoE and DSD include:

- direct services to children (ECDC, clinics or informal community-run playgroups);
- training of ECD practitioners (preschool teachers, ECD family workers);
- parenting education and support through workshops and home visiting programmes;
- community development initiatives to improve the environment in which young children and their families live; and
- public awareness campaigns to encourage support for ECD and take up of services (Biersteker, 2012:53).

Biersteker (2012:53) further argues that provision of ECDS is essential in South Africa as it:

- improves physical and mental health and reduces reliance on the health system;
- enhances school readiness and related outcomes such as improved enrolment, retention and academic performance; and
- reduces high risk behaviours like unsafe sex, substance abuse, and criminal and violent activity.

The maternal and child primary health care service is largely spearheaded by the DOH and DSD through supporting mothers and infants with antenatal and postnatal services with special focus on nutrition and general health care (Van Niekerk et al., 2017). This is a critical ECDS as it determines the life of children. Hall et al. (2016) argue that the first 1000 days of a child's life, from conception up to 2 years of age, is a fundamental foundation for children to reach their full potential. Thus, it is imperative for children to have access to primary health care services during the first 1000 days of life (Albino & Berry, 2013) because lack of support to the mothers at this stage could affect the potential of all ECD initiatives (Van Niekerk et al., 2017). This has prompted the South African government to increase investment in ECDS since 2007 (Biersteker, 2012; Desmond, Richter & Martin, 2016). This is being done through

“creating an environment that support children’s development through free access to primary health care for pregnant women and young children, access to adequate housing and basic services have been expanded, birth registration is the norm, extreme poverty has been reduced through the child support grant and other transfers, crèches have been subsidized and Grade R rolled out, there is now a stated intent to consolidate these gains through ECD specific programmes” (Desmond et al., 2016:1). Statistics South Africa (2019) also argue that investing in ECD is the future as it helps to improve the lives of children.

Social services are often provided by the DSD. The DSD also takes responsibility to monitor and evaluate ECDS so that they conform with national standards (ECDS, 2020). In addition, there is also the nutrition support service which caters for the provision of food and nutritional support to pregnant women and young children. This is provided to reduce stunting in children and to promote growth and development (Van Niekerk et al., 2017). Biersteker (2018) states that the role played by caregivers and home environment have a strong influence on a child during the early years. Thus, support of parents and caregivers is a critical aspect of ECDS provision. Support is provided by the DSD through home visiting programmes. Through the NIPECD, support for caregivers is prioritised although there are financial challenges that derail the effective implementation in practice (Van Niekerk et al., 2017). Albino and Berry (2018) claim that support for parents can be strengthened through conducting community needs assessments to determine the prioritisation for localised parenting programmes and identifying parenting interventions that will be effective linking them with other ECDS.

Furthermore, the stimulation for early learning aspect is also of fundamental importance. The United Nations Educational, Scientific and Cultural Organization [UNESCO] (2019) states that early childhood stimulation and education at home needs to be prioritised. As such, the South

African government has trained family outreach workers to conduct home visits so that they can directly assist parents and caregivers on how to provide early learning stimulation for their children (Atmore, van Niekerk & Ashley-Cooper, 2012). This aim is to provide the children with a foundation for their early learning. In addition, Biersteker (2012) argues that one of the government services in ECD is the provision of training. The government offers training and skills development to ECD facilitators which is done in partnership with NGOs (Chideme, 2020). This training equips the ECD facilitators with adequate knowledge on ECD programming. Chideme (2020) further indicates that the government also assist in training ECD teachers and practitioners, developing teaching and learning material for ECD as well as provision of onsite support to enable effective and efficient operation of the ECD programs. This increases access to ECDS for children as they would be taught by teachers and practitioners who are well trained and informed on ECDS provision.

ECD is central to developmental initiatives that aims to unlock the potential of human capital to development (National Development Agency [NDA], 2016). Thus, investing in ECD programmes and services is critical as the children are the human capital for development in the future. Infrastructure development is one of the critical investments of the government towards scaling up ECD programs in South Africa. Since the government is committed to providing safe environments for children (Desmond et al., 2016), provision of infrastructure such as toilets and classrooms is fundamental as it gives the children best care and education (NDA, 2016). The government provides infrastructure so as to create a learner friendly environment for the ECD learners.

## **2.5 State of Early Childhood Development services in Eastern Cape**

The ECDS include training of ECD practitioners, infrastructure development for ECD centres, access to ECD centres, access to primary health care, access to playgroups, parenting education and support and community development initiatives (Biersteker, 2012). This section discusses the provision of the above mentioned ECDS within the Eastern Cape province as well as highlighting the challenges that derail access to these services.

The Eastern Cape Province is vastly rural and is characterised by uneven development which favours the urban areas (Eastern Cape Socio Economic Consultative Council [ECSECC], 2019). The Eastern Cape has a population of approximately 7 million people, constituting 12.6% of the nation's population according to the official national census conducted in 2016 (Statistics South Africa [Stats SA], 2016). In 2021, Stats SA projected that the population stands at about 7 483 577 (Stats SA, 2021). The Stats SA (2016) report indicated that the Eastern Cape is mainly composed of rural communities and constitutes one of the poorest provinces in South Africa (Stats SA, 2016). This province has a legacy of poor infrastructure with limited employment opportunities, coupled with large youthful populations and chronic poverty (ECSECC, 2019). It is one of the provinces most in need of infrastructural development like clean water and sanitation, improvement of life circumstances such as employment creation and family planning (Bamford, McKerrow, Barron & Aung, 2018).

In addition, the Eastern Cape Province has the largest number of children in South Africa with the highest fertility rate from 2011 to 2016 as compared to other provinces in South Africa (South African Institute of Race Relations, 2020). This is an indication that there are a lot of children requiring ECDS within the province. It is also noted that in the eastern part of the province where poverty is rife, there is lack of access to safe water for households, lack of

proper integrated care of childhood illnesses, and an infant mortality rate that can be as high as 99 deaths per 1000 live births (Bamford et al., 2018). The spatial distribution of children reflects the services needed. It is estimated that more than half of the total children in South Africa live in Gauteng, KwaZulu Natal and the Eastern Cape (Van Niekerk et al., 2017). As such there will be a huge percentage relying on the scarce resources.

In the Eastern Cape province, about 37% of children live more than 30 minutes away from the nearest local clinic, and infrastructure and service delivery are often poor (Hall & Wright, 2011; Hall et al., 2016) and this represents the great deficit in relation to access to ECDS within this Province, particularly health and nutrition (Van Niekerk et al., 2017). Despite all the hardships, the Eastern Cape provincial government makes efforts to ensure access to ECDS for children such as access to ECD centres, home visits, nutrition and health (Van Niekerk et al., 2017; Azzi-Lessing & Schmidt, 2019). A huge fraction of Eastern Cape ECD sites, about 58%, are registered with the DSD (DSD, 2014). The DSD (2014) indicated that many ECDC in the Eastern Cape lack adequate resources, which contributes to limited access of ECDS within the province.

A major challenge that affects access to ECDS is the location of the ECD centers. In most cases some of the ECDC are in places that are far away from people (ITEC, 2013). This is a major blow as these people have to travel long distances in order to access these services. In addition, access to ECDS is being crippled by the use of language; the language of instruction in these centers have a bearing of access to the services. Some of the learners are taught in a language that is unknown to them and this affects their social skills and may results in them not being motivated to go to school (Mbude, 2019). This study focused on ECDC to explore the perceptions, experiences, and challenges encountered by ECD practitioners and parents regarding access to ECDS.

## **2.6 Perceptions of early childhood development**

In order for successful delivery of ECDS there must be a relationship between the practitioners and parents. The perceptions of these two parties play a vital role towards access to ECDS. Lee and Bierman (2015) postulate that there is a relationship between teacher professional practice and the quality of education. Bernal (2015) established that professionalism is reinforced by core values inclusive of how teachers view and understand themselves, their practice and their perceived challenges as well as determining what could help them when executing their duties. Arthur (2017) argues that ECD practitioners perceive teaching as a calling and believe that in order for effective execution of their duties all the materials required must be available. This clearly suggest that materials that are needed must be made available in order for teachers to fully execute their functions. The government and parents should make sure that the practitioners are remunerated, adequate classroom blocks are available and toys for learners are provided (Mungweni, 2017; Tyilo, Luggya & Mdaka, 2017).

Busienei (2012) asserts that many ECD practitioners in Kenya feel that the failure of ECDC is contributed by both internal and external factors. Internal factors relate to poor management of the community-based centers resulting in them taking months without getting paid. This has a negative bearing on access to quality ECDS. On the other hand, external factors such as non-payment of fees has also affected the effective delivery of ECDS. In a study that was done in Zimbabwe ECD practitioners expressed the need for government to channel resources towards the provisioning of resources for ECDCs in order to reduce the stress that often creates problems in these centers (Mugweni, 2017). On the other hand, parents' views. ECD is a way to go and express the need for quality delivery of ECDS. In Malawi, parents view non-availability of qualified ECD practitioners as an obstacle to access quality ECDS (Soni, Lynch, McLinden, Mbukwa-Ngwira, Mankhwazi, Jolley, Virendrakumar, Bedford & Gercama, 2020).

In order for the nation to access quality ECDS there is greater need for efforts to shift on training and developing skills of those people who are already in the practice (Mugweni, 2017; Van Niekerk et al., 2017). Most practitioners in Buisinei's (2012) study complain that they are not supported by parents as parents perceive teaching as the sole responsibility of the practitioners and that it only happens in a classroom set up. Parents perceive the issues of location as a major blow to access quality ECDS. Some ECDC are located far from the areas where the majority of people stay and this has a negative impact of access as there are high levels of absenteeism from school during rain seasons and some parents do not want to walk for longer distances to and from school to fetch their children (Busienei, 2012).

Furthermore, the parents perceive the ECD centres as too expensive since they often fail to pay the charged fees (Van Niekerk et al., 2017). Baloyi and Makhubele (2018) confirm that parents are sometimes unable to pay fees at the ECD centres. Dube (2015) argues that failure to pay fees is as a result of financial constraints encountered by the parents. Literature has shown that parents perceive their involvement in ECD as solely paying fees and providing donations to the ECDC (Wolf, 2020). A study conducted by Shumba, Rembe and Pumla (2014) in Mdantsane District within the Eastern Cape province of South Africa indicated that the parents lack adequate information on their role and involvement in ensuring access to ECDs for their children. The majority of the parents who participated in the study of Shumba et al. (2014) perceive the ECDC as places where their children get food and some parents said that they send children to ECDC so as to ensure freedom from the children. This shows that the parents lack understanding of the role of ECDCs, this contributes to their perception of centres being places where children are fed and kept to give parents time freedom.

## **2.7 Experiences of early childhood practitioners and parents**

### **2.7.1 Encountering the effects of family poverty**

Literature has shown that poverty has detrimental effects, particularly to children (Albino & Berry, 2013; National Integrated Early Childhood Development Policy, 2015; Mbarathi, Mthembu & Diga, 2016; Van Niekerk et al., 2017; Azzi-Lessing & Schmidt, 2019). As such, poverty is limiting access to ECDS (Van Niekerk et al., 2017). Grantham-McGregor et al. (2017) argue that most children in developing countries are exposed to poverty, poor health and malnutrition, which is detrimental to their motor, cognitive, emotional and social development. This disadvantages children to the extent that they may perform poorly in school, thus subsequently leading them to low-income jobs and also provide poor care for their children leading to intergenerational transmission of poverty (Grantham-McGregor et al., 2007). A study conducted in the Eastern Cape in South Africa has shown that practitioners encounter the effects of poverty in practice as the children would be poorly cared for at home due to financial constraints (Azzi-Lessing & Schmidt, 2019). Azzi-Lessing and Schmidt (2019) argued that home visitors who provide ECDS encounter the detrimental effects of family poverty which is mainly as a result of financial resources. Due to family poverty, many children may fail to attend ECD centres as the parents may fail to pay the fees, thus limiting the children's access to ECD ECDS.

In addition, poverty also has an impact on the ability of parents to cater for the ECD needs of children such as attending an Early Childhood Development Education (ECDE). The ECD centers charge center fees (Atmore, 2019) which enable them to run and provide needed services. Due to poverty, some of the parents are unable to pay these center fees (Penn, 2004). Thus, parents experience hardships in accessing ECDC for their children. It is therefore imperative to address poverty to enable proper access to ECDS. For instance, in the UK, ECDS

provision focuses on mitigating childhood poverty, and agencies such as the World Bank are promoting ECDS as a measure to attain long term prosperity (Penn, 2014). This will equip the parents economically to be able to send their children to ECD centers to access ECDE.

### **2.7.2 Parental involvement**

From the reviewed literature, it is evident that there is lack of parental involvement in ECDS provision (Van Nierkerk et al, 2017; Chideme, 2020). High quality ECD programmes are possible when there is parental involvement since the parents are the primary caregivers of children and the family is the first environment that interacts with children from birth (Follari, 2011). Thus, it is important for parents to be involved in ECDE. Tyilo, Luggya and Mdaka (2017) argue that the parents should be involved in ECDS provisioning as they constitute a crucial component. However, the study of Tyilo et al. (2017) indicated that the ECD practitioners felt that the parents were not involved. This has been attributed to the fact that the parents are unaware of their role in ECD provisioning (Desforges & Abouchaar 2003; Ige, 2011; Tyilo et al., 2017).

Furthermore, Tyilo et al. (2017) argue that the lack of parental involvement significantly affects the quality of ECDS provision. Several authors have argued that lack of parental involvement is largely witnessed in centers within poor communities, and this is often regarded as less encouraging and less rewarding in terms of advancing children's learning (Luxomo & Motala, 2012; McDowall & Schaughency, 2017; Munje & Mncube, 2018). Munje and Mncube (2018) assert that the factors constraining parental involvement in children's education are context related including family structure, lack of vision and commitment, parents' level of education and poverty. More often than not, the ECD practitioners encounter challenges in providing

quality access to ECDE since the parents, as the primary support structure, often distance themselves from participating in children's education (Tyilo et al., 2017).

### **2.7.3 Stakeholder support**

It is significantly important for stakeholder involvement in ECDS provision to enable access to the best possible start in life. Therefore, an integrated approach to ECDS provision is necessary to enable access to comprehensive ECDS in a holistic manner for the development of children (Mbarathi et al., 2016). This integrated approach, with coordination between government departments, non-governmental organisations (NGO), communities, and parents provide optimal results for the children (DOE, DSD, DOH & UNICEF, 2005). Thus, stakeholder support for ECD centers is crucial. However, this may not be the case as the ECD practitioners are experiencing lack of support from the relevant stakeholders.

Presently, the government departments that provide ECD support are the DOH, DOE and DSD. The DOH provides services for children from conception until 5 years on health issues, the DSD caters for children between birth to 4 years old on ECD before Grade R, and the DOE caters for the educational needs of children in grade R or 5 years old (Mbarathi et al., 2016). In the United Kingdom, ECDS focus on the need for and importance of adequate resourcing to achieve quality ECDS provision (Penn, 2004). The lack of stakeholder support is a challenge as they are crucial, as a result lack the necessary resources for the operation of ECDCs.

## **2.8 Challenges in the Early Childhood Development Sector**

The early childhood development sector is faced with a myriad of challenges in ensuring equitable access to the early childhood services. The parents as well as the practitioners are

confronted with these challenges hence hampering the learning process and socio-economic development. In line with the views of Tyilo et al. (2017), the children in turn are deprived of essential services such as cognitive development through parental and practitioners support, proper health care, provision of nutritious food and improved learning conditions. Challenges include lack of qualified practitioners, lack of adequate infrastructure, mismanagement and/or maladministration of the centers, shortages of adequate teaching and learning resources, financial constraints, poor implementation of ECD policies as well as non-compliance of the policies (Mbarathi et al., 2016; Tyilo et al., 2017).

### **2.8.1 Lack of qualified practitioners**

It is imperative for early childhood practitioners to be qualified enough to enable the creation of quality ECD centers. In order for educators to provide services that foster the holistic development of children there is a dire need for these educators to be trained (Tyilo et al., 2017). An early childhood practitioner is regarded as qualified after obtaining a full ECD qualification or via short skills programmes which are accredited by the South African Qualification Authority (DSD, 2006). Level 4 is the acceptable minimum qualification needed for ECD teaching. Oduolowu and Oyesomo (2016) who conducted a study in Oyo State in Nigeria posits that there is need for the ECD practitioners to have a qualification that is recognised by the South African Qualification Authority (SAQA) constituting a sound understanding of inclusive education, theories of development and also an understanding of teaching education. However, the major challenge that has crippled the provision of education quality ECDS is lack of qualifications amongst ECD practitioners (DSD, 2015).

Oduolowu and Oyesomo (2016) adds that the ECD sector has a lot of unqualified educators most especially in community based ECD centers hence they find it is practically difficult to

use instructional materials such as teaching strategies and computers in the teaching and learning process and the quality provision of ECDS. This is further substantiated by Atmore (2019) who suggested that although the qualification of ECD practitioners has improved over the years, the qualifications remain divided. There are basically two broad categories, namely, a majority of unqualified as well as underqualified educators who work in the poor communities and a relative minority of well-trained ECD educators working in privately owned centers. This cripples the effort to ensure quality provision of ECDS most especially in poorer communities thus creating a wide gap between the children taught with these two categories of educators thus, an indication of inequality in the provision of ECD learning programmes.

In Zimbabwe, the study conducted by Mugweni (2017) concluded that ECD learners in the country are failing to benefit from the concept of ‘education for all’ most especially due to lack of qualified educators. The study also found that most of ECD centers are operated and managed by untrained paraprofessionals hence this presents a challenge towards attaining quality ECD education. For an educator to be qualified to teach ECD, they are required to possess a minimum professional qualification of at least a certificate, a diploma or a degree from a reputable institution. These unqualified educators are mostly prominent in rural, farm and resettlement ECD centers therefore failing to robustly execute ECD curricula in such areas (Mugweni, 2017). It is of paramount significance to ensure that teachers and principals enrol for professional development training on a continuous basis to enable them to grow and to develop new skills which keeps ECD centers up to date with new developments within the ECD field. This, therefore, shows that a key factor towards providing quality ECDS rests upon the availability of highly qualified educators thus the high number of unqualified ECD educators are hindering the efforts in delivering quality ECD programmes and services.

## **2.8.2 Lack of adequate infrastructure**

Poor infrastructure is another major challenge affecting effective delivery of ECDS in South Africa (Du Plessis & Conley, 2017). Many ECD centers are without basic infrastructure such as running water, access to electricity and sanitation (Atmore, 2019). In line with ECD, infrastructure can be looked from three dimensions which are public schools, registered community based ECD facilities and unregistered community based ECD facilities (Du Plessis & Conley, 2017). At public schools ECD infrastructure is part of the school infrastructure which is build and maintained by the provinces departments of Education or Public Works (Desmond et al., 2016). In registered community-based facilities, although the Grade-R learning programme is registered with the DBE, the facilities are registered with the DSD, and thus must meet the stipulated standards of this department.

The DSD does not offer any substantial funding for infrastructure development or maintenance (over and above the regular ECD child subsidy), and even though it does require an inspection from the local government Environmental Health Office before approving the registration of any ECD community-based facility, any developments or maintenance needs to be funded by the Governing Body or owner of the facility. This led to infrastructure in registered community-based facilities being of a poorer standard than that of the Grade R facilities in public schools which affects the quality of education services for the ECD sector. Barrett, Treves, Shmis, Ambasz and Ustinovaet (2019) validates the importance of infrastructure in determining educational outputs and addressing the specific needs of the ECD learners, educators and practitioners.

### **2.8.3 Mismanagement and maladministration of the Early Childhood Development centers**

Another challenge affecting quality ECDS is lack of proper management and administration of ECD centers. In order to have effective ECD centers, this calls for efficient administration and effective management of the center. In many cases these ECD centers fail to possess the administrative documents that the ECD center need to keep such as payslips, employment contracts and job descriptions (DSD, 2015). It is of importance that administrative and management systems are developed and are in place to enable the effective day to day running of the ECD centers. Du Plessis and Conley (2017) postulate that community based ECD centers in South Africa seem to be lacking in terms of financial management and governance when compared to the ECD facilities within the public-school system. Poor financial management in a number of registered community based ECD facilities is as a result of the fact that close to 50% of these centers do not have necessary administrative documentation and structure in place (Atmore, 2019). Thus, community ECD centres lack proper administration and management which affects their operations (Du Plessis & Conley, 2017).

### **2.8.4 Shortages of adequate teaching and learning resources**

The availability of teaching and learning resources in ECDs is aimed at developing quality and innovative education that facilitates the development of numeracy and literacy skills from a young age (Du Plessis & Conley, 2017). The ECD sector is faced with a challenge that translates to poor access to material resources that facilitates learning (Marais, 2016). Okongo, Ngao, Rop and Nyongesa (2015) describe these learning materials as electronic and print materials, which includes radios, voice tape recorders, computers and even a television whereas the print materials include books, charts and maps respectively. These scholars further highlight that there is also another material category that is equally essential in ensuring equitable

provision of education within ECD centres such as writing materials and paper supplies (Okongo et al., 2015). The findings of a study conducted in Nyamira County, Kenya by Okongo et al. (2015) with head teachers and pre-school teachers indicated that the learners who have access to all these learning materials are at an advantage of receiving equitable education in comparison with the learners who lack one or more of these learning materials.

Furthermore, a vast number of ECD centers are crippled with lack of adequate material resources and the practitioners struggle to deliver quality education (Tyilo et al, 2017). The study conducted by Oduolowu and Oyesomi (2016) in Nigeria showed that most of the ECD centers were found wanting as they lack all that is needed when it comes to sufficient learning materials, such as toys and computers. This case is similar to the challenges that South Africa also faces in the ECD sector. The study by Tyilo et al., (2017) indicated that the ECD sector in the country is characterised with insufficient teaching and learning materials, which results in a compromised learning process which makes it difficult for the practitioners to implement best ECD practices as the vital materials needed are sometimes unavailable. This therefore shows that lack of adequate teaching and learning material resources are indeed a challenge confronting the sector towards implementing the delivery of equitable ECDS.

### **2.8.5 Financial constraints**

Community and home based ECD facilities in the rural areas and semi-urban areas have continuously been crippled by financial constraints in their quest to effectively deliver services (Atmore, 2019). The funding for ECD facilities comes from two sources namely, parent fees and funding from government through the DBE and the provincial DSD (Atmore, 2019). Funding from the DSD varies from province to province but the funding sorely targets registered ECD facilities for the children in the first four years that is currently pegged at R17

per child daily (DSD, 2020). The condition for qualifying to receive this subsidy from the department depends on the monthly income of the parents with a maximum of R7 600 for a married couple and R3 800 for a single parent in line with the requirements as set out by DSD (2017).

This therefore infers that the ECD centers that qualify for this subsidy constitutes the poor families (DSD, 2017). However, many community based ECD centers are still unregistered which concludes that they are not eligible to qualify although the income of the parents are in line with the criteria as set out by the rules of government (DSD, 2020). This led to a further crippling of the financial base of these facilities. The DBE also provides funding in registered community-based facilities and the public schools for ECD based programmes (Education, Training and Development Practices Sector Education and Training Authority (ETDPSETA), 2020). Regardless of efforts made by the government to ensure the provision of funding to the ECD sector, the government itself is unable to cater for all the facilities (DSD, 2020). This is therefore contributing to ineffective implementation of ECD education; hence the burden still rests on the poor parents affecting the revenue base of the sector.

### **2.8.6 Poor implementation of early childhood development policies**

Poor implementation of the existing ECD policies also pose a serious challenge in the ECD sector. The poor implementation of policies is attributed to lack of proper monitoring and evaluation (Baloyi & Makhubele, 2018). Atmore (2017) is of the opinion that for ECD policies to be effective, there is the need for comprehensive implementation in accordance with the aim, goals and specific visions the policy aims to achieve. If ECD policies are partially or not implemented as they are supposed to, the learners are at the most disadvantaged as they fail to receive their constitutional entitlement as well as anticipated programmes. These policies are

thus merely regarded as symbolic to what needs to be done. Tyilo et al. (2017) asserts that there is poor implementation of ECD policies in South Africa most especially in regard to the various government departments involved in ECD policy implementation. The research by Tyilo et al. (2017) highlight that there is lack of clear ECD policy implementation uniformity leading to fragmented structures within the ECD centers with regards to providing ECDS.

Atmore (2019) indicated that there is lack of budget allocation and political will to support the implementation of the existing policies. The assertion is also supported by Schwella (2015: 329) indicating that “policies and their implementation fail as they are centralised, determined by government, and inflexible, rather than decentralised and determined by the market.” An example of such policy can be attributed to the Education White Paper 5, whose key targets to date have not been implemented equitably thus hindering the sector to provide efficient ECDS (Schwella, 2015). In addition, non-compliance to the key ECD polices from the ECD centers also negatively affects the efforts by the government to achieve its obligated mandate. In a report by the DSD (2020), there are currently about 14 205 registered ECD facilities and many still operating unregistered because they do not meet the minimum norms and standards as stipulated in the Children’s Act No 38 of 2005. The ECD policies are meant to improve ECDS provision in South Africa. Therefore, if the policies are not effectively implemented and the requirements of the policies not met, access to ECDS is affected.

### **2.8.7 High teacher pupil ratio in the Early Childhood Development sector**

The education system in South Africa is characterised by educator shortages that in turn contribute to overcrowding in the classrooms (Marais, 2016). Although there are regulations in place that determines the teacher pupil ratio in the country, ECD centers are still grappled with overcrowdings (West & Meier, 2020). DSD (2017) provides the stipulated teacher-pupil ratio

of 1:6 for 0-18 months, 1:15 for 19 months to 3 years, 1:25 for 3-6 years and lastly the after-school centre of 1:35 learners. Marais (2016) asserts that overcrowdings in the ECD centers contributes to long term disruptive behaviour for the learners thus overwhelming the effectiveness of the practitioners in delivering equitable ECD learning. West and Meier (2020) adds that the high teacher pupil ratio contributes to didactic neglect by educators as they fail to pay enough attention to the needs of individual learners contributing to poor academic performance.

Marais (2016) is of the opinion that overcrowding in classrooms contributes to poor learning as the conditions are not conducive for effective learning due to lack of fresh air, space and potentially cause stress among the learners. In a study conducted in Kenya by Wangila (2017) on the challenges confronting the implementation of ECD and education policy, the findings revealed that there is a pupil-teacher-ratio coupled with poor remuneration thus hampering the efforts by educators to effectively teach the learners. The study by West and Meier (2020) in Tshwane-West district concluded that some ECD classes consist of more than 40 learners putting tremendous pressure on the educators making learning practically impossible. This therefore shows that the ECD practitioners are overwhelmed by the number of learners in each class negatively impacting on the development of the learners. On the other hand, Finland which is ranked highest in terms of education around the world only has an average of one educator as to 19 students in each class indicating how significant teacher-pupil ratio has towards academic performance (Finnish National Board of Education, 2016).

### **2.8.8 Lack of parental involvement**

Furthermore, Tyilo et al. (2017) argue that the lack of parental involvement significantly affects the quality of ECDS provision. Several authors have argued that lack of parental involvement

is largely witnessed in centers within poor communities, and this is often regarded as less encouraging and less rewarding in terms of advancing children's learning (Luxomo & Motala, 2012; McDowall & Schaughency, 2017; Munje & Mncube, 2018). Munje and Mncube (2018) assert that the factors constraining parental involvement children's education are context related including family structure, lack of vision and commitment, parents' level of education and poverty. More often than not, the ECD practitioners encounter challenges in providing quality access to ECDE since the parents, as the primary support structure, often distance themselves from participating in children's education (Tyilo et al., 2017).

The review of literature has shown that the ECD sector in South Africa is overshadowed by a myriad of challenges that affect effectiveness of ECDS provision as indicated by the challenges discussed above. In order to understand the challenges and experiences relating to access to ECDS from a theoretical perspective, the study adopted the Bio-ecological systems theory.

## **2.9 The Bio-ecological Systems Theory**

The Bio-ecological systems theory of Bronfenbrenner forms the theoretical framework of this study. Bronfenbrenner (1979) conceptualised a number of levels or contexts that shape development or change. Figure 2.1 presents the five layers involved in Bronfenbrenner's bioecological systems theory, and is followed by a detailed discussion of each system's influence on the development of a child within a given environment. The levels of the Bio-ecological systems theory are the micro-system, meso-system, exo-system, macro-system, and chronosystem (Bronfenbrenner, 1979). The theory suggests that considering the entire ecological system in which growth takes place helps to understand human development and access to services.

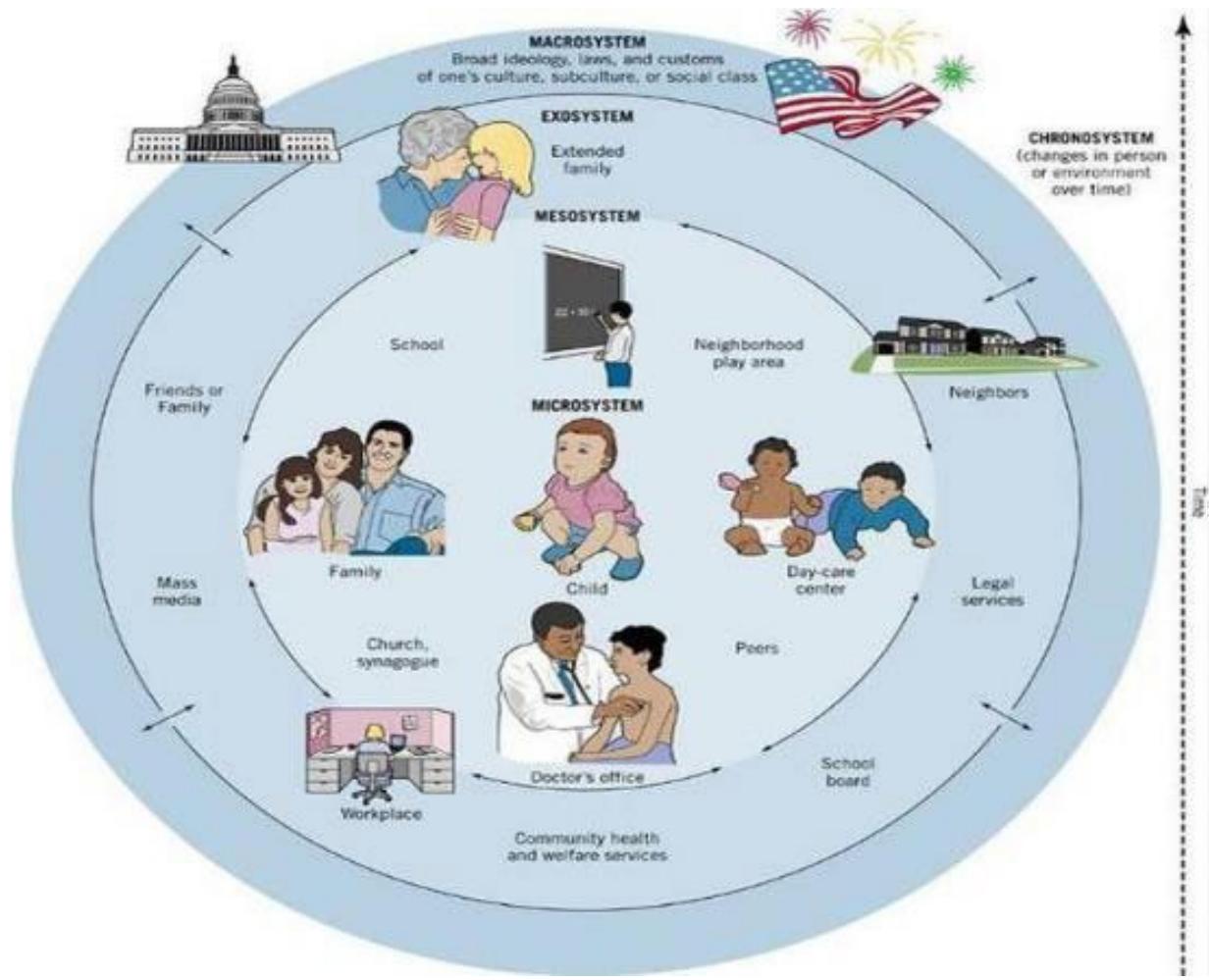


Figure 2.1: Bronfenbrenner's bio-ecological model (Adopted from Sahimi, 2016)

Bronfenbrenner's model is an example of a multi-layered approach to human development that stipulates that no individual or entity can be fully understood without first exploring the context in which he/she exists and secondly, investigating the reciprocal interactions or influences between the entity and elements of its environment (Swart & Pettipher, 2011). This framework allows for the study of individuals' interactions within their social environment and thus is a valuable tool for understanding the perceptions and experiences of individuals by viewing these individuals as systems in and of themselves (Swart & Pettipher, 2011).

### **2.9.1 The micro-system**

Children's experiences in home, childcare, and preschool settings influences development because of the large amount of time children spend in these settings. The environment in which a child is raised is crucial in determining developmental outcomes as it has a potential of influencing his/her development (Auger, Farkas, Burchinal, Duncan & Vandell, 2014). Christensen (2016) affirms that the micro-system is the setting in which the individual lives, and in the child's life this context, include a child's family, peers, school and neighbourhood where the child is socialized. Berk (2000) views the micro-system as the closest environment for a child and includes the relationships, interactions and structures with which a child can uphold direct interactions and contact. These structures in the immediate environment of a child include family (signifies parents), neighbourhood (community and school), and ECD centers (childcare environment), signifying that ECD practitioners have direct and indirect influences on a child's development (Ryan, 2001).

It is in the micro-system that the most direct interactions with social agents take place, such as with parents, peers and teachers. The individual is not a passive recipient of experiences in these settings, but someone who helps to build the settings (Christensen, 2016), and in that process development takes place. Nand (2017) argues that the individual interacts directly with the microsystems, which consist of daily activities, social roles, and interpersonal relations in children's lives, such as interactions with parents in a home environment, friends, and teachers (the ECD practitioners) in a school/ECD center environment. The ECD centers where children access ECDS forms part of the childcare environment as outlined in the National Integrated Early Childhood Development policy (2015) and that comprises the relationships and interactions a child has with her immediate surroundings (Berk, 2000). The micro-system is

the most interactive and influential level of the ecological systems theory (Bronfenbrenner, 1994).

### **2.9.2 The meso-system**

The meso-system, which is the next level of the layer and along with the microsystem ‘has the most direct influence on the developing child and it is comprised of interrelations among two or more settings in which the developing person actively participates...’ (Bronfenbrenner, 1979:25). Dawes and Donald (2000:4) asserts that the meso-system is ‘a set of associated micro-systems’ and works as a linkage between the micro-system structures. This layer provides the connection between the structures of a child’s micro-systems (Berk, 2000); for example, it offers the connection between a child’s practitioner and their parents, between their church and neighbourhood, etc. In other words, the meso-system layer provides a link of communication between members of the micro-system, for example, school and family (Kaakinen, Geduly-Duff, Coehlo & Hanson, 2010; Wilmshurst, 2013).

A meso-system is a web of micro-systems where the interactions may conflict with or alternatively encourage various developments. For example, a child may be experiencing difficulties interacting with family members at home and may have a negatively interacting micro-system. This is balanced by positive peer group interaction at school. Thus, development results from the interactions between complex sets of micro-systems. These interactions have both positive and negative impacts on the individual (Bronfenbrenner, 1977; Leonard, 2011).

### **2.9.3 The exo-system**

The exo-system, comprises the linkage and processes taking place between two or more settings, at least one of which does not ordinarily contain the developing person, but in which events occur that influence processes within the immediate settings that does contain that person (e.g. for a child, relationships between the home and the parent's work place; for a parent, the relations between the school and the neighbourhood group) (Bronfenbrenner 1989: 227). This layer defines the larger social system in which the child does not function directly. The structures in this layer impact the child's development by interacting with some structure in her micro-system (Berk, 2000), for example, parent workplace schedules or community-based family resources and parents' relationships with their colleagues, may affect their development (Kaakinen et al., 2010; Wilmshurst, 2013).

The child may not be directly involved at this level, but he/she does feel the positive or negative force involved with the interaction with his own system. The key feature to appreciating the existence of an exo-system is in establishing an outer circle of people who are indirectly involved in children's development, such as the parents' employers, or family healthcare workers (Leonard, 2011). For instance, the demands on parents in their workplace cannot be controlled by their children, yet they have a strong effect. It is against this background that a good relationship between these two systems (family and work environment) is a recipe for the positive development in children. Berk (2006) also maintains that with this position, a good relationship is needed for positive child development and support in the family.

#### **2.9.4 The macro-system**

Berk (2000) writes that the macro-system is the outmost layer for the child. It has no distinct framework but it holds inside it the cultural values, traditions and laws. Paquette and Ryan (2001) believe that the macro-system influence penetrates through all other layers. For example, if in a culture where it is believed that child-bringing is the parents' task then it would mean this culture will not offer much help to the parents in their educational efforts and this could have negative effects on the parents' educational environment and their chances to cope with the task of education. Johnson (2008) refers to the macro-system as the 'social blueprint' of a given culture, subculture or broad social context that is governed by a pattern of embedded values, beliefs, lifestyles and customs. Therefore, it can be concluded that the cultural, political, social and economic perceptions of a given society affect engagements between the layers, which poses the question of whether the perceptions and modes of dealing with a child at an early childhood development center are a direct response to the macro-system.

#### **2.9.5 The chrono-system**

This system encompasses the dimension of time as it relates to a child's environments within which elements can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child (Ryan, 2012). As children get older, they may react differently to environmental changes and may be more able to determine how that change will influence them (Paquette & Ryan, 2001). As children grow older, they might respond and react in different ways to environmental changes and could be able to determine how those changes will influence them. The chrono-system denotes the dimension of time, in which events take place, in an individual's environment. Events such as changing schools or practitioners also influence the other layers of the system (Kaakinen et al., 2010;

Wilmshurst, 2013). By creating this system, Bronfenbrenner was acknowledging the inevitability of change over time, which consequently influences the behaviour of children with the developments that occupy them (Bronfenbrenner, 1979).

The Bio-ecological theory was utilised to explain the interdependence of the systems to enable the development of individuals (Bronfenbrenner, 1979). The systems that are in place to enable access to ECDS for children encompasses the family, ECD centers, community, organisations, government and policies that are in place. These systems act as catalysts in the development of children. The theory clearly outlines that early childhood development depends not only on individual growth and behaviour, but also on the settings and institutions within which the child lives (Wahedi & Khanam, 2012). Thus, it is fundamental for these systems to work together to enable access to ECDS. In the context of this study, the systems that are fundamental to the development of children and access to ECDS includes the parents, the community, the DOH, DOE, DSD, local municipalities and ECD policy frameworks. These systems can influence the formulation and implementation of ECD policies that promote access to ECDS for all children, particularly children from poor communities who have always been disadvantaged because of their geographical location.

## **2.10 Chapter Summary**

This chapter focused on explaining the concept of early childhood development services under investigation. It also focused on reviewing literature on previous research conducted on access to ECDS, including the perceptions, experiences, and challenges of ECD practitioners and parents. An overview of the policy and legal frameworks on access to ECDS were articulated in this chapter. The Bio-ecological systems theory that underpins this study has been discussed in line with access to ECDS. Chapter three outlines the research methodology of the study.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter provides an overview of the methodological process followed in this study. Research methodology is the process, framework, and design used to have the necessary knowledge that is required to respond to the questions stated in chapter one. This chapter furthermore presents the research approach and design employed, research population and sampling, as well as the research setting. In addition, this chapter provides an overall view of data collection procedures adopted for the study as well as the presentation of data analysis procedures.

#### **3.2 Research Question**

The research question for this study was:

- What are the perceptions, experiences, and challenges of early childhood practitioners and parents regarding their access to early childhood services?

#### **3.3 Aim and Objectives of the Study**

##### **3.3.1 Aim of the study**

The aim of this study was to understand the perceptions, experiences, and challenges of early childhood practitioners and parents regarding their access to early childhood services.

##### **3.3.2 Objectives of the study**

The objectives of the study were to:

- Explore and describe the perceptions of early childhood practitioners and parents regarding their access to early childhood services.
- Explore and describe the experiences of early childhood practitioners and parents regarding their access to early childhood services.
- Explore and describe the challenges of early childhood practitioners and parents regarding their access to early childhood services.

### **3.4 Research Approach and Design**

The current research applied a qualitative research methodology, an inquiry approach in which the researcher collects information from the site where the study is conducted using more than one data collection technique, organizing the data into relevant themes and analysing the data (Creswell & Poth, 2017). The study followed the greater sense of humans' understanding of problems, by capturing participants' exact words rather than using numbers, as in a quantitative approach (Krysik, 2013). Creswell (2015) argues that qualitative research allows exploring and understanding the meaning individuals assign to a social or human problem, thus enabling qualitative researchers to study things in their natural settings. In addition, this approach allowed the researcher to investigate a deep understanding instead of examining the external features of the subject matter (Creswell & Creswell, 2018).

This study followed an explorative and descriptive research design. An explorative research design was adopted to explore new points of view and ideas, about the perceptions, experiences, and challenges of parents and early childhood practitioners regarding their access to early childhood services, which is unknown, or not much known about, in order to formulate propositions (Creswell & Creswell, 2018). Furthermore, this design approach helped the

researcher to create new knowledge on the perceptions, experiences, and challenges of parents and early childhood practitioners with regard to their access to early childhood services (Babbie, 2013). Krysik (2010: 84) also indicated that ‘this type of research design allows the researcher to develop interpretations from the views of participants, without having previous anticipations and obtain a personal understanding of the researched problem’. In addition, Neuman (2011) argues that descriptive research aims to provide a detailed and accurate picture of the subject matter, as well as reporting on the background and context of the study creating categories and classification types for better understanding.

### **3.5 Research Methodology**

#### **3.5.1 Research setting**

Polit and Beck (2010) describes a research setting as one or more settings where data for a study are collected. This study was conducted in Zwelitsha, a township in King Williams Town, in the Eastern Cape Province which has a total population of 18,189 individuals (Stats SA, 2011). The population from Zwelitsha Township is categorized as: the young (0-14) represents 30.2 % of the population, the working-age (15-64) 57.8% and the elderly (65+) are 12% (Stats SA, 2021). The study took place at two ECD centers in Zwelitsha, which were chosen because they represented the criteria of one of the vast areas within King Williams Town in the Eastern Cape that is an under-resourced area, overcrowded, of low socioeconomic status and characterises the developing context within the Eastern Cape. A population density of 3917 persons/km<sup>2</sup> is an indication of overcrowding in Zwelitsha, with 51.7% represented by female headed households and adults over 20 years of age with formal schooling (with matric) or higher education is only 32%. This is also representative of the poor quality of education in the area as well as poor economic status of most inhabitants (SA Stats, 2011).

### **3.5.2 Population and Sampling**

Population in a research study refers to ‘the name for the large general group of many cases from which a researcher draws a sample and which is usually stated in theoretical terms’ (Neuman, 2011). It also consists of people with certain characteristics that are relevant to the research topic (Babbie, 2017; Creswell & Creswell, 2018; Creswell & Clarke, 2018), and the population for this study consisted of parents, practitioners, and principals of the ECD centers.

Rubin and Babbie (2016) refer sampling as a small group selected from the larger population to give the study emphasis, as well as data collection being more easily attained owing to the small sampling size. Participants were purposively selected as they were preferred for having a clear understanding of the research problem and phenomena (Creswell & Poth, 2017), who are acknowledged to be a rich source of data (Creswell, 2015) and represent the most characteristic features of the population (Fouché & Geyer, 2021). Utilizing purposive sampling allowed the researcher to make judgments in choosing participants to answer the research question, and thus meet the study objectives (Creswell & Poth, 2017). Purposive sampling is a technique for expanding knowledge through purposely looking for participants who are known to be rich sources of data (Creswell, 2015).

Three sets of participants were purposively selected, the first group being two practitioners and two principals permanently based at the selected centers and living in the community where the centers are situated. The principals were selected based on their knowledge regarding the challenges that the ECDCs experience since they are responsible for managing the day-to-day operations of the centres. The researcher purposively selected two ECDCs within the Zwelitsha township and the principals for the selected centres were automatically included in the study as study participants. The principals were then asked to identify their ECD practitioners and

one practitioner was selected from each centre based on their availability. A further group of participants were parents (twelve) whose children were enrolled at these centers. The parents were selected based on the requirements and guidelines of convenient sampling technique. The researcher recruited the parents from the centers when they had come to the center to pick-up their children. A total of sixteen participants were interviewed, their selection was based on the criterion that it should fall within a township area in King Williams Town that caters for children below the age of seven years.

The inclusion criteria for principals was based on them being a principal at an ECDC within Zwelitsha. For the practitioners, they had to be a practitioner at an ECDC within Zwelitsha which is the studied area. Parents were included in the study based on them having a child under their care who is a registered student at an ECDC in Zwelitsha.

### **3.5.3 The Pilot Study**

This study was preceded by a pilot study to test the interview questions. This is a major assessment of the interview guide which tests and endorses if the instrument functions accurately, by first investigating with a small group of participants from the suggested target population (Fouché & Geyer, 2021). In addition, conducting a pilot study assists in ensuring that the questions are appropriately constructed, that there is a flow in the manner in which the questions are asked, and pre-empt challenges that may arise (Greeff, 2011). The interview guides were pre-tested with one practitioner and one parent from one of the two ECD centers in Zwelitsha. These two participants did not form part of the sample of the main study.

The pilot study was valuable because it assisted the researcher to identify unclear matters in the interview guide, and thus improving the structure of the questions to ensure that they were

clear for participants in the main study (Saunders, Lewis & Thornhill, 2009; Saunders, Lewis, & Thornhill, 2012). After the completion of the pilot study, the questions were amended and adjusted for use in the main study, some being reformulated, and others erased as they had been answered within other questions. The interview skills of the researcher, such as probing and doing follow-ups on the topics of interest based on the participants' answers, were also enhanced. Participants who were selected for the pilot study were excluded from the final data sets because their responses were only used to test the questions on the research instruments.

### **3.5.4 Data Collection**

Data collection was conducted after the researcher had obtained approval from the Humanities and Social Sciences Research Ethics Committee of the University of the Western Cape, the Provincial DSD in the Eastern Cape and the principals of the two ECD centers. To gain access to this sample, the researcher worked closely with organizations that work with ECD and the DSD in the Eastern Cape Province, particularly the principals of ECD centers in Zwelitsha. The collection of data for the current study was achieved through semi-structured interviews and taking of field notes.

Greeff (2011) highlights that semi-structured interviews are significant in qualitative research as they define individuals' perceptions, opinions, facts and forecasts, and their reactions to preliminary findings and possible solutions (Greeff, 2011). In addition, Greeff (2011:347) defines this type of interview as "those organized around areas of particular interest, while still allowing considerable flexibility in scope and depth."

A semi-structured interview guide was used as the data collection instrument. Open-ended questions were used as these allow participants to elaborate on their experiences in detail (De Vos et al., 2011). Separate interview guides were developed for the parents and practitioners (see *Appendix G and H*). For parents, the interviews were in isiXhosa, the local language spoken by participants. Field notes were used to balance the inability of audio recording to copy nonverbal communication during interviews (Denzin & Lincoln, 2018). These notes were useful during analysis and interpretation of the data.

### **3.5.4.1 Preparation of participants**

During this session, the study was described and suitable times and venues for conducting interviews were discussed after which the researcher asked participants to take part in the study and informed them of their right to voluntary participation. All participants who agreed to participate in the study signed consent forms. Ethical issues of anonymity and confidentiality, as well as clarity about the absence of any kind of incentive and/or benefit to the participants that were made available to them for taking part in the study, were clarified. With the participants' consent (*Appendix E, F*), the proceedings of the interviews were recorded using a digital recording device for purposes of maintaining accuracy and to avoid missing out on important information allowing more concentration on the proceedings of the interview (Greeff, 2011). Interviews were conducted at a time convenient for the participants, so that their activities were not negatively influenced in any manner (Vorster, Sacks, Amod, Seabi, & Kern, 2016) and participants were assigned pseudonyms for anonymity.

Before the interviews were conducted, the study was clarified in more detail to all participants, who agreed to participate in the study. Participants were guaranteed their confidentiality, anonymity and voluntary participation. The researcher also required permission from all

participants to audio record the interviews, which all approved. Appropriate dates and times for interviews were agreed on in advance.

### **3.5.4.2 Individual interview sessions**

Interviews are instructive in explorative research as a way of achieving valuable information (Algozzine & Hancock, 2016). The process resumed with introductions by both parties, and participants were presented with an information sheet for principals and practitioners, as well as parents (see *Appendix C and D*), with explanatory information regarding the aim and objectives of the study. A setting comfortable and free from disruption was used. Additionally, with permission from participants, the interviews were audio-recorded to avoid losing information. Most of the parents were interviewed at their respective homes while the practitioners and the rest of the parents were interviewed at the ECD centers. Privacy was ensured by engaging with the parent in a closed room away from any possible distractions by other individuals.

The participants were asked simple, open-ended questions, one at a time, allowing them time to respond. To keep the interview active, the researcher kept communication techniques in mind throughout. The most important method was active listening and ensuring brief verbal answers, to avoid interrupting participants' verbal flow (Algozzine & Hancock, 2016). In addition, participants were given additional time to express their views. The interview schedule was arranged so that delicate questions were asked during interviews in a manner that does not harm participants emotions or feelings, to allow participants to be authentic and confident (Algozzine & Hancock, 2016). Clarity was sought on points that appeared to be unclear. Interviews lasted between 45 – 60 minutes. With the participants' consent, all interviews were audio-recorded, as it was not possible to remember every word that participant said (De Vos et al., 2011). At

the end of each interview session, the audio-recorded interview information was directly transferred to a computer, which was password-protected, for privacy.

Participants were interviewed until data saturation was reached when no new information was forthcoming (Guest, Bunce & Johnson, 2006), when participants started to repeat the same information and no new data related to the study arises (Saumure & Given, 2008), at which point the data collection process should be completed (Krysik, 2013). To ensure saturation, the participants were engaged through probing, until the participants could not offer any new information (Guest et al., 2006).

#### **3.5.4.3 Field notes**

In order to capture all the words spoken by the participants, the researcher used a digital recorder to record (with the permission of the participants) all the interviews, which allowed the researcher to fully focus on the proceedings of the interview. It also enabled the researcher to establish a connection with the participants throughout the interview process. Field notes were captured to further assist in the data collection process as these ensure a rich context (Phillippi & Lauderdale, 2018). Field notes were written down on a regular basis, as soon as possible after observed phenomena occurred (which include interviews, recording, and dialogue with the practitioners and parents) (McNabb, 2015).

#### **3.5.5 Data analysis**

Data analysis was applied through the steps of Braun and Clark's (2006) thematic data analysis which is commonly used by taking steps that comprise, recognize, examine and report patterns within data (Braun & Clarke, 2006).

### ***Step one: Familiarisation with collected data***

During the initial data analysis phase, the researcher familiarized herself with the data gathered. An exact transcription of the audio interviews was conducted, allowing acquaintance with the information obtained from the sixteen participants. Thereafter, reading and re-reading the transcripts and/or listening to the recordings took place as suggested by Braun and Clarke (2006). Initial ideas were noted down to understand the content, as this helped to shape an initial understanding of the data themes.

### ***Step two: Generation of initial codes***

This step involves the initial organization of data into meaningful pieces of information (Maguire & Delahunt, 2017). After familiarisation with data, identification of relevant information in each transcript followed, based on the subject matter, literature review and research question. In this phase, the researcher made use of highlighters to identify potential themes emerging for the gathered data.

### ***Step three: Searching for themes***

The initial identification of broad themes occurs. Themes are best understood as patterns in the data that are significant to the general purpose of the research study (Maguire & Delahunt, 2017). Similar data was identified in the groupings or classifications set out in step two and collapsed into smaller data units. This incorporated gathering specific words or phrases that repetitively appeared in the transcripts. These data units helped to form preliminary themes and information identified under these themes. Information from these preliminary themes was then color-coded using highlighters to identify similar information and collapsed further.

### ***Step four: Reviewing themes***

Reviewing of themes is a process involving reviewing the developed themes on environmental issues, in relation to the coded data and the entire data set (Braun & Clarke, 2012). The initial

themes were scrutinized and clustered according to refined themes (Maguire & Delahunt, 2017). Highlighters to identify similar and relevant information in line with the overall aim of the research were also used. The themes above were clustered together to form broader themes that encompass related information.

### ***Step five: Defining themes***

This step involves the identification of the essence of what each theme entails (Braun & Clarke, 2006). After much scrutiny, analysis and re-analysis, themes were categorized in line with Bronfenbrenner's bio-ecological model as well as the aims of this research study. The provision of theme names and potential sub-themes within the data emerged. These themes are thought to be the most comprehensive analysis of the information gathered.

### ***Step six: Producing a write-up***

This is the final step of thematic data analysis and it entails explaining the data. The themes identified were at this point described in terms of their meaning relating to the research topic. The write-up was presented in the data presentation and discussion chapter of this thesis.

#### **3.5.6 Self-reflexivity**

Reflexivity is a valuable tool that allows the researcher on-going self-awareness and inner reflection during the process of investigation and assists in “making visible the practice and construction of knowledge in order to produce more accurate analyses of our research” (Pillow, 2003:178). Reflexivity involves disciplined self-reflection in which the researcher acknowledges that his/her own actions will inevitably impact the meanings and experiences of the studied phenomenon (Lumsden, Bradford & Goode, 2019). Macbeth (2001) argues that reflexivity accommodates critical self-reflection in the process of investigation since the researcher plays such a vital role in the study, thus it is important to be aware of the mindset of the researcher. Each participant in the study shared views and experiences that were unique to

their life world and thus, the researcher could not attempt to understand the participants' accounts from her frame of reference. In order to enter the lifeworld of the participants, the researcher utilized a self-reflexive journal writing to identify and name any preconceived ideas and biases before and after each interview. This enabled the process of separating own information from those of the participants.

### **3.5.7 Data verification and Trustworthiness**

Trustworthiness of the study entails search for quality of the research (Loh, 2013). Guba and Lincoln's (1981) four constructs of credibility, dependability, transferability, and conformability, to determine trustworthiness, were applied. Measuring the quality of data collected in a research undertaking is a sensible activity to ensure that questions surrounding internal and external validity or representativeness, reliability and objectivity are answered (Guba & Lincoln, 1981).

**Credibility or authenticity** is the demonstration that the inquiry accurately identifies and describes the subject (Schurink, Fouché, & De Vos, 2011) and that the study evaluated what was intended (Shenton, 2004). This ensured that the study was conducted within the parameters set by the research design and during data collection. In addition, to increase the authenticity of the data for the study, the researcher also utilized the interview guides which were developed based on the research questions and the objectives of the research. In terms of increasing credibility of qualitative research: "prolonged engagement and persistent observation, triangulation of different methods, formalized qualitative methods such as grounded analytic induction" were employed by the researcher (Onwuegbuzie & Leech, 2007:109). In furtherance to that, field notes were kept (to capture missing information) and audio recordings made (ensuring the capturing of all data adequately) to increase the credibility or the authenticity of

the study. The researcher also carefully applied the six thematic analysis steps above to ensure the credibility of the collection and analysis of the data (Schurink et al., 2011). Triangulation was applied by collecting data from different sources (practitioners, principals and parents) to produce rich, credible data (Leedy & Ormrod, 2010).

In addition, the participants were interviewed at different times and places and establishing the similarity of the issue (Polit & Beck, 2009). Another step taken to increase the credibility and authenticity of the data was through continued engagement that were made with the participants in the study. Through these follow up discussions, participants were able to speak freely and were more open about the issue under investigation. Continued engagement with the interviewees after the official interview was conducted and long after the interviews were completed, also allowed the interviewees to provide more detailed accurate and rich information which they did not provide during the face-to-face interviews (Polit & Beck, 2009).

**Transferability** for this study was achieved by ensuring that the set of questions as well as methods of collecting the data were consistent and in line with the aim and objectives of the research. This means that the researcher ensured that the methods and procedures followed to collect data can also be applied in a similar study in a different context (Schurink et al., 2011). Transferability offered the researcher the responsibility to ensure sufficient contextual information is given for the study so that any reader can decide if the described situation is similar to the one, they would like to transfer the findings to (Shenton, 2004). In the context of this study the researcher extensively and thoroughly described the process adopted and this was done to enable others to follow and replicate.

**Conformability** for this study was also crucial in providing clarity to the concept of reflexivity, which is the awareness of the researcher's role in doing research, as well as the

procedure and consequences of research (Haynes, 2012). Reflexivity also gave the researcher the ability to formulate an understanding of an individual's own cognitive world, especially the individual's influence as a researcher and that of participants. This was accomplished by the researcher keeping a self-reflective journal. This concept was applied in order to appreciate that the participants were the experts in the current study; thus, their expertise would help to attain the goal of the study (Auerbach & Silverstein, 2003).

**Dependability** in this study describes the researcher's role in ensuring consistent and reliable findings of the study. It also details the extent to which the researcher documented the research proceedings, which allows anyone outside the research discipline to audit, follow and critique the research procedures (Guba & Lincoln, 1981; Moon, Brewer, Januchowski-Hartley, Adams, & Blackman, 2016). The researcher kept an audit of the process and the supervisor of this study reviewed the research plan and process. Pre-testing the interview guide was done with two participants. The research methodology was clearly discussed.

### **3.6 Ethical considerations**

Ethical considerations in social research pertains to balancing the good of many with participants' entitlement to confidentiality (Evans, 2007). Applicable ethical procedures allow the researcher to follow certain values that reduce harm to the participants of a given study (Hesse-Biber & Leavy, 2006).

#### **3.6.1 Permission to conduct research**

The researcher obtained ethical clearance from the Humanities and Social Sciences Research Ethics Committee of the University of the Western Cape before conducting the study (see *Appendix A*). Permission was also obtained from the Eastern Cape DSD (see *Appendix B*) to conduct the study within the ECD centers in Zwelitsha.

### **3.6.2 Informed consent**

It is argued and observed that, social science research mostly involves interrupting peoples' regular activities and intrusion in their lives which may require time and energy of the participant (Babbie, 2017). Thus, the researcher had to seek consent from the parents and ECD practitioners and informing them of the purpose of the study before collecting data. The participants consented through signing of consent forms. Therefore, an information sheet (*see Appendix C and D*) and consent forms (*see appendix E and F*) were designed to provide participants with needed information, to allow them to understand and provide consent to partake in the study.

### **3.6.3 Voluntary participation**

In this research, all the participants were informed about the nature and purpose of the study, and that participation was voluntary (Rubin & Babbie, 2016). Participants were informed that they could withdraw from the study at any time and were not allowed to answer any questions they did not feel comfortable with.

### **3.6.4 Confidentiality and the right to anonymity**

Invasive methods in terms of privacy or confidentiality, referring to keeping information, which is not intended for others, secret (Mouton & Babbie, 2001) was maintained. Confidentiality and anonymity were also maintained in the publication report and any additional publications that might arise from it. The researcher did not include the names of the participants during data analysis and presentation. The names of the studied ECDCs were also not included so as to maintain confidentiality and anonymity.

### **3.6.5 Avoidance of harm**

It was the researcher's aim to handle the participants of the study and data gathered with dignity, value, and courtesy (Evans, 2007). The participants were not exposed to unnecessary

physical or psychological harm. Following the guidelines by Leedy and Ormrod (2010) the researcher ensured that participants were not subjected to unusual stress, embarrassment, or loss of self-esteem. Had the participants experienced any amount of psychological discomfort, they would know ahead of time, and any necessary debriefing or counselling would have followed immediately.

### **3.7 Limitations of the study**

Mouton and Babbie (2001) postulate that there are a number of limitations that pertain to research methodology which are associated with qualitative research. The sample size relating to this study was limited to respondents in one geographical area and the findings should therefore be interpreted in the context of this specific sampled population. The study was conducted in a small area of Eastern Cape Province, and therefore, the findings cannot be generalized to the rest of South Africa.

### **3.8 Conclusion**

This chapter focused on a step-by-step approach on how the researcher was able to find answers to the research question. The chapter started by stating the main aim of the study. Population, sampling, data analysis, and data collection methods were also discussed in this chapter. Towards the end of the chapter the researcher also explained the ethics that were followed in the study. The next chapter presents research findings.

## **CHAPTER 4**

### **PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS**

#### **4.1 Introduction**

This chapter presents the findings and a discussion of data collected on “access to early childhood development services: perceptions, experiences and challenges of early childhood development practitioners and parents”. A qualitative approach was implemented to achieve the following objectives:

- To explore and describe the perceptions of early childhood practitioners and parents regarding their access to early childhood services.
- To explore and describe the experiences of early childhood practitioners and parents regarding their access to early childhood services.
- To explore and describe the challenges of early childhood practitioners and parents regarding their access to early childhood services.

To interpret collected data, thematic content analysis was used to identify prominent themes as well as sub-themes from the data collected. The demographic information from the participants is presented in Tables 4.1 and 4.2 respectively. Three major themes, with subsequent subthemes emerged during data analysis.

#### **4.2 Demographic data of participants**

Sixteen participants, comprising of the school principals, practitioners as well as parents from two different ECD centers took part in the study.

#### **4.2.1 Demographic data of the parents**

Table 4.1 below shows the demographic data of the parents who participated in the study.

**Table 4.1: Demographic data of the parents**

	Gender	Age	Ethnicity	Language	Employment status	Children in ECD center	Duration of children in ECD center
1	Female	36	African	IsiXhosa	Employed	1	3 years
2	Female	35	African	IsiXhosa	Unemployed	1	11 months
3	Female	58	African	IsiXhosa	Employed	2	3 years
4	Female	31	African	IsiXhosa	Employed	1	2 years
5	Female	27	African	IsiXhosa	Employed	2	2 years
6	Female	34	African	IsiXhosa	Employed	2	3 years
7	Female	26	African	IsiXhosa	Unemployed	1	1 year
8	Female	45	African	IsiXhosa	Unemployed	2	4 months
9	Female	29	African	IsiXhosa	Employed	1	2 years
10	Female	36	African	IsiXhosa	Unemployed	1	2 years
11	Female	39	African	IsiXhosa	Employed	1	3 years
12	Female	42	African	IsiXhosa	Unemployed	1	8 months

All parents that were involved in this study were females aged between 29 and 58 years of age, residing in Zwelitsha township, with an average of 4 months to 3-year contact with the centers. The dominance of women (parents) in the study can be attributed to the fact that women are the nurturers within the family unit. Thus, women are mainly responsible for access to ECDS for the children since they generally spent more time with children. These participants have at least two children attending the ECD and they all speak isiXhosa, the local language in the township.

#### 4.2.2 Demographic data of ECD practitioners

**Table 4.2: Demographic data of the ECD practitioners**

	Gender	Age	Ethnicity	Language	Position employed	Qualifications	Years of experience
13	Female	40	African	Xhosa	Principal	Degree	10
14	Female	49	African	Xhosa	Practitioner	Diploma	3
15	Female	43	African	Xhosa	Practitioner	Certificate	7
16	Female	68	African	Xhosa	Principal	Degree	7

All the ECD practitioners in this study were females who were between the ages of 26 and 68 years, and all of them residing within Zwelitsha community. This finding confirms the observation by Biersteker (2008) that most workers in the ECD sector are women. This can be attributed to the fact that caring and helping occupations, including professions such as teaching and nursing, have historically been female-dominated professions (Williams & Samuel, 2001).

The practitioners who were working at the ECD centers at the time this study was conducted and the parents who took part in the study had children enrolled and attending at the ECD centers. This finding confirms the observation by Altman (2008) that most workers in the ECD sector are women. Despite having different education levels, ranging from Grade 9 to bachelor's degrees, all had completed an ECD course, the lowest being ECD NQF Level 3 and the highest being a diploma. The language of communication in these two centers was Xhosa, although the ECD principals were able to express themselves in English. Therefore, all participants, apart from one, met the requirements of the guidelines for Early Childhood Development Services which require ECD center supervisors to have a minimum qualification of the National Certificate in ECD at NQF Level 4 by the South African Qualifications Authority. The years of experience were divided into two phases: (1) One principal fell into

the first category of 1-10 years but less than 20 years; (2) three participants, a principal and 2 practitioners, had 3-7 years' experience. This is an indication that, since most participants had experience in ECD centers, views indicated in the findings were from persons who had experience regarding the phenomena under investigation.

### **4.3 Presentation and discussion of the findings**

In a bid to generate answers to the research questions, semi-structured interviews were utilised as a research tool for the collection of data from the parents and ECD practitioners. The collected data was analysed through thematic analysis. Thus, the results of the study are presented as they emerged from the analysed data. Meaning was then assigned to the data through the researcher's interpretation of the data. This led to the formulation of themes and sub-themes as illustrated in table 4.3. The content of the quotations guided the researcher towards the results that arose from the data and established the credibility of the themes, by ensuring that the illustrative quotations reflect the participants' experiences, meanings and feelings (Creswell, 2015). Integration of literature and the application of the bio-ecological theory are presented to validate and reinforce the researcher's interpretations and analysis.

**Table 4.3: Themes and subthemes**

<b>Themes</b>	<b>Sub-themes</b>
<b>Theme 1:</b> Perceptions regarding access to early childhood services	<b>Sub-theme 1.1:</b> An understanding of Early Childhood Development services
	<b>Sub-theme 1.2:</b> Affordability
	<b>Sub-theme 1.3:</b> Accessibility and proximity of Early Childhood Development centers
	<b>Sub-theme 1.4:</b> Role of practitioners
	<b>Sub-theme 2.1:</b> Involvement of parents
	<b>Sub-theme 2.2:</b> Training of practitioners and parents

<b>Theme 2:</b> Experiences regarding access to early childhood services	<b>Sub-theme 2.3:</b> Encountering limited support from stakeholders <b>Sub-theme 2.4:</b> Encountering scarce resources
<b>Theme 3:</b> Challenges regarding access to early childhood services	<b>Sub-theme 3.1:</b> Lack of sufficient infrastructure
	<b>Sub-theme 3.2:</b> Lack of adequate learning materials and resources
	<b>Sub-theme 3.3:</b> Underqualified practitioners in Early Childhood Development centers
	<b>Sub-theme 3.4:</b> Shortage of funds
	<b>Sub-theme 3.5:</b> Inadequate salaries of practitioners

The next section of this chapter discusses the various themes with their supplementary subthemes, reinforced by direct quotations from participants. The identified themes, sub-themes and quotes from the interviews are matched and linked to existing literature and the theory applicable to this study. The themes were developed based on the responses provided by the principals (PRI), practitioners (PRA), and parents (PAR).

#### **4.3.1 Theme 1: Perceptions regarding access to early childhood services**

A discussion of how the parents and ECD practitioners process and understand information on ECD is provided to develop an understanding of their perceptions towards access to ECDS. Several studies on the perceptions of parents and ECD practitioners have conveyed almost similar information, the parents' perceptions are centred on affordability and proximity of the centres (Wolf, 2015; van Nierkerk et al., 2017; Chideme, 2020). The parents perceive these issues as affecting access to quality ECDS. For practitioners, access to ECDS is perceived to be limited by the non-involvement of parents (Desmond, Richter & Martin, 2016; Baloyi & Makhubele, 2018).

#### **4.3.1.1 Sub-theme 1.1: An understanding of Early Childhood Development services**

The majority of the ECD practitioners indicated that they perceive ECDS as services provided by different stakeholders to meet the physical, emotional, educational and spiritual needs of children. Literature survey indicates that different ECD stakeholders are of the opinion that ECDS related to educational, physical and cognitive development facilities provided by ECD centers on behalf of the government (Qadiri and Manhas, 2017). The DSD, DoE and DOH stipulates that ECDS are amenities that are offered directly to the children such as community-run play groups, ECD centers and clinics. These services also include essential training of the ECD practitioners aimed at improving the environment within which the children live and grow (Biersteker, 2012:53).

Adding on, the ECDS are crucial in the country as they improve mental and physical health of the children and also help in enhancing the readiness of the children into the school environment (DSD, 2015; DOE, DOH, DSD and UNICEF, 2005). This not only improve academic performance of the learners but also enhance retention of the learners in school from a young age until reaching adulthood (Tyilo et al., 2017). Biersteker (2012) likewise asserts that ECDS are essential as they help in reducing high risk behaviours like substance abuse, criminal and violent activity in adulthood.

One participant stated that:

*“To me, ECDS should be of quality to meet the needs of the children. All the stakeholders such as the Department of Education, Department of Health and the Department of Social Development should assist the ECD centers in providing quality comprehensive package of ECDS.” (PRA 1).*

Another participant indicated that she perceives ECDS as comprehensive and essential, thus, requiring the full support of all stakeholders.

*“ECDS relates to the services provided for children from conception until the children are of school going age. These services are comprehensive and may include services provided at home also.”* (PRI 2)

These statements show that the participants understood what the ECDS entails. Since the ECD centers have children under their care, they have an obligation to provide the needed ECDS. It can be deduced that the participants understand the comprehensive package of ECDS which involves in-center services and out of center services such as home visits. This study confirms the findings of previous studies on ECDS

Some of the participants did not define the ECDS as per their understanding, but, provided information on what they perceive as ECDS. For instance, other participants stated:

*“The ECDS entails safety and security of the children and as well as provision of good nutrition to the children.”* (PRA 2)

A study conducted by Baloyi and Makhubele (2018) substantiates that some parents lack adequate knowledge and understanding of ECDS or the functions of ECD centres which can mainly be due to ignorance since there is vast knowledge of these services at the disposal of each individual on the internet. The participants from the study indicated that the ECD centers provide food for the children as well as keeping the children during the day to afford the parents freedom (Shumba et al., 2014; Baloyi & Makhubele, 2018). This shows lack of understanding of the ECDS.

The ECD provide educational needs of children (Desmond et al., 2016), rather than being places that just accommodates children during the day. One of the parents reiterated this by stating that:

*“I understand that ECDS is when ECD educators teach our children in classes so that they are able to recite poems, sing and count.”* (PAR 3)

There were however, parents that had a sound understanding of ECDS and believe that children benefit from the provision of ECDS. This is substantiated by a study conducted by Qadiri and Manhas (2017) who assert that parents understand ECD centers as preparing children for primary schooling, provision of learning in an interactive manner, development of pre-literacy skills and development of communication skills. This shows that some parents understand ECDS.

#### **4.3.1.2 Sub-theme 1.2: Affordability**

Participants in this study perceive ECDS as unaffordable, thus limiting access to the services. This is supported by literature indicating that most parents fail to afford the fees required by the ECD centres (Desmond et al., 2016; van Nierkerk et al., 2017; Baloyi & Makhubele, 2018). During interviews, the participants expressed their views regarding affordability of the ECD centers. Affordability in the context of ECD service means lack of financial capacity to facilitate access to the services. Literature has shown that some children from poor families fail to access ECD education owing to inability to cater for the school fees due to poverty (Penn, 2004; Mugweni, 2017). These fees are charged to enable smooth running of the centers (Atmore, 2019). In the context of this study, both the parents and the ECD practitioners perceive the ECD centers which were part of the study as affordable. The participants stated that;

*“We are in a township and our fees are affordable. Our school fees are cheaper as compared to other centers.”* (PRI 1)

This means that the parents can afford to pay the required fees for their children to access ECDS. The principal stressed that the fees at the center are cheap and affordable because of the location of the ECD center, as it is located in a township. This is substantiated by Van Nierkerk et al. (2017) who argue that ECD centers which are located in the rural areas are cheaper as compared to those in the urban towns. Atmore (2019) argue that centers operating in poorly resourced communities' charge low fees so as to enable all families to get access to education of their children. However, paying of low tuitions may contribute to lack of money for salaries, equipment and feeding of the children.

The majority of the ECD practitioners indicated that despite the low fees payable, parents are still unable or failing to pay the fees. This is substantiated by a study conducted with parents within Mdantsane District in the Eastern Cape by Shumba et al. (2014) who assert that parents are not paying fees required at the ECD centers, thus crippling the effectiveness of the centers in providing services. Literature has attributed the failure to pay fees to economic hardships in South Africa, poverty and unemployment of the parents (Desmond et al., 2016; Granthum-McGregor, 2017). This argument is best summarised by the following statements from the participants:

*"Parents are trying to pay school fees but in other months they fall short and not pay fees". (PRI 2)*

*"The parents are lazy to assist, especially paying school fees and supporting activities and fundraising initiatives, such that the centre decided to do away with fundraising". (PRA 1)*

Due to poverty in the poor communities, the parents often fail to provide for their households which lead to failure to pay fees for their children's education (Desmond et al., 2016). The

parents who participated in the study also expressed that they sometimes fail to pay the needed fees for their children because they are not working.

*"I enrolled my child at this center because their prices are cheap, but at times I fail to pay the fees in time because I am not working." (PAR 3)*

*"I do not work so I struggle to raise the money for the fees." (PAR 2)*

*"I am a single mother and I rely on grant money which is not enough to cater for all the household needs, paying for my child's fees is a struggle but I have to pay because I want my child to get the education." (PAR 8)*

The above responses indicate that although the fees may be cheap and affordable, the parents sometimes fail to pay the ECD fees for their children due to poverty. The above situation reflects the lived realities of many families in South Africa (Tyilo et al., 2017). Even though families are unemployed, many of them strive to give their children the best despite their situation. This is substantiated by the studies conducted by Van Niekerk et al. (2017) and Atmore (2019) who argue that poverty acts as a barrier to access to ECDS. Since this study was conducted in a township in the Eastern Cape Province which is characterised by poverty (Stats SA, 2011) it is likely that the majority of households are poor.

In addition, the findings relating to access and affordability in this study are substantiated by van Nierkerk et al. (2017) and Baloyi and Makhubele (2018) whose findings also show that many centers were quite expensive for the local communities. However, to ensure that the centers remain affordable in the country there is need for stakeholder involvement to support ECD centers in poor communities so that children can access ECDE as is the case in the United Kingdom (UK). In the UK, various stakeholders including government and organisations such as the World Bank assists in ECD service provision so that the poor can also access ECD

education (Penn, 2014). Therefore, affordability also ensures child development as the children spends a lot of their time in these centers thus contributing to a huge impact on the physiological and cognitive development for the children as highlighted by the bio-ecological systems theory (Auger et al., 2014; Christensen, 2016). It is therefore paramount that the fees must be made a little affordable considering that many people in the study area are indigents through the provision of government subsidies and other relevant stakeholders to chip in to provide financial assistance.

#### **4.3.1.3 Sub-theme 1.3: Accessibility and proximity of Early Childhood Development centers**

The findings outlined that the centers are located within their townships and near their homes. The parents and practitioners expressed that the closer the centers are to the children's homes, the easier it is for children to access ECDS without challenges. The parents contend that the close centers enable them to easily accompany their children to the school and collect them after work. The parents said:

*"As a parent I value protection and safety of my children above all other things: in South Africa there are high risks of children to be kidnaped or hit by vehicles. Therefore, each day I need to know that my children travelled to and from school which is one of the big reasons I send them to nearby ECD center." (PAR 7) "The center is very close to where I stay so it is very accessible." (PAR 11)*

*"I view the center as accessible because it is located within our location making it easier for us to send our children there." (PAR 4)*

Studies have shown that proximity of ECD centers has an impact on access to ECDS for children (DOE, DSD, DOH & UNICEF, 2005; Van Niekerk et al., 2017). Contrary to popular belief that access to ECDS such as ECDE is difficult for children in poor communities, townships or rural areas as a result of long walking distances to the nearest ECD center (National Integrated Early

Childhood Development Policy, 2015; Van Niekerk et al., 2017; Atmore, 2019). This study, however, found that centers are easily accessible. The study also found out that there are a number of ECD centres in this township that are in close proximity, are established in homes, community halls and some churches which provides convenience to the parents as well as the children. The government however fails to continuously improve these ECD facilities through effective planning so as to register these facilities so that children can have access to quality early childhood services. This will also help in ensuring that all the levels of the ecological systems are met to ensure children's growth and sustainable human development through the provision of equitable ECDS (Bronfenbrenner, 1979; Nand, 2017; Atmore, 2019).

#### **4.3.1.4 Subtheme 1.4: Role of ECD practitioners**

Van Niekerk et al. (2017) and Martin-Wiesner (2016) highlighted that there has been a gradually increasing need for childcare services. The need for parents and caregivers to go to work and be sure that the children are safe in an ECDC highlights the importance of these centers (Martin-Wiesner, 2016). Literature indicates that ECD practitioners play a very significant role in the development of the children assessing their needs and their deficiencies as well as helping in the development of motor skills thus ensuring sound social development (Shertiel, 2018; Chi et al, 2016). The findings from this study indicate that the participants had different ways in which they regarded or understood the role of practitioners in early childhood centers. Participants perceived the role of practitioners in ECD centers as filling the gaps that parents could not fill and, as a result, their role in early childhood development centers was instructive. Against this background, some participants perceived the centers as an important step in the development of the children's education system. One participant stated:

*“...I think the early development center is important for children because it is their basic step to entering school. That is why some children make it in big schools and others seem to struggle... and other children make fun of them” (PR I).*

This is further substantiated by Du Plessis and Conley (2017) asserting that the availability of these centers is crucial for developing and innovative education that facilitates the development of numeracy and literacy skills from a young age. Also, Chi et al. (2016) and Van Niekerk et al. (2017) are of the opinion that early childhood is of exceptional importance as it facilitates in shaping up basic capabilities of children as well as influencing their developmental paths in the future thus influencing better academic performance, good nutrition and improved psychosocial health.

Another perception is that practitioners help children to learn, at their varying mental abilities and speeds. One participant stated:

*“...I think the early development center is important for children because they need to come and learn” (PRAC 1).*

Atmore (2019) affirms that early childhood development centers play a key role in determining how much a child learns and how prepared the latter is for entry into school. It is on this basis that Martin-Wiesner (2016) pronounced that primary schools have high expectations of the effect of early childhood development centers on children as well as the society in general. It is the researcher’s opinion that practitioners in early childhood development centers perceive their role as a mode of helping children to seamlessly fit into the school system by enrolling in ECD centers at an early age. Although Ogunyemi and Ragpot’s (2015) research is based on a constructionist theory concerning the need to have a fusion of play and learning, it is nevertheless on a par with the present research as it indicates the importance of the role that practitioners play in education modelling in ECD centers. Atmore (2019) maintains that more

and more young children attend childcare centers, which many families rely on for providing education in the early stage of childhood development.

The ecological theory places the ECD center at the center of a child's life, outside of home. It forms part of the micro-system, which offers a pattern of activities to developing children, considering their face setting with practitioners at these centers (Nand, 2017). This center also depicts itself as the meso-system, which interacts with the microsystem, influencing the developing child (Christensen, 2016). The perception that the ECD center is important creates a linkage between parents who bring their children to the center and practitioners who engage with the child at the center.

#### **4.3.2 Theme 2: Experiences regarding access to early childhood services**

Upon probing, other studies that were conducted highlighting the experiences regarding access to ECDS, the scholars concurred that parent and the ECD practitioners are very sceptical about the current services being rendered (Tyilo et al, 2017; Mugweni, 2017). Literature also stresses that there are a number of challenges confronting early childhood services that are failing to be addressed most especially due to lack commitment of the key stakeholders such as the government, lack of qualified practitioners and lack of adequate teaching resources (Mbarathi et al., 2016; Du Plessis & Conley, 2017; Atmore, 2019).

These challenges further hinder effective learning process as well as dwindling the socioeconomic development for most rural communities (Mbarathi et al., 2016; Tyilo et al., 2017). Depriving the children essential early childhood services through providing proper healthcare and improved learning conditions practically makes the implementation of the ecological systems theory void. These findings are also supported by the research findings

indicated that the overall experiences of the parents and ECD practitioners in this study were negative. The study found that the parents and practitioners are experiencing hardships in their attempts to enable access to ECD education at these centers.

#### **4.3.2.1 Subtheme 2.1: Involvement of parents**

Tyilo et al. (2017) and Mawere, Thomas and Nyaruwata (2015) stresses that family is very important in influencing the behaviour of children as the experiences within the levels of the ecological system informs the development of the children. However, the practitioners expressed that they experience challenges related to parental involvement in the learning of children in the ECD centers. The practitioners feel that the parents are doing little, or nothing regarding supporting children in accessing ECD education. A number of factors as highlighted in literature contribute to poor parental involvement such as lack of parental commitment, poverty, family structures and the level of education of the parents (Munje & Mncube, 2018; Chideme, 2020). According to the principals who took part in the study, lack of effective parent participation in development programs of the ECD center affects access to quality education for the children. The participants stated that:

*“No...No ...We don’t see how they [parents] help because they don’t help us at all and we would like them to help us... now it is cold and we do not have any blankets and we do not have any heater for children, they (parents) even take their children out of school without informing us as a center.” (PRI 1)*

*“Parents are not taking role in the activities in the centre and some did participate as we have fundraising activities some did not even support such programs.” (PRA 2)*

*“Parents do not attend meetings” and “parents do not even support the children’s tours” (PRA 1)*

These statements indicate that the parents are not involved in the activities and programmes at the centers to support the practitioners in providing ECD education. The parents are reluctant to be involved in anything organised by the center. From the Bio-ecological systems theory perspective, the child is considered to be part of a system that includes the immediate family and schools (Nand, 2017), which makes the family an integral part in the development of the child. Thus, the involvement of the family in activities at the centers boost the child, which makes parental involvement critical as argued by Christensen (2016). Therefore, the proximity of parents and guardians with the children is very helpful and educational for continuous human development.

In addition to the above, this finding resonates with the findings of other studies that parental involvement is limited (Penn, 2004; Ige, 2011; Tyilo et al., 2017). The parents need to be involved in the learning of their children because “education for young children is a joint effort between parents and teachers” (Mawere et al., 2015: 1546). If parents are involved, the ECD practitioners would be able to execute their duties with ease. The practitioners also stated that they are demotivated by the behaviour of parents who fail to support the center. To elucidate this view, one participant said:

*“The fact the parents just bring their children and do not attend any meetings and provide no support is discouraging”* (PRA 2)

This shows that the parents, as part of the microsystem, are not providing a support base to the children that would enhance their growth and development, and acquisition of knowledge through learning. Munje and Mncube (2018) argue that parents are not involved in the learning of their children because they lack clarity and understanding of their role. This is clarified by one parent who stated that:

*“There is no role that we play as parents except to send our children to the centre”*

(PAR 6)

This furthermore shows that parents are unaware of what is expected of them. Tyilo et al. (2017) have also shown that parents are not familiar of their role in ECD, and the majority of the parents think that no learning takes place during ECD. Parent 1 in this study believes that children in ECD “*are mostly engaged in play*”. This lack of awareness and involvement by parents affect the quality of ECD provisioning because educators cannot be the only role players in the education of the children (Munje & Mncube, 2018). Chideme, (2020) also corroborate the same sentiments by indicating that lack of parental awareness of what is expected of them continue to hinder effective early childhood education.

Notably, one of the participants argued that the parents of children at the center are involved in the learning of their children. The principal stated that:

*Parents are participating and play a big role. We discuss the year plan in meeting situation. Parents advise and involve themselves in activities and they become hands-on seeing that everything is successful (PRI 2)*

The findings depict that to a certain extent, parents with children who attend ECD centers in townships reveal two different scenarios as some are more actively involved in activities taking place at the ECD center compared to parents from the other ECD center. The principals at these centers stated that they do not offer parent workshops and/or training as other ECD principals at other registered centers indicated that they offer parent workshops and training. ECD center principals who did not offer parent workshops at their ECD centers reported that there are organizations in Eastern Cape that provided parent workshops/training such as the Masiphumelele Development Project (MDP). These principals explained that they only have

general meetings and that is their opportunity to address any issues, or support parents about caregiving.

#### **4.3.2.2 Subtheme 2.2: Training of practitioners and parents**

The Harvard Family Research Project (2006) and McDowall and Schaughency (2017) argued that parent participation in ECD center based activities and frequent communication between parents and teachers is connected to the outcomes of young children and examples of parent participation practices that were mentioned include parent workshops as well as parent-teacher conferences. According to the findings of this study, registered ECD centers do not offer parent workshops but encourage parents to participate in parent programmes offered by organizations in the ECD sector. The following responses were yielded from one principal:

*“We do not offer any kind of trainings or workshops for the parents in this center, except to arrange and organise meetings up to annual meeting at the year- end..... where we give parents an opportunity to interact with and voice out any concerns, advise where necessary” (PRI 2)*

Also, principal 2 also indicated that;

*“It is very important to engage both practitioners and parents in order to train them on the programmes that are offered by the sector through awareness programmes or through workshops thus improving the ECDS [...] however participation is however limited” (PRI 2)*

The findings of this study also showed that parent attendance at workshops and/or training offered by the non-profit ECD organizations and few ECD centers is limited due to high levels of non-attendance. Mugweni (2017) likewise substantiates these findings evidenced by a study he conducted assessing parent involvement in ECD related programmes and the findings suggested that generally, parents were satisfied with the programmes offered, however the

engagement of parents in the programmes was reported as low. This further suggests that if parents and the practitioners are not involved in the training and development workshop it results in negative outcomes for the ECD centers.

Training of ECD practitioners and the parents is essential for the assessment of the developmental deficiencies, needs and goals of a child and ensure a healthy social development (Atmore, 2019). Effectively training the parents on these key issues will in the long term assist the practitioners to be more responsive and boost their performance enhancing the development of the children. As the ecological theory stresses the need to engage at all levels of the system for the development of the children from the micro-system to the chrono-system (Bronfenbrenner, 1997). This implies that for instance parents and the practitioners have an active role to play in ensuring the development of children hence training them is essential to achieve this goal.

#### **4.3.2.3 Subtheme 2.3: Encountering limited support from stakeholders**

Mbarathi et al. (2016) assert that stakeholder involvement and engagement is very significant to ensure that ECD centers provide quality education so as to enable children to get the best start in education. Given that the ECD centers are operating in poor communities, the centers often experience inadequate support from the stakeholders as some centers are not even registered with the DSD (Atmore, 2019). This study found that there is limited support of ECDS provision from the relevant stakeholders. This is indicated by practitioners who stated that:

*“The government is providing support for children, but the department also say that it is not obliged to do that, they can stop this at any given time.” (PRA 1)*

*“The support is not enough at all.” (PRA 2)*

This statement indicates that there is limited support from the stakeholders. Limited support has a very negative consequence on ECDS provision resulting in poor academic performance, continued human and socio-economic underdevelopment, limited access to essential ECDS and poor utilisation of the ECD facilities. On the other hand, active engagement of stakeholders is very significant towards enhancing cognitive development of the children, improved access to ECDS and facilities and also enhance sustainable cognitive and human development of the ECD learners (Tyilo et al., 2017; Atmore, 2019).

This is supported by the findings of Atmore (2019) and Van Niekerk et al. (2017) who found that there is poor stakeholder involvement and support in the ECD stages of children. Mugweni (2017) also substantiates that the ECD stage is a vulnerable stage which requires coordination among stakeholders to work together with ECD centers so as to develop the child holistically. This notion is supported by the Bio-ecological systems theory which asserts that children are part of a system that comprises of the micro, meso, exo, macro and chrono systems that contains the family, church, school, welfare services, ECD centers, community, organisations and policies that provide support to enable development of the child (Bronfenbrenner, 1979). However, in this study, the results indicate that there is no equilibrium within the system to enable the development of children since there is limited support rendered to both the child and the center.

Furthermore, the involvement of all the relevant stakeholders with a commitment to serve children is essential for effective ECDS provision (National Integrated Early Childhood Development Policy, 2015). Thus, there is need to engage the relevant stakeholders. Notably, the practitioners are making efforts to forge coalition among stakeholders to champion the provision of quality ECDS, but at times the efforts are fruitless as there is no commitment. One principal argued that;

*“We try to engage them by arranging meetings which are poorly attended or not attended at all.” (PRI 1)*

This shows that the practitioners are putting efforts to obtain support from stakeholders but to no avail. In South Africa, the relevant stakeholders that support ECDS provision include the DOH, DOE, DSD, local municipalities and the community. However, there is little support that these stakeholders are providing including subsidy and nutritional support, to validate this claim, the practitioners said:

*“We only get stipend from Social development and it is not coming on time, we sometimes receive it after 3 months.” (PRA 1)*

*“Yes. Social Development as they subsidise us and they do monitoring quarterly and also Department of Health as they come for immunization.” (PRI 1)*

*“Subsidy from Department of Social Development but it is not enough as there is a certain number that is subsidised and we receive grant from Buffalo City Municipality.” (PRI 1)*

*“In our centre we are visited by Social Development only when they come for monitoring. Department of Health only visit during the Immunization campaign.”*  
(PRA 2)

The above statements show that the stakeholders are not entirely silent, however their support is minimum. There is need for the relevant stakeholders to work closely with ECD centers so as to ensure that these facilities are capable of providing quality education to all children (Mbarathi et al., 2016).

#### **4.3.2.4 Subtheme 2.4: Encountering scarce resources**

Unsurprisingly, given the impoverished communities in which the ECD centers operates in most developing countries Oduolowu and Oyesomi (2016) and Okongo et al. (2015) expressed that poor access to material resources essential for cognitive and physical development of children hinders efforts to deliver quality education. In this study, the majority of the participants expressed that they experience lack of adequate resources such as educational material, food, teacher training and infrastructure to enable access to quality ECDS. Therefore, these centers continue to encounter scarce resources as a major drawback towards effectively delivering ECD related services. To validate this claim, one of the practitioners said:

*“We need more educational equipment such as toys because what we have is inadequate. We do not have adequate funds to buy more toys if some have broken or if we enrolled more children.” (PRAC 2)*

*“We still need additional classrooms, for sick-bay and a kitchen. If we could have a place where we as practitioners could report our concerns, challenges and opinions, it would be better.” (PRAC 1)*

*“We need food supplements from NGOs and the government because we do not have sufficient food to feed our children. This is because some parents did not pay their tuition which result in us buying few food stuff.” (PRI 1)*

The above statements bear testimony of the realities of scarce resources within ECD centers operating in poor communities. This finding is similar to the observation by Atmore (2019) that most ECD centres lack equipment and operate in less than adequate accommodations. At times the practitioners may resort to using their own resources to enable the smooth running of the centers so that children can access education. This is elucidated by one participant who stated that:

*“It is not a nice sector because sometimes we do this job because of the love of children not because of the love of the money.....The little money we get from the ECD subsidy, we pay the staff, and we buy the groceries. We combine that money with the school fees so that we can give the salaries to our staff, but you find that some other times we do not have the money, so we have to sacrifice, in order to get paid. Even now I did not get the subsidy from the Department of Social Development, so I have to wait until the funding is transferred.”* (PRI 1)

The findings above resonate well with the observation by Marais (2016) that the subsidy from the Department of Social Development, in combination with fees, falls dramatically short of the operational costs of ECD centers. Tyilo et al. (2017) also notes that the subsidy from the Department of Social Development, in combination with fees, falls dramatically short of the operational costs of ECD centers. When the operational costs fail to comprehend with the income, the children will be deprived of other essential services thus in the long run affect the development of the child most especially in both the microsystem and the meso-system according to the ecological systems theory (Christensen, 2016). In addition, when the foundation of the theory is not strong enough, it consequently affects as the proceeding levels of human development negatively impacting on the socio-economic development of communities and by extension affecting the development of the nation. This also implies that the centers are operational without considering issues of sustainability and in worst cases resulting in the closure of some centers. Literature reviewed also support the same sentiments highlighting that that lack of adequate resources negatively impacts on efforts made to ensure ECD service delivery thus this negative experience is mostly pronounced in poor and rural communities (Mugweni, 2017; Tyilo et al., 2017). The following theme discusses the challenges being faced by ECD centers regarding access to ECDS.

### **4.3.3 Theme 3: Challenges regarding access to early childhood services**

The research identified various challenges that negatively impact on access to early childhood services within the sector. The findings suggest that lack of adequate infrastructure, lack of adequate learning materials and resources, overcrowding of classrooms, under qualified practitioners and little or lack of subsidy are some of the challenges being experienced. Each of these identified sub-themes are discussed in detail in the following sections.

#### **4.3.3.1 Subtheme 3.1: Lack of sufficient infrastructure**

Atmore (2019), Mugweni, (2017) and Du Plessis and Conley (2017) states that most of the ECD centers are confronted with a challenge of inadequate infrastructure negatively affecting the educational outputs presented in these centers. The participants indicated lack of sufficient ECD infrastructure as one of the critical challenges confronting the sector towards providing equitable ECDS within the area. ECD infrastructure as it relates to this study includes the playground for the children as they learn and essential movable and immovable infrastructure such as ablution facilities, water and sanitation facilities, kitchen, classrooms as well as chairs and desks. The practitioners indicated that there is a serious challenge relating to the key basic services such as sanitation, running water and enough classrooms to cater for all the enrolled ECD learners. One of the practitioners indicated that,

*“We have a lot of children here as you can see, but we only have a few toilets that are functional in fact, we have only one toilet working. Both our girls and boys use that toilet and they take turns which is not ideal.” (PRAC 2)*

The lack of appropriate infrastructure furthermore presents a health challenge to the children as well. Regardless of a number of policies that indicate that there must be adequate facilities that are functional within these centers, the conditions are mainly met during the registration phase and when most of these facilities are registered they tend to be relaxed concerning maintaining

the regulated sanitation facilities (Plessis & Conley, 2017). The reasons why these facilities continue to face these challenges is due to lack of adequate funding and support from the government thus the centers operate without the basic services that are regarded as essential for all (Barrett et al, 2019). Another practitioner indicated that,

*“Sometimes we experience water rationing here in Zwelitsha, although it is not that frequent it is still a challenge that we face. Catering for all these learners without running water is impossible and we tend to send the children home, missing a day or two without attending classes” (PRAC 1).*

The implication of this statement shows that these facilities are breaching the ECD policies hampering efforts from the government towards providing quality early childhood education as emphasised by Baloyi and Makhubele, (2018). Another interviewed participant highlighted that,

*“We also face a challenge of classrooms; the classrooms are too small considering the number of children we have now. [...] there is also load shedding when Eskom starts implementing their schedules (PRI 1)*

These findings suggest that the ECD centers in Zwelitsha are faced with the challenge of inadequate infrastructure to cater for equitable ECDS. This challenge results in the facilities neglecting essential conditions that needs to be met when delivering education. Most of these centers were operating without the prerequisite paper work hence facing such challenges as they cannot be assisted by both the DBE and also the DSD. Both parents and ECD practitioners requested help for additional infrastructure in the form of extra classrooms from the relevant authorities. Schwella (2015) and the DSD (2020) stress that a lot of ECD centers are operational without proper registrations thus also failing to adhere to the stipulated policies by the government. Thus, instead of enhancing ECD service provision, a lot still needs to be done in

line with ensuring compliance and the adoption of Bronfenbrenner's theory to ensure maximum child development results from the microsystem level of the theory.

#### **4.3.3.2 Subtheme 3.2: Lack of adequate learning materials and resources**

Literature surveyed showed that many ECD centers are crippled with a challenge that relates to the shortages of adequate learning material resources including print materials, technology related materials, computers and toys (Okongoe et al., 2015; Marais, 2016). The centers thus fail to offer innovative technologies and quality education to the children from a young age which is a contributory factor to literacy and numeracy skill deficiencies in children due to poor access to the important resources. The findings of the study also showed the same results of lack of adequate learning materials and resources hindering effective provision of ECDS in Zwelitsha. One of the practitioners stated that their ECD center face challenges such as lack of computers, toys and limited books because they do not have the adequate resources to cater for all the ECD learners. ECD practitioner 2 expressed that,

*[...] we do not have enough play and educational toys for the children [...] with the technology advancing we also need computers to teach these kids from a young age but we do not have one ... we cannot afford to buy them" (PRAC 2)*

Furthermore, a practitioner highlighted that the lack of resources to cater for effective learning contributes to a limited enrolment as parents communicate with each other in the communities. Literature also echo the same sentiments indicating that many ECD centers are failing to deliver equitable services due to lack of sufficient resources (Okongo et al., 2015; Marais, 2016). This is also substantiated by the responses from some of the parents who indicated that,

*[...] our children go to school just to play because some of the centers do not have the right learning materials to teach our children [...] we don't have a choice but to send them because we also have to do some business [...] some parents are even withdrawing their children and send them to government schools" (PAR 3)*

In the same vein, some of the parents indicated that the ECD centers fail to provide essential resources to the children hence they chip in wherever possible but still it is not enough. To validate this claim, parent 1 alluded that;

*"At times we provide financial assistance yet we do not have money ourselves which is a heavy burden on us as parents." (PAR 1)*

This indicates a huge impact in the unregistered centers. On the other hand, the registered centers are also facing the same challenge but the impact it presents to their centers is limited as they get some learning materials from the DBE. Thus, the children that are enrolled in the registered centers are at a better advantage than the ones from the unregistered ones. Literature also indicates that although community based ECD centers are aimed at promoting access to improved ECDS to the children within the communities, they fail to adequately deliver because of lack of learning materials and material resources (Oduolowu & Oyesomi, 2016; Mugweni, 2017). The surveyed literature also substantiates the same view indicating that learning materials such as toys, computers were unavailable hindering the ECD centres to deliver quality education (Oduolowu & Oyesomi, 2016; Tyilo et al, 2017).

#### **4.3.3.3 Subtheme 3.3: Underqualified practitioners in the Early Childhood Development centers**

The important factor towards achieving effective delivery of ECD related learning services shows that there is need for the practitioners to be well versed with updated knowledge of new developments. Nevertheless, surveyed literature indicates that there are a number of unqualified

practitioners within the ECD centers in rural communities (Baloyi & Makhubele, 2018; Atmore, 2019). The findings of this study also highlight another challenge that the ECD centers are facing is of underqualified practitioners teaching in the ECD facilities. Parents noted with serious concern that most people entrust their children to people who are not qualified enough to be teaching them. One of the parents noted that,

*“Despite many years of practical experience and a deep love of children, far too many ECD practitioners are under qualified for the work they do.”* (PAR 11).

In order to provide a purposeful and thoughtful ECD programme, where children can learn actively in a safe and stimulating environment, the practitioners in the program need to be able to read, plan, reflect critically, and keep good records. This helps them not only with the successful management of the program’s administrative aspects, but it helps them better educate the children under their care (Mugweni, 2017). However, the parents were of the opinion that the ECD teachers were not qualified enough as some of them do not have qualifications in early childhood development although they hold other qualifications.

One of the practitioners highlighted that she does not feel adequately equipped to work at the ECD center. The researcher, upon further probing also asked if there are any training and development that they were currently receiving to equip them to be more qualified to teach and the participant indicated that,

*“No, the DBE promised us Level 5 & 6 training but that never took place, I need further training by Social Development.”* (PRAC 1).

This implies that there is lack of coordination among the government departments towards ensuring that the practitioners receive enough qualifications. It is essentially important that the

practitioners academically and professionally possess the requisite qualifications to enable the development of the children as presented by the theory. The theory states that a school set up is essential for the development of the children constituting the micro-system since children spend a lot of their time in these facilities helping in shaping, moulding and nurturing their development hence it is critical to have a qualified person to cater for the needs of the children (Bronfenbrenner, 1979; Christensen, 2016; Nand, 2017). These findings are substantiated by the literature reviewed highlighting that unqualified and underqualified practitioners in the sector are a serious challenge as they fail to deliver equitable ECDS (Mugweni, 2017; Atmore, 2019).

Most of these unqualified practitioners are most pronounced in developing countries and most especially in the rural communities like in the case of South Africa, Ghana and Zimbabwe (Mungweni, 2017; Atmore, 2019; Wolf, 2020). The children within the ECD centers thus fail to have access to quality education as some of the practitioners fail to implement drafted plans into action and even translate policies and plans into their curriculum. This is mainly because the centers deploy unqualified personnel to teach the ECD learners. The findings are also supported by the DSD (2015) as many ECD practitioners are unqualified and most especially in poor rural communities leading to inequality in terms access to education between the rural and urban communities. Mugweni (2017) also support the findings of this study emphasising that the unqualified practitioners fail to execute ECD curriculums effectively coupled with lack of continuous development to be well aware with new developments within the field.

#### **4.3.3.4 Subtheme 3.4: Shortages of funds**

Most of the community as well as home based ECD centers in rural areas continuously face financial constraints as a barrier for them to effectively and equitably deliver ECDS (Atmore, 2019). The shortages of funds are due to a number of factors such as lack of subsidies from the

government, lack of financial support from various stakeholders and NGOs, lack of sufficient support from the parents due to poverty and from the DSD. This pose a serious challenge to the ECD centers in Zwelitsha thus the centers fail drastically to match the services rendered by other ECD centers hence depriving the learners' access to equitable learning and development resources essential for cognitive, physical and psychological development essential for human development in the future. Even when the facilities want to implement certain programs, they are deprived financially to meet their goals this is also echoed by a study conducted by Tyilo et al. (2019) on the challenges faced by educators in implementing ECD policies. Principal 2 stated that the ECD centers are failing to meet the needs of the children because the government is not doing enough to help and facilitate the centers financially and politically in terms of effective policy implementation. Thus, financial assistance and political will that in turn help the children to develop as presented by the macrosystem of the theory. Additionally, principal 2 postulated that the centers are not receiving enough funds from the key stakeholders such as the DBE as well as the DSD.

*"Without these funds we still struggle to ensure top class ECDS and surviving business with such a challenge is a disaster" (PRI 2)*

Practitioner 2 also added that,

*"The money that we charge as fees from the parents is not viable enough to cover all the expenses that we encounter." (PRAC 2)*

To survive, the practitioners mentioned that they need at least R35 000 monthly to cater for operational expenses as well as for the salaries of the workers. The ECD centers are thus overwhelmed financially thus hindering their efforts to provide equitable early childhood education in the community. Practitioner 2 also added that;

*"The government does not do much to help and without a sustainable funding mechanism, the sector continues to suffer negatively impacting the lives of the*

*children [...] The community is poor and heavily relying on the fees is not sustainable as most of the people are unemployed leaving the centers with insufficient funding sources". (PRAC 2)*

The above statements are evidence enough that the government itself is not doing enough to help these ECD centers in sustainably developing the local communities through proper investment in the educational sector hence the children continue to suffer.

#### **4.3.3.5 Subtheme 4.5: Inadequate salaries of practitioners**

Salaries and wages are essential to ensure that general employees are motivated to perform at their very best ability. The case is of no exception to the ECD centers although many practitioners are very passionate about teaching ECD learners. There is need to also ensure that they are motivated to perform better (Mugweni, 2017). Most unregistered centers however tend to employ unqualified practitioners so as to reduce the amount of salaries they give them as alluded by Atmore (2019). The unqualified practitioners tend to attract relatively lower salaries that will not be able to sustain them and their families resulting in poor performance (Tyilo et al, 2017; Atmore, 2019; Baloyi & Makhubele, 2018).

The findings of this study also echo the same views indicating that inadequate salaries of the practitioners were another cause for concern as it constituted a challenge within the ECD sector. Inadequate salaries of practitioners result in parents contributing some money to pay the practitioners on top of the tuition fee they pay. This action ends up straining little resources of some poor households. One parent said that,

*"Although working in the ECD sector was better now, there were still some challenges around salaries" (PAR 9)*

Practitioner 1 supported this assertion from the parents and noted that,

*[...] I would say I am not satisfied with my conditions of service ... I do not have a problem with the hours that I work here ... But I have a problem with my salary, like for instance this month. I had to take money from my own pocket, from my salary savings because the money did not come in [subsidy from the Department of Social Development] .... I am not happy with what I am getting paid." (PRAC 1).*

This finding is supported by Loffell, Allsopp, Atmore and Monson (2008) who indicated that there is no minimum wage for ECD workers, and these educators are exploited. In addition, these practitioners have low salaries, no benefits, poor working conditions such as long hours, and the insecurity of working for a ‘community project’ results in a high staff turnover. This finding is also supported by Atmore (2012) and Atmore (2019) who argue that centers operating in poorly resourced communities lack money for salaries, equipment and feeding of the children because subsidisation is inadequate (or non-existent) and the parents, whose fees must support the facility, are often unemployed or earn low wages.

The Bio-ecological systems theory which forms the philosophical underpinning of the research signifies the importance of an ecological system comprising of various systems for the development of the child (Bronfenbrenner, 1979) when the first levels are not distorted in a way it results in poor application of the other levels of development, which in this case is poor performance by the practitioners due to low salaries they receive for conducting their job. Wolf (2020) in Ghana also reached the same results emphasising that the low and inadequate salaries given to the ECD practitioners tend to demoralise them to be reluctant thus only leave the children to play with no other activities aimed at the cognitive development of the children.

#### **4.4 Chapter Summary**

This chapter presented and interpreted data related to access to ECDS including the perceptions, experiences and challenges encountered by both the parents and the practitioners. The data was gathered from selected ECD centers in Zwelitsha, a township in the Eastern Cape Province from the ECD practitioners, center principals and parents. The findings are a product of a qualitative data gathered through semi structured interviews. This chapter covered aspects related to the socio-demographic characteristics of the participants. The data was presented capturing responses that answer the research question presented in the initial chapter of the study.

The next chapter is the final chapter which summaries the research study and provide conclusions as well as recommendations of the study.

## **CHAPTER 5**

### **SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS**

#### **5.1 Introduction**

The aim of this chapter was to integrate the information gathered throughout the study with the view to provide conclusions as well as recommendations based on the objectives of the study. The study explores access to ECDS considering the perceptions, experiences and challenges of the parents and ECD practitioners. The data was collected from parents and the ECD centers' principals and practitioners. In line with the discussions in prior chapters, the focus of this chapter is to provide an ultimate synthesis through merging the findings of the study from all chapters. The above will lead to comprehensive conclusions established from those key findings and ultimately give tangible recommendations. Recommendations for further studies were also made.

#### **5.2 Summary of the study**

This section provides a brief summary of all the chapters of this study.

##### **5.2.1 Chapter 1: Introduction of the study**

This chapter focused on providing the general overview of the study. The aim, research objectives and research question were presented to provide an understanding of what the study anticipated. The theory and methodology that underpins the study were introduced in this chapter. Terms were defined and clarified.

### **5.2.2 Chapter 2: Literature review**

The literature review chapter provided a description of the concept of early childhood development under investigation including a description of the state of ECDS within the Eastern Cape Province. Examples of the experiences of other countries from both developed and developing countries were given to enable understanding of the concepts from a global perspective. This chapter also provided a description of the South African policy framework that regulates and govern ECD. Bronfenbrenner's (1979) Bio-ecological systems theory was utilised to enable understanding of access to ECDS from a theoretical perspective. Emphasis was placed on the importance of the micro-, meso-, exo-, macro- and chrono systems in the development of children.

### **5.2.3 Chapter 3: Research methodology**

This chapter was fundamental in understanding the data collection process for the study. The chapter provided in-depth descriptions of the various techniques and methods utilised in the study in order to obtain answers for the presented research question. These include the research approach and design, population and sampling, data collection, data analysis, trustworthiness of the study, ethical considerations and limitations of the study.

### **5.2.4 Chapter 4: Presentation and discussion of the research findings**

This chapter presented the findings of the study. A description of the demographic characteristics of the 16 participants who participated in the study was provided. The collected data was developed into themes and subthemes in line with the responses given during interviews with the participants. The findings were interpreted and discussed to derive meaning.

### **5.2.5 Chapter 5: Summary, conclusions and recommendations**

This last chapter provides a synthesis of the key findings and concludes the study. Since this chapter is the final chapter of the study, the overall conclusion of the perceptions, experiences and challenges of ECD practitioners and parents regarding access to ECDS was made. Based on the study conclusions, outcomes of the findings, and suggestions from the study participants, recommendations for relevant stakeholders are proffered. Recommendations for future studies were also provided.

### **5.3 Summary of the research findings**

Below is a summary of the research findings.

#### **5.3.1 Perceptions of parents and early childhood practitioners regarding access to early childhood services**

This study sought to determine the perceptions of both parents and practitioners of early childhood development centers regarding access of early childhood services. The study found that both the parents and practitioners share the same sentiments to enhance access to early childhood services, fees must be made cheaper to become affordable considering that many people in the study area are indigents. In line with the above, the DOE is supposed to subsidise early childhood centers to make them affordable and enable access to services. In addition, early childhood practitioners postulate that in order to enhance access to early childhood services, centers are supposed to be within a walkable distance. The major challenge that is affecting accessibility to centers is attributed to lack of equipment as centers operate in less than adequate accommodations. Participants indicated that if the above conditions are met, access to early childhood services will be further improved.

### **5.3.2 Experiences of parents and early childhood practitioners regarding access to early childhood services**

This study also investigated the experiences of parents and practitioners of ECD centers with regards to their access to early childhood services. The findings indicate that the participants encounter limited support from stakeholders, parents are not fully involved with their children's education, and encountering scarce resources. These experiences show that there is great need for the improvement of ECDS provision. For instance, the practitioners noted that they sometimes use their own resources to support the center as a way of mitigating the unavailability of the needed resources. It was also established that the practitioners experience limited support from stakeholders which hinder effective ECD service provision.

### **5.3.3 Challenges of parents and early childhood practitioners regarding access to early childhood services**

The study also identified challenges of both parents and practitioners. Parents identified lack of qualified practitioners as the major challenge that they face as most practitioners do not possess the required qualifications. Lack of sufficient resources and infrastructure were also identified as pressing challenges that affect the provision of ECDS to children. In addition to the above, inadequate salaries of the practitioners were also mentioned as another cause for concern. Inadequate salaries of practitioners result in parents contributing some money to pay the practitioners on top of the tuition fee they pay.

## **5.4 Recommendations**

An outcome of the research findings and suggestions from the participants enabled the researcher to come up with the following recommendations.

#### **5.4.1 Training of practitioners**

The study recommends that the DOE should make a concerted effort to facilitate training of early childhood practitioners as well as enabling them to attain adequate qualifications that enable them to effectively execute their day-to-day duties. In addition, it is recommended that the practitioners must be trained on administration as this will enable them to effectively manage early childhood centers. These trainings also need to be affordable.

#### **5.4.2 Infrastructure development**

The study established that poor infrastructure within the province impacts negatively on effective implementation of early childhood services. Therefore, this study recommends the need to focus on other initiatives that support effective implementation of early childhood services, which include infrastructure development. Lack of infrastructure often disadvantages learners. Thus, this study recommends the need to build classrooms with internet connectivity to enable smooth running of early childhood centers. Through infrastructure development, the Department of Education can be able to boost early childhood services implementation, since infrastructure connects people with goods and services.

#### **5.4.3 Research and early childhood practitioners**

The world is ever evolving and, as such, there is a need for conducting research on the early childhood social landscape of the province. This can be done through engaging the ECD practitioners' officials in research which will ensure up-to-date information about ECD. This initiative can be spearheaded by the government. This type of research will avail ongoing information regarding the success and feasibility of establishing more viable centers within the province. This will strengthen EDC planning and implementation, thus improving its success rate. The study recommends that the Department of Education should channel efforts towards recruiting more ECD practitioners to oversee ECD planning and implementation. This will

contribute towards effective and efficient implementation of ECD within the Eastern Cape Province.

#### **5.4.4 Collaborative support**

To mitigate the challenges encountered by ECD practitioners and parents, the researcher recommends collaborative intervention by the local authority, the central government and humanitarian organisations. Collaboration enables these service providers to adequately deliver basic ECDS to children, provide relief to the ECD centers and parents and well as supporting parents so that they can be more involved in the education of their children. This collaborative strategic partnership is vital as it enables the parties involved to form programs and initiatives that have a positive bearing on access to ECDS.

#### **5.4.5 Government visits**

The study found that departmental officials from the DOH and DSD do not visit the centers regularly. The officials only visit for immunisation purposes and when they supply resources. This study therefore recommends the need for the DOH and DSD to continuously visit the ECD centers to monitor and evaluate their condition. This will result in early identification of challenges and solutions will be sought early. These officials from the DOH, DOE, and DSD can visit the ECD centers and help the practitioners to design effective plans and activities to enhance teaching and learning as well as involvement and participation of parents.

### **5.5 Suggestions for future research**

- A similar study can be done on a broader scale to obtain a detailed analysis of the perceptions, experiences and challenges of parents and ECD practitioners regarding access to ECDS.

- Possible topics for further research may include assessing the various roles of parents in ECD within the country especially within the poor rural communities so as to continuously engage the parents with the cognitive and psychological development of their children.
- Another study can also be conducted to highlight the effectiveness of key stakeholders in implementing ECD programmes to the small and poor communities to allow improved access to early childhood education for all.

## **5.6 Final Conclusion**

The issue of access to early childhood services is a critical issue that requires an immediate attention of both policy makers and policy implementers. The conclusion that can be drawn from this study to address issues related to the access to early childhood services is that there is greater need for government, parents, and practitioners to work as equal partners in establishing a viable early childhood development system that will benefit every child within the country. Training of practitioners and building of adequate infrastructures seem to have a positive impact towards enhancing access to early childhood services.

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## **Appendices:**

## Appendix A: Ethical clearance certificate



### OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

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South Africa  
T: +27 21 959 4111/2948  
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21 January 2019

Mrs V Mpumela  
Social Work  
Faculty of Community and Health Sciences

Ethics Reference Number: HS18/10/18

**Project Title:** Access to early childhood development services:  
Perceptions, experiences and challenges of early  
childhood practitioners and parents.

**Approval Period:** 18 January 2019 – 18 January 2020

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

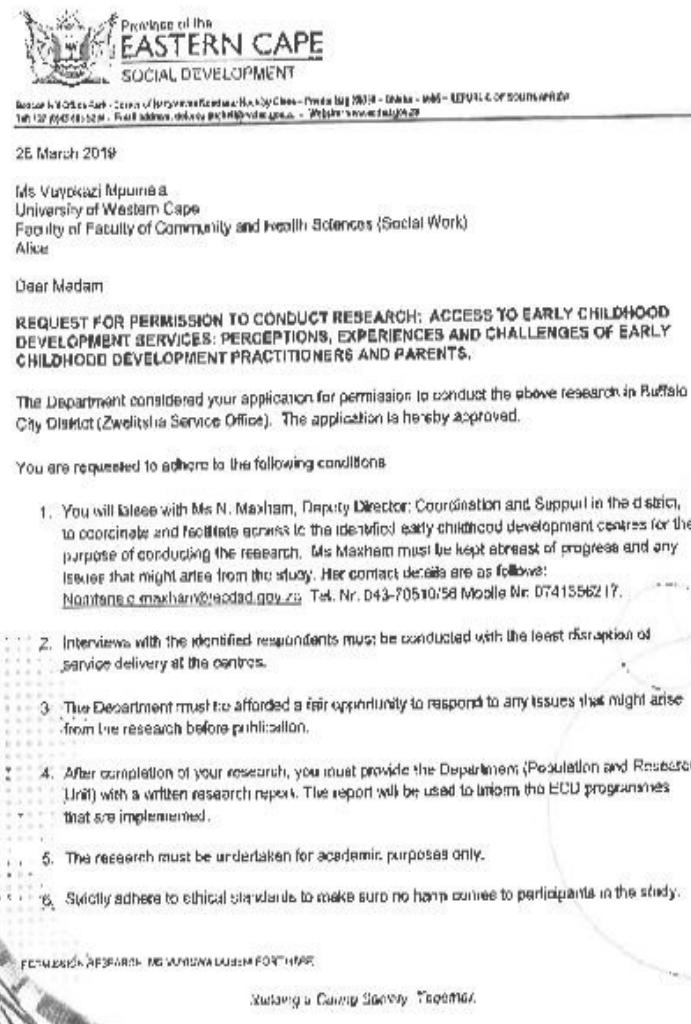
Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink that appears to read "Josias".

*Ms Patricia Josias*  
Research Ethics Committee Officer  
University of the Western Cape

## Appendix B: Departmental permission



7. You avail yourself, should the need arise, to make a presentation of the findings and recommendations to the Department.

Please acknowledge and sign this document to indicate that you agree to and accept the conditions as stated above. Return the signed document via email to the Director: Population Policy Promotion not later than 15 April 2019.

E-mail: [dolores.tatchell@ecdsd.gov.za](mailto:dolores.tatchell@ecdsd.gov.za)

I wish you well with the research and look forward to the findings and recommendations.

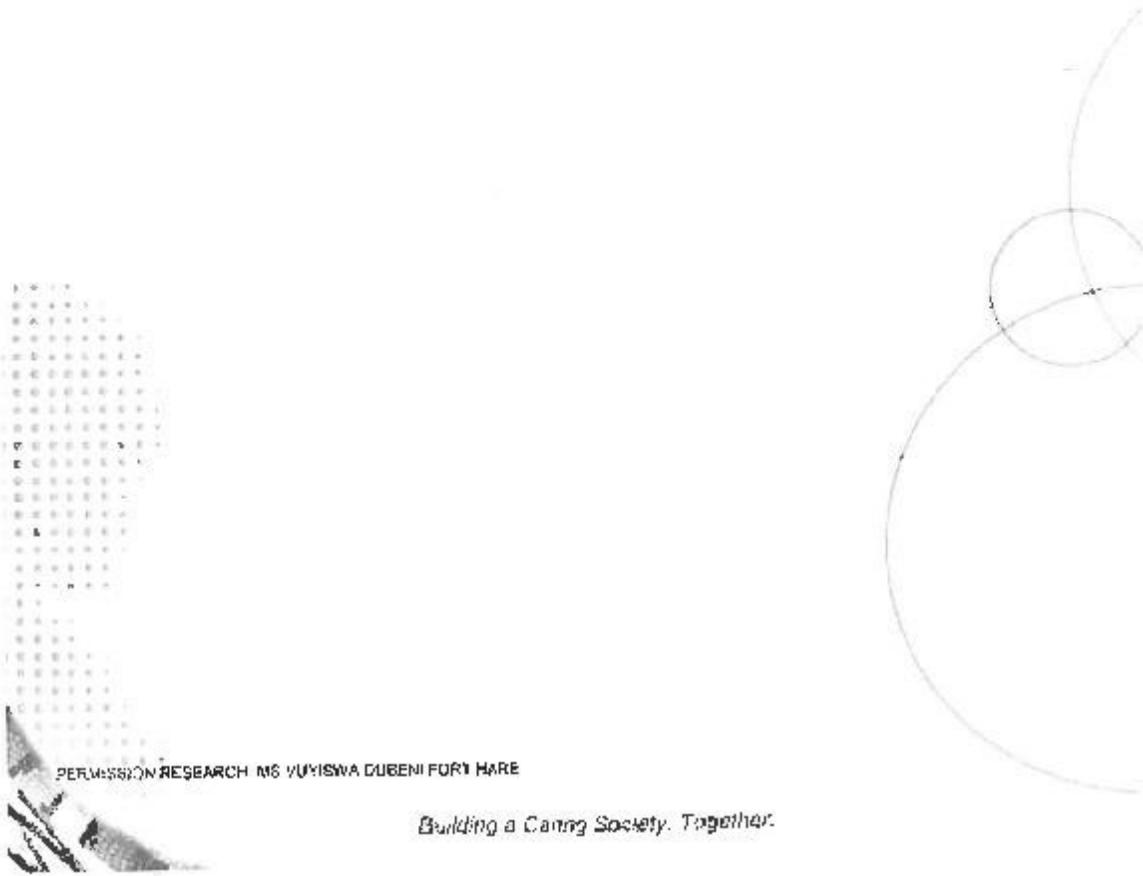
Yours sincerely



MS N. BAART  
HEAD OF DEPARTMENT  
DATE: 07/04/2019



MS VUYOKAZI MPUMELA  
MASTERS CANDIDATE: UNIV OF WESTERN CAPE  
DATE: 16/04/2019



PERMISSION RESEARCH NG YUVISWA DUBENI FORT HARE

*Building a Caring Society. Together.*

## **Appendix C: Information sheet for ECD practitioners (English)**



UNIVERSITY OF THE WESTERN CAPE  
Private Bag X 17, Bellville 7535, South Africa  
*Tel:* +27 21-959 2459, *Fax:* 27 21-959 3686  
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### **INFORMATION SHEET FOR ECD PRACTITIONERS**

#### **Project Title:**

Access to early childhood development services: Perceptions, experiences and challenges of early childhood practitioners and parents.

#### **What is this study about?**

This is a research project being conducted by Vuyokazi Mpumela at the University of the Western Cape. I am inviting you to participate in this research project because you have expertise and experience in the field. The purpose of this research project is to explore the perceptions, experiences and challenges of parents and ECD practitioners with regards to their access of early childhood services.

#### **What will I be asked to do if I agree to participate?**

You will be asked to fill in the agreement form for the semi-structured interviews and use of audiotape prior to conducting the interview. You will be asked to respond to the interview questions in the way you understand them. The interview will take about 30 to 60 minutes. The selected early childhood development center will be used as study site. The questions for the interview are exploring the perceptions, experiences and challenges of parents and early childhood development practitioners with regards to their access of ECDS.

#### **Would my participation in this study be kept confidential?**

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, thus your name will not be included for any purpose in this research project. A code will be used to differentiate different transcriptions of participants. Only the researcher will be able to link your identity and will have access to the identification key especially for the information verification. To ensure your confidentiality, the interviews will

be copied to a computer immediately and deleted from the audiotape. The interviews will be kept in the password protected folder which will be known to the researcher only. The transcriptions will be identified with codes and stored in the lockable filing cabinet, personal to the researcher. If we write a report or article about this research project, your identity will be protected to the highest.

### **What are the risks of this research?**

There may be some risks from participating in this research study. The risks may include the psychological, social, emotional, and legal risks. There might also be the risks that are currently unforeseeable as: all human interactions and talking about self or others carry risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

### **What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about the area of ECDS rendered in the Eastern Cape Province, and the findings may serve as an inspiration and reference for further research, and also provide information to the government for appropriate measures to be taken to improve and allocate resources to meet the needs of the 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?** All possible precautions will be taken to protect you from experiencing any harm form the research process. If however, you are or feel that you are being negatively affected by this research; suitable assistance will be sought for you at University of the Western Cape.

### **What if I have questions?**

This research is being conducted by 'Vuyokazi Mpumela in the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact 082 9301440, and The Head of Department, Department of Social Development, Beacon Hill Office Park, King Williams Town at this number 043 605 5000/605 5419. 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:

Dr. M Londt Dept  
of Social Work  
[mlondt@uwc.ac.za](mailto:mlondt@uwc.ac.za)  
021 9592277

Dean of the Faculty of Community and Health Sciences:

Prof Anthea Rhoda  
University of the Western Cape  
Private Bag X17 Bellville  
7535  
[chs-deansoffice@uwc.ac.za](mailto:chs-deansoffice@uwc.ac.za)

UWC Research office [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)  
021 959 2988

## **Appendix D: Information sheet for parents (IsiXhosa)**



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### **INFORMATION SHEET FOR PARENTS**

**Ishloko -ndaba:** Ukufikelela kwenkonzo zokupuhlisa abantwana abancinci: Indlela abazibona ngayo ezi nkono neengxaki abahlangabezana nazo abazali nabo bagcina, befundisa aba bantwana.

#### **Lumalunga nantoni oluphando-nzulu?**

Olu lumphando-nzulu olwensiwa ngu Vuyokazi Mpumela kwiziko lemfundo ephakamileyo eliseKapa. Ndiyakumema ke ngoko ukuba uthathe inxaxheba kwesi sifundo sophando-nzulu kuba unesakhono, kwaye uphum'izandla kwelicandelo. Injongo yesi sifundo sobunzulu-lwazi kukuphonononga, nokuphanda nzulu ngendlela abazali abazibona ngayo, neengxaki abahlangabezana nazo malunga nezi nkono zokupuhlisa abantwana abancinci ngezifundo zabo, nendlela abazifikelela ngayo ezi nkono.

#### **Kuzakufuneka ndenze ntoni ukuba ndiyavuma ukuthatha inxaxheba?**

Kuzakufuneka ukuba ugcwalise ifomu yesivumelwano sovavanyo-zimvo ngendlela ethile, kusetyenziswe nomatshini wokusiclela phambi kokuba kuqaliswe wonke lomsebenzi. Uzakucelwa ukuba uphendule Imibuzo ngendlela okuqonda ngayo oko kubuzwayo. Olu vavanyo-zimvo luzakuthatha imizuzu engamashumi amathathu ukuya kwiyure. Eloziko lokupuhlisa abantwana abancinci likhethiweyo lakusetyenziswa njengendawo yokuqhubela lomsebenzi. Ndenza uphando-nzulu malunga nendlela abazali abazibona ngayo iinkonzo zokupuhlisa izifundo neenkonzo ngokuphathelele nabantwana abancinci. Imibuzo yoluphando-nzulu imalunga nendlela abazali abazibona ngayo iinkonzo zokupuhlisa izifundo neenkonzo ngokuphathelele nabantwana abancinci.

#### **Ukuthatha inxaxheba kwam koluphando-nzulu kuzakugcinwa kuyimfihlelo?**

Owenza oluphando-nzulu kusemagxeni ache ukukhusela ukuqatshelwa nokwaziwa kwakho nendlela oxhasa ngayo ngulomba. Ukuqinisekisa ukungaziwa kwakho, akuyi kusetyenziwa gama lakho, lingayi kubandakanya nakuziphina iinjongo zoluphando-nzulu. Kwakusetyenziswa inombolo-mbhalo ethile ukohlula izimvo ngezimvo zabo bathabathe inxaxheba. Kumphandi-nzulu kuphela oyakubanonxulumano lokubandakanyeka kwakho, noyakufikelela kwinombolo-mbhalo echaza wena, ngakumbi xa kuphicothwa olulwazi. Ukuqinisekisa ukuba yonke into enxulumanisa wena noluphando-nzulu iyakugcinwa emfihlakalweni, uvavanyo-zimvo lwakufakwa ekhomputheni kwangoko emva kokuqokelela izimvo, icinywe kumatshini woshicilelo. Ulwazi oluphume kuvavanyo-zimvo lwakugcinwa ekhompteni, lwaziwe ngumphandi-nzulu kuphela. Uguqulo-zimvo lwakukwaziwa ngeenombolo-mbhalo ezifihlakeleyo, kwiikhabhathi zasezi-ofisini ezitshixwayo zomphandinzulu. Ukuba sibhala ingxelo okanye isiqendu ngalomsebenzi, ukwaziwa kwakho kuzakuhlala kugcinwe emfihlakalweni ngendlela ekwizinga eliphezulu.

### **Uphi umngcipheko koluphando-nzulu?**

Ungakhona umngcipheko ngokuthatha inxaxheba koluphando-nzulu. Imingcipheko ingaqua ukuchaphazeleka ngendlela ingqondo nemvakalelo ezisebenza ngayo, intlalo, ukudandatheka ngokwasemphefumlweni, nangokomthetho. Ingakhona nemingcipheko ebingalindelekanga, efana nje nokunxulumana kwabantu, ukuthetha ngesiqu sakho okanye abanye. Sakuzama kangangoko ukunciphisa umngcipheko onjalo, sikhawuleze sense okufanelekileyo ukunceda ukuba uziva ungakhululekanga ngandlela ithile. Ukuba kukho imfuneko, uyakuthi unikezelwe koochwepheshe ukuba bangenelele.

### **Ikhona inzuso koluphando-nzulu?**

Oluphando-nzulu alulungiselelwanga ukuba lukuncede njengesiqu, kodwa iziphumo zalo zinganceda umphandi axhobiseke ngakumbi kwicandelo lweziphuhlisa abantwana beselula ngokweminyaka, ngakumbi indlela ekwenziwa ngayo oku kwiphondo leMpumaKoloni, iziphumo zingasetyenziswa njengesibonelo nesikhombisi kuphando olunokulandela olu, kwakhona, lunganika ulwazi kurhulumente ukuze alusebenzisele ukuphucula nokunyusa izinga lezinkonzo sithetha ngazo, kwaye afake izixhobo zokusebenza kufezekiseke iimfuno zabantwana.

### **Kumele ukuba ndibeyinxalenye yoluphando-nzulu, ndingarhoxa nangawuphina umzuzu?**

Kusekukholweni nasekuthanden i kwakho ukuthatha inxaxheba. Ungakhetha ukungathathi nxaxheba kwaphelal. Ukuba uthatha isigqibo sokuthatha inxaxheba, unako ukuyeka ukwenza oko nangaliphi na ixesha. Ukuba uthathe isigqibo sokungathathi nxaxheba, awuyi kufumana sohlwayo okanye upholukane nenzuzo ekufaneleyo.

**Lukhona uncedo olufumanekayo xa ndinokuchaphazeleka ngendlela engathandekiyo koluphando-nzulu?**

Kuyakwensiwa konke okusemandlela ukukukhusela ukuba ungachaphazeleki ngendlela engathandekiyo, kwaye ungfumani konzakala kuyo yonke lendlela yoluphando-nzulu. Ukuba uziva unxunguphele ngandlela ithile, uncedo olukufaneleyo lwakulungiswa.

**Ndingenza njani xa ndinemibuzo?**

Oluphando-nzulu lwenziwa ngu ‘Vuyokazi Mpumela kwicandelo leNtlalontle kwiziko lemfundo ephakamileyo laseKapa. Ukuba unemibuzo, qhagamshelana naye kule nombolo yasesinjeni: 082 9301440. Ungaqhagamshelana nale ofisi: Intloko yeSebe, Isebe lezeNtlalontle, Beacon Hill Office Park, Qonce, Mpuma-Koloni kule nombolo 043 605 5000/605 5419. Ukuba unemibuzo malunga noluphando-nzulu namalungelo akho okuba ngumthathi- nxaxheba okanye unqwenela ukuphalaza iingxaki ohlangabezene nazo, nceda uqhagamshelane naba balandelayo:

Head of Department:

Dr. M Londt Dept

of Social Work

[mlondt@uwc.ac.za](mailto:mlondt@uwc.ac.za)

021 9592277

Dean of the Faculty of Community and Health Sciences:

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## **Appendix E: Consent form (ECD center principals and practitioners)**



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HSSREC Research Development, UWC  
021 9592988/research-ethics@uwc.ac.za

### **INFORMED CONSENT FORM**

#### **ECD Practitioners, ECD center Principals**

**Title of Research Project:** Access to early childhood development services: Perceptions, experiences and challenges of early childhood practitioners and parents.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate, it's my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

- I agree to be audio-taped during my participation in the study.  
 I agree not to be audiotaped during my participation in this study.

**Participant's name.....**

**Participant's signature.....**

**Date.....**

## **Appendix F: Consent form for parents**



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**HSSREC Research Development, UWC**  
**021 9592988/research-ethics@uwc.ac.za**

### **INFORMED CONSENT FORM FOR PARENTS**

**Ishloko -ndaba:** Ukufikelela kwenkonzo zokupuhlisa abantwana abancinci: Indlela abazibona ngayo ezi nkondo neengxaki abahlangabezana nazo abazali nabo bagcina, befundisa aba bantwana.

Isifundo sophando-nzulu sicacisiwe kum ngolwimi endiluqondayo. Imibuzo yam ngoluphando-nzulu iphendulekile. Ndikuqonda kakuhle okuqulathwe yinxaxheba endizakuyithatha, kwaye ndiyavuma ukuthatha inxaxheba ngokungenaxhala nakuthandabuza. Ndiyaqonda ukuba akukho nkukacha zam zakuthi zipapashwe zityhilwe nakubani na. Ndiyaqonda ukuba ndinako ukurhoxa koluphando-nzulu nangawuphina umzuzu ngaphandle kokunika isizathu, ngaphandle kokoyikisela ukuphuncukana noko bendinokuzuza okanye iziphumo ezingancumisiyo.

\_\_\_\_\_ Ndiyavuma ukuba kusetyenziswe umatshini wokuchola-chola xa ndithabatha inxaxheba koluphano-nzulu.

\_\_\_\_\_ Andivumi ukuba kusetyenziswe umatshini wokuchola-chola xa ndithabatha inxaxheba koluphano-nzulu. .

**Igama lalowo unika ulwazi.....**

**Intsayino-gama yalowo unika ulwazi.....**

**Umhla.....**

## **Appendix G: Interview guide for ECD Center Principals and ECD practitioners**

**Date of Interview:** .....

**Research introduction:** This study is conducted in fulfillment for the requirements to obtain a Master's degree in Child and Family Studies at the University of the Western Cape. The study seeks to find out your perceptions, experiences and challenges relating to access to early childhood development services.

**Respondent Code:** .....

### **BIOGRAPHICAL INFORMATION**

Please complete the information below. All information that you provide is completely anonymous will not be linked to your identity and will be handled with the utmost confidentiality.

Please tick or circle the appropriate block pertaining to you or complete where necessary.

Thank you for your willingness to assist. Your time and effort is appreciated.

Gender	Male	Female
--------	------	--------

Race	African	Indian	Coloured	White
------	---------	--------	----------	-------

Age	
-----	--

Position Employed	
-------------------	--

---

Is ECD Center Registered?	Yes	No
---------------------------	-----	----

For how many children is the ECD Center registered?	
---	--

Do you reside in the community?	Yes	No
---------------------------------	-----	----

If Yes, for how long?	
-----------------------	--

Interview questions

1. How long has the ECD center been in existence?
2. What programmes/activities take place in the ECD center?
3. What do you understand about equitable access to the ECDS?
4. In your opinion, do you think the center is accessible? (Explain)
5. What is your understanding about a quality comprehensive package of ECDS? (Elaborate)
6. Do you think you provide this kind of ECD service? (How?)
7. If not, where are the gaps?
8. How would you describe the learning and care environment for children? (Elaborate)
9. What can you tell me about the role of parents in the planning of ECD programmes/activities in the center? (Elaborate)
10. Has the ECD center been visited by necessary government departments like Social Development, Education and Health?
11. How long have you been working in the ECD center?
12. What motivates you to work in the ECD center?
13. What do you dislike about working here?
14. What training did you have? (Probe)
15. Do you feel adequately equipped to work at the ECD center?
16. What kind of assistance do you receive (funding, feeding/nutrition, health care, teaching material, training, coaching, mentoring) at provincial, district, NPO and community levels?
17. What are your views about government, private sector and NPO support to your ECD center?
18. How would you describe your relationship with childrens' parents, community members/organisations, private sector and local/provincial government?
19. What kind of support do you need in the ECD center? In your opinion, who can provide this support? Could you kindly share with me the challenges (if any) associated with access of early childhood development services? (Please explain and give examples).

20. What is the source of these challenges?
21. How do children get to the center?
22. How would you describe the socio-economic status in this community? (Explain)
23. What communication strategy/strategies do you use to reach out to parents?
24. How do you deal with the challenges?
25. Describe those challenges that need to be addressed urgently (give explanations why you think this is crucial).
26. In which ways could some of these challenges be meaningfully addressed? (Give examples).
27. What plans are there to improve the access of these services?
28. How will these plans be achieved (give explanation/s)?
29. What improvements or changes would you want to see in the ECD sector at provincial, community and ECD center levels?

### **Ending**

Do you have anything else you would like to share with me?

Thank you so much for your participation and your time.

## **Appendix H: Interview guide for Parents**

**Date of Interview:** .....

**Research introduction:** This study is conducted in fulfilment for the requirements to obtain a Master's degree in Child and Family Studies at the University of the Western Cape. The study seeks to find out your perceptions, experiences and challenges relating to access to early childhood development services.

**Respondent Code:** .....

### **BIOGRAPHICAL INFORMATION**

Please complete the information below. All information that you provide is completely anonymous will not be linked to your identity and will be handled with the utmost confidentiality.

Please tick or circle the appropriate block pertaining to you or complete where necessary.

Thank you for your willingness to assist. Your time and effort are appreciated.

Gender	Male	Female
--------	------	--------

Race	African	Indian	Coloured	White
------	---------	--------	----------	-------

Age	
-----	--

Position Employed	
-------------------	--

Name of ECD Center your child(ren) attend	
---	--

Do you know if the ECD Center is registered?	Yes	No
--	-----	----

How many children do you have registered in the center?	
How long has your child (ren) been attending this center?	

Interview question

1. Do you have an idea of what is going on in the classroom? (Briefly explain)
2. In what way/s are you as a parent involved in the development of policies and procedures of the center?
3. Did you know the expectations of the center, even before you enrolled your child (ren)? (Explain)
4. Does the center meet your expectation/s as a parent? (How so?)
5. Does the center provide an opportunity for you as a parent to air your concerns? (Briefly explain)
6. What procedure do you follow when bringing and picking up your child (ren)? (Explain)
7. In your opinion, do you think the center is accessible? (Explain)
8. How would you describe the learning and care environment for children? (Elaborate)
9. What can you tell me about the role of parents in the planning of programmes/activities in the center? (Elaborate)
10. What motivates you to bring your child (ren) in the center?
11. What do you enjoy most about the services rendered here?
12. What do you dislike about services rendered here?
13. Do you think that the role parents play is an advantage to the center?
14. Do you think parents are interested in the development of their children? (How so?)
15. What are your views about government support to the center?
16. What would you describe your relationship with your child (ren)'s teachers?
17. What kind of support would you like to see in the center?
18. In your opinion, who can provide this support?
19. Could you kindly share with me the challenges (if any) associated with access of early childhood development services? (Please explain and give examples).
20. In your observation/s, what is the source of these challenges?
21. How do your child (ren), get to the center?

22. How would you describe the socio-economic status in this community? (Explain)
23. What communication strategy/strategies is being used to reach out to you as parents?
24. In your observation/s, how does the center deal with the challenges?
25. Describe those challenges that need to be addressed urgently (give explanations why you think this is crucial).
26. In which ways could some of these challenges be meaningfully addressed? (Give examples).
27. What improvements or changes would you want to see in the center? **Ending**

Do you have anything else you would like to share with me?

Thank you so much for your participation and your time.

## **Appendix I: Isikhokelo Soluhlu Iwemibuzo (Abazali)**

### **Umhla wovavanyo-zimvo:**

.....

**Intshayevelo Yophando-nzulu:** Oluphando-nzulu lwenzelwa ukufezekisa imigqaliselo efunekayo ukuphumelela izifundo zobunzulu-lwazi zenqanaba eliphezulu kwizifundo Zabantwana neeNtsapho kwiziko lemfundo ephakamileyo laseKapa. Injongo yesi sifundo sobunzulu-lwazi kukuphonononga, nokuphanda nzulu ngendlela abazali abazibona ngayo, neengxaki abahlangabezana nazo malunga nezi nkonzozokupuhlisa abantwana abancinci ngezifundo zabo, nendlela abazifikelela ngayo ezi nkondo.

### **Inombolo-mbhalo efihlakeleyo yalowo unika iimpendulo:**

.....

### **ULWAZI NGOKUNGQAMENE NESIQU SAKHO**

Nceda ugcwalise ulwazi apha ngezantsi. Lonke ulwazi olunikayo luzakuhlala lufihlakele aluzukwayanyaniswa nawe luzakugcinwa likwizinga eliphezulu lokufihlakala. Nceda ubonise umkorekisho okanye isangqa kulobhokisi ingqamene nempendulo yakho apho kufanelekileyo. Enkosi ngokungathandabuzi kwakho ukufuna ukuncedisa. Ixesha lakho nemizamo yakho iyancomeka, kwaye iyabulelwa.

Isini	Indoda	Umfazi
-------	--------	--------

Uhlanga	Untsundu	Lindiya	Owebala	Mnt'omhlophe
---------	----------	---------	---------	--------------

Ubudala	
---------	--

Isikhundla Sengqesho	
----------------------	--

Igama Leziko Labantwana	
-------------------------	--

Libhalisiwe iziko eli eburhulumenteni?	Ewe	Hayi
--	-----	------

Livumeleke ukuthatha abantwana abangaphi eli ziko?	
--	--

Uhlala kule lali/lokishi?	Ewe	Hayi
---------------------------	-----	------

Ukuba uthi ewe, unexesha elingakanani?	
--	--

Linexesha elingakanani eliziko likhona?

Zeziphi izinto ezenziwayo kweli ziko?

Wazi ntoni malunga nokufikelela ngokupheleleyo kwabo bonke abantwana kwiinkonzo zokupuhhlisa abantwana abancinci

Kolwakho uluvo, ucinga ukuba eli ziko liyafikelela ngokweenkonzo? (Cacisa ngokubanzi)

Wazi ntoni malunga nenkonzo egqibeleleyo (Naba) Ucinga

ukuba eli ziko liyafikelela kwelo zinga? (Njani) Ukuba

akunjalo, ingaba iphi ingxaki?

Ungayichaza uthini indawo nendlela abanakekelwa ngayo abantwana apha? (Cacisa ngokubanzi)

Ungandixeleta ntoni ngendima yabazali ekuqulunqeni izinto emazenziwe kweli ziko?  
(Cacisa ngokubanzi)

Iziko eli belikhe landwendwelwa ngamasebe karhulumente alindelekileyo afana nesebe  
Lezophuhliso neNtlalontle, EleZemfundo, neleZempilo  
Unexesha elingakanani umntwana wakho efumana imfundiso yophuhliso lwabantwana kweli ziko?

Yintoni ekukhuthazayo ukuba umzise apha?

Yintoni ekunika uchulumanco ngeenkonzo zeliziko?

Yintoni ongayithandiyo ngeenkonzo zabantwana apha?

Ucinga ukuba baxhotyiswe ngokupheleleyo abantu abasebenza ngaba bantwana apha?

Luhloboluni lwenkxaso olufunyanwa ngabantwana kweliziko (inkxaso-mali, isondlo, ezempilo, izixhobo zokufundisa, uqequesho) kwibakala lePhondo, LeSithili, Iqumrhu elingajonge-nzuzo, nasekuhlaleni?

Ucinga ukuba indima edlalwa ngabazali ilulutho kweliziko?

Ucinga ukuba abazali banawo umdla ekuphuhlisekeni kwabantwana babo?

Luthini uluvo lwakho ngenkxaso karhulumente, amacandelo abucala, amaqumrhu angajonganga-nzuzo kweli ziko?

Ungabuchaza njani ubudlelwane beliziko kunye nabazali, abahlali, amaqumrhu asekuhlaleni, amaqumrhu abucala, urhulumente wasemakhaya okanye wePhondo?

Luhlobo luni lwenkxaso oludingekayo kweli ziko?

Kolwakho uluvo, ngubani onokunikezela ngalenkxaso?

Ungabelana nam ngeenkathazo, ubunzima neengxaki (ukuba zikhona) ezinxulumene nokufikelela kwezinkonzo zokuphuhlisa abantwana abancinci? (Nceda uchaze, unike nemizekelo).

Yintoni intsukaphi yezingxaki?

Bafikelela njani abantwana benu ningabazali kweliziko?

Ungalichaza njani izinga lobume bentlalo yezoqoqosho kulendawo? (Chaza)  
Kusetyenziswa eyiphi indlela yokunxibevelana ukuzama ukunxulumana nani ningabazali?

Zisonjululwa njani iingxaki ezikhoyo?

Cacisa ezona ngxaki zifuna ukuhoywa kuqala nangokukhawuleza (nika inkcazelo yokuba kutheni kubalulekile ukuqala ngazo).

Ucinga ukuba zeziphi iindlela ezinye zezingxaki eziñokuthathelwa ingqalelo ngayo? (Nika imizekelo).

Njengabazali, nicinga ukuba kungenziwa ntoni ukuphucula iidlela ezifikelela ngayo ezinkonzo?

Luluphi uphuculo okanye utshintsho eninqwenela ukulubona kwicandelo lenkonzo zophuhliso lwabantwana abancinci kwinqanaba lePhondo, lokuhlala neleziko eli?

### **Isiphelo**

Ingaba ikhona enye into onqwenela ukwabelana ngayo kunye nam?

Ndiyabulela kakhulu ngokuba uthathe inxaxheba, nangexesha lakho.

## Appendix J: Editing certificate

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0725948848

Date: 05/08/2021

**RE: TO WHOM IT MAY CONCERN**

This letter serves to confirm that I have edited the dissertation titled:

**ACCESS TO EARLY CHILDHOOD DEVELOPMENT SERVICES: PERCEPTIONS,  
EXPERIENCES AND CHALLENGES OF EARLY CHILDHOOD PRACTITIONERS  
AND PARENTS**

By

**Vuyokazi Mpumela**

**3873450**

I carefully read through the dissertation, focusing on grammatical errors and spelling mistakes.

Please do not hesitate to contact me for any queries.

Yours sincerely,



Dr. B. Moffat

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