

**Exploring Early Childhood Development practitioners' perceptions of their caregiving
roles for young children in South Africa**

by

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Declaration

I, **Tina Mukhwathi** declare that this mini dissertation is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with the requirements as stated in the University's plagiarism prevention policy.

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Acknowledgement

Proverbs 3 verses 5-6 states “*trust in the Lord with all your heart and do not lean on your own understanding; in all your ways acknowledge him, and he will make your paths straight.*” I would like to acknowledge and thank the Lord for always keeping his promises to me and for carrying me through this journey. Without God this would not have been possible.

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Ethics Statement

The author, Mukhwathi Tina, whose name appears on the title page of this dissertation, has obtained, for the research described in this work, the applicable research ethics approval.

The author declares that he/she has observed the ethical standards required in terms of the University of Pretoria's code of ethics for researchers and the policy guidelines for responsible research.

Abstract

Both local and international research has demonstrated that the early years of a child's life are crucial for development. Yet, in South Africa, there is limited research centred on Early Childhood Development (ECD) practitioners' caregiving role as well as their perceived contribution to childhood development. For this reason, this study aimed to explore ECD practitioners' perceptions of their caregiving role for young children in South Africa. An exploratory qualitative research design was employed to achieve the research aim. Eight ECD practitioners were recruited through purposive and snowball sampling. Data was collected through individual semi-structured interviews. The interviews were transcribed and thematically analysed through which four main themes were conceptualised: ECD practitioners' perceptions of ECD, and their contributions to ECD; Perceptions of caregiving and roles that ECD practitioners play; Qualities of an ECD practitioner; and ECD practitioners' relationships with children. Based on the findings, it can be concluded that although the participants did not explicitly define caregiving in line with caregiver sensitivity/responsiveness as conceptualised within attachment theory, they nonetheless perceived themselves as caregivers who engage in several caregiving activities. The participants also demonstrated an understanding of what Early Childhood Development entails.

Keywords: Early Childhood Development (ECD), Early Childhood Development Practitioners Early Childhood Centres, Caregiving, Children

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Chapter 1: Introduction

1.1. Introduction

By way of introduction, this chapter will provide a brief background to the study as well as its rationale, aims and objectives. The research questions will also be outlined, and definitions of key concepts will be provided. Thereafter, the theoretical framework that underpins the study will be briefly described. This chapter will conclude with the layout of the study.

1.2. Background

The South African Government (n.d) defines Early Childhood Development (ECD) as a comprehensive approach to programmes and policies for children from birth to age nine years with the active participation of their parents and caregivers. It aims to protect children's rights to optimal development (DoE, 2017) during a critical period of rapid brain growth and maturation (Hartinger et al., 2016). Indeed, access to adequate ECD services in the first years of children's lives is one of the most effective ways of ensuring that children establish healthy developmental trajectories (Joo et al., 2019). The role that providers—here, referred to as *ECD practitioners*—of such services play can be crucial to the prevention of longer-term problems related to disturbances in early childhood, thus shaping the developmental outcomes of young children (Joo et al., 2019). There is, however, limited knowledge available on how professional caregivers, such as ECD practitioners, from resource-limited countries, promote early childhood development (September et al., 2016). Within the South African context, little is known about the caregiving role, specifically (which involves the provision of responsive and nurturing care as well as emotional support for young children)—over and above the educational role (which involves more targeted cognitive stimulation and teaching)—of ECD

practitioners and how these practitioners perceive or understand this caregiving role and its importance in promoting early childhood development.

1.3. Rationale

Berry and Malek (2017) report that 14% of children aged five or younger in South Africa are under the care of day mothers (e.g., nannies) and approximately 33% spend most of their day in ECD programmes. South African children, therefore, spend a notable proportion of their time with professional caregivers other than their parents during early childhood. Early childhood development is a growing area of research and policy development in South Africa and around the world (Mbarathi et al., 2016) which has advanced and facilitated an improved understanding of the various mechanisms that may impact childhood development in the first years of life (Moore et al., 2017). Research has demonstrated that the first years of children's lives are characterised by rapid physical, emotional, mental, social, and moral development resulting in the development of concepts, attitudes and skills that build foundations for lifelong learning (Moore et al., 2017). These include, among others, the development of language and perceptual-motor skills which are necessary for learning how to write and read as well as social, interpersonal, and relational skills that contribute towards the development and maintenance of relationships (Moore et al., 2017). The first 1000 days, from conception to age two, is an especially sensitive period for brain development and is responsible for the advancing of significant developmental pathways that serve as the foundation for who the child becomes as an individual (United Nations International Children's Emergency Fund [UNICEF] , 2017). However, untoward, and inadequate environmental conditions may impact negatively on a child's development, particularly within the first 1000 days, leaving lasting effects (World Health Organisation [WHO] et al., 2018). Studies have found, for example, that exposure to so-called toxic stress during infancy and early childhood is related to longer-term adverse health effects that may only manifest later in life (Franke, 2014). For children to develop to their full

potential, they require a facilitative caregiving environment that provides adequate safety and security, nutrition, healthy living environments, sensitive responsiveness, and cognitive stimulation. In the absence of this, children are at risk of unhealthy developmental trajectories and not reaching their full potential (SCECD of the City of Cape Town, 2015).

While children require stimulation to facilitate optimal learning and cognitive development, equally as important is an early experience that is characterised by nurturing and responsive caregiving to catalyse and sustain optimal socioemotional development (Paul & Singh, 2020; Jamieson & Richter, 2017) through fostering secure attachment relationships (Groh et al., 2017). The early caregiving environment is crucial for developing secure attachments to caregivers, including professional caregivers such as ECD practitioners who may serve as supplemental out-of-home attachment figures (Wilson-Ali et al., 2019). When parents or other caregivers such as ECD practitioners are consistently available and reliably respond to children in a warm and nurturing manner, children learn that their needs are important and will be met and, in turn, they develop a sense of security (Jones, 2012) and are better able to adapt to and explore their environments as well as learn and form healthy relationships with others. In the absence of such caregiving experiences, children may develop insecure or disorganised attachments that place them at greater risk for a range of challenges including internalising (Groh et al., 2012) and externalising (Fearon et al., 2010) problems as well as deficits in social competence (Groh et al., 2014). Caregiving, therefore, plays a crucial role in children's development and mental wellbeing.

Social conditions—including the nature of marital relationships as well as the presence (or absence) of emotional and instrumental support for the primary caregiver—have, however, been found to mediate the relationship between caregiving and attachment (Fearon & Belsky, 2016). Therefore, the social environment in which a child is raised can impact the ability of the parent to provide caregiving that facilitates optimal development. Thus, supplemental

caregivers outside of the home can potentially play an important role in mitigating the effects of an untoward social environment on the child's development by providing nurturing and responsive caregiving (Fearon & Belsky, 2016). While Belsky (2020) contends that the nature and quality of such out-of-home care are crucial, less is known about if and how such supplemental caregivers perceive their role as caregivers and, hence, understand the potential importance of this role in healthy child development. Exploring how these caregivers perceive their caregiving role could serve to illuminate the areas in this regard in which they can be supported to provide an out-of-home caregiving experience to children that is more facilitative of optimal development, especially in the context of untoward home environments. This is particularly important in contexts such as South Africa where social issues such as the high rates of poverty (Feder & Yu, 2020) as well as gender-based violence and food insecurity (Hatcher et al., 2019; Muluneh et al., 2020) are significant and may interfere with the provision of sensitive and nurturing care within the home environment (Fearon & Belsky, 2016). The role that ECD practitioners can play as caregivers, and in promoting early childhood development, can thus not be underestimated (Vorster et al., 2016), especially where children experience less optimal caregiving environments in the home. Brebner et al. (2014) also contended that understanding early childhood educators' beliefs and perceptions regarding essential elements of ECD practices can offer insights into how current practices in early childcare can be improved. Therefore, the findings from the proposed study can be utilised to improve the practice of non-parental/professional early childcare in South Africa. However, there is limited research, in general, on ECD practitioners' caregiving—in addition to their educational—activities and their perceived contribution to childhood development in the South African context.

1.4. Research Question

As such, in light of the above, this study sought to answer the following question: How do early childhood development practitioners perceive their role as caregivers for young children in the South African context?

1.5. Aim and Objectives

This study aimed to explore ECD practitioners' perceptions of their caregiving role for young children in South Africa. This aim was accomplished through the following objectives:

- Exploring and describing ECD practitioners' perceptions of caregiving, in general, and how it applies to their work as ECD practitioners, specifically.
- Exploring how ECD practitioners engage in caregiving activities as part of their daily work tasks involving young children.
- By gaining an understanding of how ECD practitioners perceive their contribution to early childhood development.

1.6. Overview of Research Methodology

An exploratory qualitative research design was employed in this study since the study aimed to explore ECD practitioners' understanding of their caregiving role for young children in South Africa, which is an area that has received little attention. The exploratory nature of the study was essential in providing insights into ECD practitioners' perceptions of their caregiving role. The sample of this study consisted of eight ECD practitioners who have cared for children between the ages of zero and five years, and who have been working as practitioners for at least six months. In addition, the ECD practitioners worked in either formal or informal ECD centres, in either the Limpopo or Gauteng provinces. The participants were recruited through purposive sampling, which was supplemented with snowball sampling. Data for this study was collected through individual semi-structured interviews, which consisted of open-ended questions. Some

of the interviews were conducted in person, and others were conducted virtually through WhatsApp and Zoom calls. Interviews were conducted in English, Sepedi, and Tshivenda to enable in-depth discussions. The interviews were transcribed and Atlas.ti was utilised for coding and developing themes through the application of thematic analysis.

1.7. Overview of Theoretical Framework

Attachment theory, which explains how and why relationships between children and their primary caregivers are crucial for children's development (Jones, 2015), forms the theoretical underpinning of this study. Bowlby (1969) posited that infants have a biological predisposition to seek and maintain proximity to their primary caregivers not only for practical reasons, such as protection at times of danger, but also due to emotional reasons, such as feelings of safety and self-worth (Gillibrand et al., 2016). Bowlby (1969) believed that the period between six months to three years after birth was critical for children's socioemotional development resulting from the quality of attachment between children and their primary caregivers. Attachment theory, therefore, offers a framework to understand the role of the caregiving environment and caregiving relationships in the socioemotional development and adjustment of children (Wilson-Ali et al., 2019). Therefore, this approach was applicable to this study because it provides a framework for understanding how and why early childhood caregiving contexts and relationships, including those with ECD practitioners, are crucial for childhood development.

1.8. Significance of the study

The findings of this study could be used to inform interventions for improving ECD conditions and practices in South Africa to facilitate sensitive and nurturing care for young children in out-of-home care settings.

1.9. Definitions of Key Concepts

1.9.1 Early Childhood Development (ECD)

According to Rebello-Britto et al. (2013, p.4), ECD is known by a multitude of names, including “early childhood care,” “early childhood care and development,” “early childhood care and education,” “early childhood education,” “early childhood intervention,” and “early childhood services.” These related and sometimes interchangeable terms demonstrate deliberate efforts to address the development, care, and education of young children (United Nations Educational, Scientific and Cultural Organisation, 2002). The South African Department of Education (n.d), defines ECD as a comprehensive approach to programmes and policies for children who are between the ages of birth to nine years with the active participation of their parents and caregivers. It aims to protect children’s rights to develop to their optimal cognitive, emotional, social, and physical potential (DoE, nd).

1.9.2 ECD practitioners

An ECD practitioner is an individual who works in the ECD sector including those qualified by their experiences and involvement in the sector and those who provide early childhood services from their homes, centres, and schools (Department of Social Development & UNICEF, 2006). The backbone of ECD provision in South Africa includes formal educational institutions and privately owned ECD centres which are usually registered and consist of practitioners with ECD-related qualifications (The Project Preparation Trust of KZN & The Housing Development Agency, 2014). However, in many cases, the ECD centres are informal and unregistered and consist of ECD practitioners who do not have any formal qualifications (The Project Preparation Trust of KZN & The Housing Development Agency, 2014).

1.9.3 Caregiver

According to the World Health Organisation (WHO et al., 2018, p.3), a caregiver is “a person who is most closely attached to the child and is responsible for the daily care and support of young children”. Caregivers include parents and other individuals who are responsible for the child at home, or outside the home in settings such as organised day-care centres (Department of Education, 2001; WHO et al.,2018).

1.10. Outline

Chapter 1 (Background and Introduction): This chapter provides an overview of the study. It also outlines the background, rationale and research question and aims of the study. Also, definitions of key terms are provided in this chapter.

Chapter 2 (Literature Review): Literature on ECD, caregiving and ECD practitioners’ perceptions is covered in this chapter.

Chapter 3 (Theoretical Framework): The theoretical underpinnings of the study, as well as its origins, patterns, and importance, are provided.

Chapter 4 (Methodology): This chapter consists of the research design, recruitment process, data collection and analysis process, as well as the trustworthiness of the study.

Chapter 5 (Findings): This chapter focuses on the findings of the study based on the analysis. Here the themes and sub-themes will be presented.

Chapter 6 (Discussion): In this chapter, the findings of the study are explained in the context of the existing literature, as well as concerning the study objectives.

Chapter 7 (Conclusion): This chapter provides the conclusion and summary that connects all the chapters of the study. It also offers recommendations and limitations associated with the study.

Chapter 2: Literature Review

2.1. Introduction

This chapter reviews the pertinent literature on the topic at hand. The literature review will discuss the following: a brief history of ECD within the South African context, challenges faced in ECD in South Africa, the roles of caregivers, the roles of ECD practitioners as caregivers, and ECD practitioners' understanding and perceptions of their roles as caregivers.

2.2. ECD Provisioning in South Africa Before 1994

The history of ECD programmes in South Africa can be traced to the early 20th century when there were attempts to tackle the issue of high rates of infant mortality in the country (Williams et al., 2001). In 1908, the South African National Council for Child and Family Welfare started investigating the factors that were contributing to endemic fatal diseases (Williams et al., 2001). By the early 1940s, the Union Department of Social Welfare offered a per capita subsidy for day-care centres, with provincial-level support to nursery schools. However, in addition to resource-related disparities, there were also inconsistencies in the training of preschool teachers along racial lines (Rudolph et al., 2019). During apartheid, between 1948 and 1969, there was a scaling back of the support that was offered to early childhood services by the government with facilities catering to White children receiving priority in terms of subsidy. On the contrary, ECD services for Black children were limited (Rudolph et al., 2019). Welfare subsidies for black children were ended by the development of rules which set up limits based on parental incomes. Several training courses for black teachers were limited from 1958, whereas those for white people were allowed to continue although it was on a smaller scale. The scaling back of ECD services run and supported by the government meant that most of the work relating to ECD for Black children was carried out by community-

based organisations and non-governmental organisations (NGO) (Williams et al., 2001; Rudolph et al., 2019).

It was following the 1980s that the government began recognising the importance of ECD. Due to the realisation concerning school drop-out and failure rates of African learners, the 1981 report of the De Lange Commission highlighted the importance of pre-primary or early childhood education for children from underprivileged communities and advised that there should be bridging courses established to prepare children before they start formal education (DoE, 2001; Williams et al., 2001). Although the government White Paper on the Provision of Education in South Africa (Department of Basic Education, 1983) accepted the idea of implementing bridging courses, the government disassociated itself from ECD because the South African National Education Policy (SANEP) formula for determining subsidies did not include pre-primary education. In essence, although the Department of Education and Culture at the time acknowledged the importance of pre-primary education, they did not have the necessary resources to implement interventions. The state's involvement was at that time primarily characterised as inadequate, fragmented, uncoordinated, inadequate, and lacking vision (Williams et al., 2001). As such, parents, communities, and the private sector were primarily responsible for the provision of ECD-related services (Williams et al., 2001). The apartheid government's efforts to address the issue of ECD in South Africa were limited and reinforced existing inequalities (Rudolph et al., 2019). It was only in 1990 that the National Interim Working Committee (NIWC) on ECD was launched and set about creating a new representative national organisation for the interests of all South Africans as they pertained to ECD (Williams et al., 2001). In 1994, after a process of negotiation between NIWC and the South African Association for Early Childhood Educare (SAAECE), the South African Congress of Early Childhood Development (SACECD) was established and was responsible

for representing ECD education tackling problems related to the provision of ECD (Williams et al., 2001).

2.3. ECD in South Africa post-1994

There has been significant progress in ECD provisioning in South Africa since 1994. Initiatives introduced by the post-apartheid government and NGOs have been implemented to improve the ECD of all children. Several pieces of legislation and policies have passed through parliament since 1994, all highlighting the significance of ECD and its associated services (Atmore, 2013).

Some of the policies and legislation that have been promulgated include:

- The Convention on the Rights of the Child, which was signed in South Africa in 1993, and ratified in 1995, which highlights the rights of children, including social, political, cultural health and economic rights (Abrahams & Matthews, 2011)
- White Papers on Social Welfare (1997), which aimed to ensure adequate and appropriate provision of developmental social welfare for all South Africans, especially individuals who are vulnerable and have special needs, and those who are victims of poverty (Department of Social Development, 1997).
- Children's Act 38 of 2005 which includes, but is not limited to, giving effect to particular children's rights as contained in the Constitution and setting out principles that relate to children's care and protection.

More recently, several policies have been adopted, including the following:

- The 2030 Agenda on Sustainable Development is a plan of action which aims to acquire universal peace and recognises that eliminating poverty is a universal issue and a requirement for sustainable development (United Nations, 2015).

The agenda lays out the so-called Sustainable Development Goals (SDG) which reflect six objectives relating to the social advancement of individuals by addressing poverty, hunger, well-being, inclusive and quality education, gender equality, as well as clean water and sanitation (Department of Basic Education, 2015). Targets relating to ECD are included among the six SDGs foregrounding the period before birth and the first few years of life as a critical stage of development during which interventions are most effective and cost-efficient in the longer term (Department of Basic Education, 2015).

- The South African National Curriculum Framework (NCF) guides individuals and companies that deal with children from birth to age four and assists in the provision or implementation of early childhood development in the country (Department of Basic Education, 2015).
- The first National Integrated ECD (NIECD) policy, approved by Cabinet in 2015 (Republic of South Africa, 2015), is a comprehensive approach to helping parents stimulate the physical, emotional, social, and mental development of children from conception to the age of eight to facilitate their full potential (Republic of South Africa, 2015).

However, even with South Africa's commitment to ECD, equitable ECD services for all young children remains an ideal that South Africa has not yet fully realised (Aubrey, 2017). ECD practitioners operating informally from disadvantaged communities continue to face challenges in attempting to provide services that are adequate to support childhood development. Such challenges include includes poverty and limited access to resources as well as lack of, or limited, qualifications or access to training opportunities (Smit et al., 2020). Recently, the status quo has been exacerbated by the impact of the COVID-19 pandemic which saw significant losses among informal ECD practitioners (BRIDGE et al., 2020). This led to

calls for urgent State support to ensure that these services remain viable to provide the necessary developmental support to children in vulnerable communities by maintaining access to nurturing care through ECD centres (Mohamed, 2020). This study hopes to contribute by adding to the evidence on the caregiving role of ECD practitioners to inform targeted interventions that can further support practitioners in their capacity to offer nurturing and responsive caregiving to young children in South Africa.

2.4. Challenges Facing the ECD Sector in South Africa

Regardless of the progress made in ECD since 1994, many children in South Africa still face significant challenges in accessing ECD services. These challenges are related to factors such as poor infrastructure, ECD practitioners' development, funding, and institutional capacity.

2.4.1. Infrastructure

Infrastructure in ECD is a notable problem within the South African context. Several ECD centres operate without basic infrastructure such as adequate sanitation, or access to electricity and running water (Development Bank of Southern Africa, 2022). Findings by Ilifa Labantwana et al. (2017) also indicated that many children below six years do not have access to necessary Early Childhood Care and Education (ECCE) resources such as safe structures to learn in, proper nutrition, and clean running water.

Pillay (2022) indicated that around 20% of ECD facilities in South Africa are not suitable to provide necessary ECD services. Infrastructure in community-based facilities is of inadequate standards (Atmore, 2013). A large number of ECD facilities had more than 40 children in one playroom despite the expectation that each class should consist of no more than 20 children per pre-school class and no more than 30 children per Grade R class. Moreover, several ECD facilities do not have any form of secure fencing around their premises and there

are often no separate areas designated for food preparation, all of which compromises the safety of children (Atmore, 2013). Poor infrastructure in ECD centres therefore poses remarkable safety and health risks for children attending the ECD centre, and it also leads to poor quality in the provision of ECD services (Atmore, 2013).

2.4.2. Inequality in ECD opportunities

Many South African children do not have equitable access to quality ECD services and belong to groups with a lower socio-economic status and, consequently, cannot afford to attend structured ECD programmes (Venter, 2022). Geographic location is also a determinant of the quality of the ECD services that children might receive. The South African Early Childhood Review indicated that the country faces a significant degree of inequality (Hall et al., 2017). This inequality produces discrepancies in service delivery involving healthcare, education, and social security, which in turn negatively affect children's well-being and academic potential (Hall et al., 2017). These discrepancies favour children who live in urban areas and negatively affect children from rural areas (Hall et al., 2017).

Gardiner (2017) demonstrated that approximately 40% of South African ECD centres are situated in rural areas. To be more specific, about 62% of the ECD centres in Kwazulu-Natal and Eastern Cape are in rural areas, and about 85% of the ECD centres in Limpopo are in rural areas (Gardiner, 2017). According to Atmore (2012), ECD centres that are situated in rural areas have poorer infrastructure, inadequately trained staff, limited teaching equipment, as well as little to no feeding.

2.4.3. ECD practitioner training and development

Good quality teaching and learning for children are crucial for healthy childhood development to occur (Atmore et al., 2012). Good teachers can offer learning environments that enable children to optimally develop in holistic ways. According to Ebrahim and colleagues

(2019) quality ECCE is dependent on adequately qualified and trained practitioners who have a clear understanding of their job requirements and responsibilities. The practitioners are also required to constantly reflect on how they can improve their practice and tackle different challenges (Harrison, 2020). Therefore, intensive training and education through ECD qualifications and short-term courses are required to produce quality ECD practitioners (Department of Social Development & UNICEF, 2015).

Training in these ECD qualifications is rendered by Further Education and Training (FET) colleges and ECD non-governmental organisations (DoE, n.d.). The Department of Social Development has developed minimum standards for ECD training requirements. The entry-level qualification is the FET Certificate: ECD (Level 4), which provides ECD practitioners with the skills required to facilitate holistic development in young children and offer quality ECD services within several settings (DoE, n.d). However, Harrison (2017) found that although ECD qualifications exist, there were challenges related to the standards of training, as well as the roll out of these qualifications. These include challenges associated with the monitoring, evaluation, and implementation of quality training, as well as limited knowledge pertaining to accreditation which may lead to training opportunities that do not lead to any formal certification for practitioners (Harrison, 2020).

According to Atmore (2012), despite the availability of training, accessibility to these qualifications is inconsistent among practitioners. For example, often student teachers from underprivileged educational backgrounds are expected to complete their qualifications in English, which is not their home language, placing them at a disadvantage (Harrison, 2020). This results in slower throughput rates and also higher instances of incomplete qualifications (Harrison, 2020). Furthermore, the qualifications are generally referred to as vocational instead of professional, preventing practitioners from registering with the South African Council of Educators, and earning professional-level salaries of (Harrison, 2020). As such, this results in

the ECD sector remaining largely informal and unregulated. Indeed, many ECD practitioners take care of children without any formal education and depend largely on their personal experiences to guide their ECD-related work (Atmore et al., 2012).

2.4.4. Funding

ECD centre funding in South Africa is sourced primarily through fees paid by caregivers, but subsidies are available from provincial governments (Department of Social Development & UNICEF, 2015). The Department of Social Development in all provinces offers funding to registered ECD facilities through a subsidy for children aged zero to four years (Atmore, 2013). Only children with caregivers whose income is within a certain range, as evaluated by the South African income test, can receive certain ECD subsidies (Atmore, 2013). This entails that only certain ECD facilities that provide care for poor families receive subsidy benefits.

According to Atmore (2013), there has been a significant increase in government subsidies which have been allocated for educational purposes in South Africa. These subsidies amounted to R 335 million in 2004 and increased to around R1 billion in 2012 (Atmore, 2013). In the 2021/22 financial year, about R1.2 billion was allocated to the ECD conditional grant which is aimed at assisting children to attend ECD programmes, especially children from poor backgrounds (Parliamentary Monitoring Group, 2022). The ECD conditional grant is also aimed at assisting conditionally registered ECD facilities to meet the primary requirements that are expected from them to be completely registered (Parliamentary Monitoring Group, 2022).

Although this increase in subsidy is promising, according to a report by the World Bank Group and Department of Education (2022), the subsidy does not always accommodate all children attending ECD centres. Only about 40% of the ECD centres are registered and about a third of the centres receive the ECD subsidy (Department of Basic Education, 2022). This

indicates that greater emphasis is required to ensure that all children are benefiting from the subsidies. The provincial Departments of Social Development also offer assistance for ECD through targeted funding for not-for-profit organisations aimed at a diversity of ECD programmes (Atmore, 2013). These are usually non-centre-based models of ECD provision, such as family outreach programmes, toy libraries, home visiting programmes and informal playgroups. Although the government has made efforts to support ECD provisioning through subsidies, there is still work to be done to ensure that all children receive and benefit from quality ECD programmes.

2.5. Importance of Caregiving for Early Childhood Development

Most research in South Africa and globally has shown that the early years are crucial for children's development. The period between birth and the age of seven are characterised by rapid physical, emotional, mental, social, and moral development (Moore et al., 2017). During these years, children develop concepts, attitudes and skills that build the foundation for lifelong learning. These include the development of aspects such as language and perceptual-motor skills, which are necessary for learning how to write and read, as well as problem-solving skills, social skills, and the development and maintenance of relationships (Moore et al., 2017). Therefore, the first years of children's lives, most notably the first 1000 days from conception to age two, represent a highly sensitive period and is crucial for brain development and the shaping of developmental pathways that determine the kind of individual a child will become as an adult (UNICEF, 2013). When a child's environment is unfavourable, this has the potential to negatively affect their development (for example, children may develop physical, and mental disorders), which may persist when they get older (Moore et al., 2017). For children to develop to their full potential, they require fundamentals such as adequate nutrition, healthy living environments, responsive caregiving, and cognitive stimulation (UNICEF, 2013). Factors including malnutrition, poor living environments and a lack of stimulation negatively affect a

child's development (SCECD of the City of Cape Town, 2015). Children who live in environments that are characterised by inadequate caregiving, lack of stimulation and limited access to adequate resources and education are at risk of unhealthy developmental trajectories and not reaching their full potential (SCECD of the City of Cape Town, 2015). On the other hand, children from adequate environments such as households with high income have a higher chance of being stimulated and access to adequate resources that promote the achievement of their full potential. Moreover, they also have better access to early childhood development services such as private preschools or creches (SCECD of the City of Cape Town, 2015).

Positive experiences during infancy and early childhood, including stable and responsive relationships with caregivers as well as supportive and safe environments, promote healthy development in children (Paul & Singh, 2020). In contrast, negative experiences such as physical, sexual, and emotional abuse, poverty and neglect lay a foundation for unhealthy development. Therefore, to develop optimally, children require care, stimulation and responsiveness as these factors mould their brains (Paul & Singh, 2020). To be more specific, a study by Luby and colleagues (2012) found that children who experienced higher levels of responsive caregiving from their caregivers showed more significant growth in brain regions associated with emotional regulation and attention. Another study by Blair and Raver (2015) found that stimulating environments play a crucial role in promoting healthy brain development and improving cognitive and socioemotional outcomes in children. When caregivers offer responsive and stimulating care, they establish an environment that supports the development of neural pathways associated with cognitive and socioemotional skills (Shonkoff et al., 2009). Therefore, to ensure optimal childhood development, high-quality caregiving, which is characterised by support, responsiveness, as well as stimulation, are essential. Positive caregiver-child interactions are crucial to children's development, especially in terms of communication and learning. Research has highlighted that caregivers' engagement in verbal

communication with infants contributes to the infants' language development and improves children's communication skills (Weisleder & Fernald, 2013). Furthermore, when caregivers offer stimulating experiences and respond to children's cues, it promotes curiosity and a love of learning, which is vital for cognitive and emotional development (Shonkoff et al., 2009).

Conversely, poor stimulation and non-nurturing relationships with caregivers during early childhood can have adverse effects on children's cognitive, emotional, social, and physical development. For example, a study by Noble and colleagues (2012) found that children who experienced poverty and associated environmental stresses had lower brain volumes and reduced cognitive function, suggesting that chronic stress and a lack of stimulation can negatively impact brain development. Therefore, it is essential for caregivers to provide responsive and stimulating care to promote optimal development in young children. This can include talking to infants, providing engaging experiences, and responding to their cues, all of which can have long-lasting positive effects on children's development.

Bowlby's attachment theory also indicates that the early periods of children's lives are crucial for developing secure attachments and that support, consistent caregiving and affection play a critical role in this (Bowlby, 1988). Securely attached children utilise their physical and emotional security to explore and learn more about their environments. They are more confident and competent to develop healthy trajectories and are most likely to reach their full potential (Bowlby, 1988). Several studies have supported Bowlby's notion that secure attachment is related to positive developmental trajectories in children. For instance, a meta-analysis of 69 studies demonstrated that there is a positive relationship between secure attachment and social competence, emotional regulation, and cognitive development in children and adolescents (van IJzendoorn et al., 2010). Furthermore, Fearon et al.'s (2010) study found that secure attachment during childhood was associated with academic achievement and fewer behaviour problems in adolescence. In addition, research has shown that the benefits of secure attachment extend

beyond childhood and adolescence. Fraley's (2002) study indicated that adults who had been securely attached in childhood were more likely to have healthier mental outcomes, higher relationship satisfaction, as well as adequate overall well-being.

Further evidence can be found among studies on early interventions aimed at promoting responsive caregiving and stimulating environments which have been associated with improved outcomes for children (Burchinal et al., 2017). For example, Heckman and Masterov's (2007) meta-analysis of early childhood interventions found that high-quality early childhood programmes prompted remarkable improvements in cognitive, socio-emotional, and health outcomes. Another study, conducted by Campbell et al. (2014), revealed that early childhood interventions, such as preschool programmes, can have a positive impact on children's educational, and economic outcomes in adulthood. The study also found that interventions that start earlier in a child's life are often more impactful. Generally, the evidence suggests that the first years of a child's life are an important period for interventions that can have pronounced and lifelong benefits.

2.6. ECD Practitioners, Services, and the Caregiving Role

An ECD practitioner is an individual who works with children within the ECD sector to provide quality care, support and education that promotes their development and wellbeing during their early years (Department of Social Development & UNICEF, 2006; The Project Preparation Trust of KZN & The Housing Development Agency, 2014). The sector includes those who hold formal qualifications in early childhood education and related fields and work in registered public or private centres, preschools and creches (Department of Social Development & UNICEF, 2006; The Project Preparation Trust of KZN & The Housing Development Agency, 2014). However, in South Africa, the sector also includes a significant informal component with practitioners who do not necessarily hold formal qualifications, are not registered, and provide early childhood services from their homes, for example (Department

of Social Development & UNICEF, 2006; The Project Preparation Trust of KZN & The Housing Development Agency, 2014). ECD practitioners in South Africa may offer their services through centre-based programmes, which are more likely to be formal and offered by ECD practitioners in the form of full or half-day early education and care to children through established day-care centres, creches or preschools before they enter into the formal schooling system (Ebrahim, 2013). Alternatively, services may be offered through non-centre-based programmes in which ECD practitioners offer services that aim to promote early stimulation through home-based or community-based programmes and are more likely to be informal (Ebrahim, 2013). Whether formal, centre-based, or informal, non-centre-based programmes, the core of ECD services involves the provision of care and stimulation to infants and young children to facilitate optimal development.

By virtue—as part of their work—of being responsible for taking care of young children in a variety of settings, ECD practitioners serve a professional caregiving function (de Schipper et al., 2008; WHO et al., 2018). Margetts (2005) argues that due to the significance of the role that ECD practitioners play in the early development of children, they should be regarded not merely as educators who provide stimulation, but also as caregivers who provide nurturing care. Thus, even though parents are most likely to be regarded as the primary caregivers and main contributors to ECD, strong support systems offered by community members, relatives, teachers, and ECD practitioners also contribute to children's development (Gadsden et al., 2016; Mohamed, 2020). Along these lines, Munnik and Smith (2019) found that South African parents regarded teachers as primary external role models and ‘deputy parents’ in their absence, who played a significant role in children's development and educational growth. Although similar to teachers, the role of ECD practitioners—unlike teachers to school-age children—takes place during a particularly critical developmental period and, in South Africa, is multifaceted and may involve a range of diverse duties depending on the context. Practitioners are often expected

to be carers, educators, nannies, cleaners, part-time parents, and leaders, simultaneously (Munnik & Smith, 2019). It has also been argued, given the significant caregiving aspect of their role, that ECD practitioners may contribute meaningfully to children's attachments through the caregiving relationship they develop with the children that they care for (Drugli & Undheim, 2012). For instance, professional caregivers who show positive, consistent, and responsive caregiving when interacting with children may provide a foundation for the development of stable secure attachments (de Schipper et al., 2008; Smith, 2011). This is consistent with meta-analytic evidence which found group-related sensitive responsiveness from a professional caregiver to be a reliable predictor of secure child-caregiver attachment in out-of-home childcare centres (Ahnert et al., 2006). Therefore, the extent to which ECD practitioners perceive and understand their role as caregivers to young children is important to explore, as this may influence the way they interact with children in their professional context, to promote the development of secure attachment.

Drugli and Undheim (2012) contend that children must be in the care of caregivers who are warm and responsive to their instrumental as well as their emotional needs so that they can develop optimally. Caregivers—primary/parents and professional/ECD practitioners—must, therefore, be sensitive towards and understand their children's needs for the latter to have an experience of their needs being consistently met. Young children rely heavily on caregivers' capacities to recognise, accurately interpret, and readily respond to these needs, engaging in what Mary Ainsworth termed 'maternal sensitivity' (Ainsworth et al, 1991). While Ainsworth did not provide a predetermined set of discrete parenting behaviours that she regarded as 'correctly' sensitive, her studies yielded a framework encompassing a range of possible caregiving behaviours, provided these behaviours indicated the caregiver's ability to detect, accurately interpret as well as promptly and appropriately respond to a child's attachment signals (Mesman et al., 2016). Such caregiving experiences give children the confidence to

explore their environments, learn, and form relationships with others (Jones, 2012), which assists in promoting optimal developmental outcomes (Ayob et al., 2022). Mesman et al. (2016) proposed, in the context of multiple caregivers, that the concept of ‘received sensitivity’—“sensitive responsiveness as received by the infant from a network of caregivers” (p. 102)—be considered given that a child may receive sensitive responsiveness from various sources. Although not specifically conceptualised in the context of ECD, the concept is useful in recognising that a child may experience sensitive responsiveness from sources other than, and in addition to, their primary caregiver. This is particularly salient, and protective for children, when primary caregivers are not able to demonstrate adequate sensitive responsiveness and underlines the importance of ECD practitioners and the need to understand their perception of this aspect of their caregiving role.

Research carried out in Burkina Faso has found that primary caregivers—parents or grandparents—only took part in a few ECD-related activities with their children at home and that these activities did not provide adequate stimulation (Hollowell et al., 2019). Hollowell et al. (2019) found that although caregivers engaged in playing, praising, and talking to children, the activities were largely instructive and did not necessarily involve stimulation and sensitively responsive interaction. A recent study conducted in South Africa has indicated, similarly, that parents are not able to commit enough time to engage in stimulating activities with their children by playing, reading, or singing together (Dawes et al., 2020). In contexts such as this, where parents are unable—for various reasons such as socioeconomically-related stress, relationship conflict, or long and inconsistent working hours—to provide adequately sensitive caregiving, ECD practitioners can play a crucial role in supplementing what parents are not adequately able to offer by themselves, contributing towards children’s level of received sensitivity. There is, however, limited research on the caregivers who are involved in the ECD sector in South Africa (Sacks, 2014). Although several local studies have explored the

importance, challenges, and the general state of ECD in the country (see Atmore, 2013; Aubrey, 2017; Smit et al., 2020), few studies have focused on ECD practitioners themselves and their perceptions and understandings of their caregiving role and its importance to child development. The proposed study, therefore, seeks to address this gap by exploring how ECD practitioners perceive their caregiving role for young children in South Africa to elucidate how this may contribute to the promotion and enhancement of ECD.

2.7. ECD practitioners' Perceptions, and Knowledge of their Roles as Caregivers

Kostelnik et al. (2019) argued that caregivers' (such as ECD practitioners) perceptions of ECD, and the experiences of ECD practitioners, are central to their interactions with children and their ability to provide adequate care and to shape children's development. When caregivers—including ECD practitioners—have positive perceptions regarding ECD, they are more likely to provide adequate childcare (Sacks, 2014). In addition, Nampijja et al. (2021) have argued that caregivers' understanding, knowledge, attitudes, and practices related to childcare are salient factors in influencing ECD outcomes. However, few studies have explored this, and none have done so in the South African context. Internationally, a study by Brownlee et al. (2009) explored Australian ECD practitioners' and directors' beliefs regarding the quality care and training of infants. The results indicated that the staff members and directors described quality care as involving both affective components (such as care, attention, and love) as well as programmes for learning. Although this study explored the practitioners' beliefs about quality care, it did not explore the practitioners' perceptions of the roles they play as caregivers and how they contribute to childhood development—this area of research is limited both internationally and within the South African context. Hence, the present study attempts to fill this gap.

In a South African study, Vorster et al (2016) found that ECD practitioners not only perceived themselves as caregivers but also as role models for the children they care for. In

addition, some participants highlighted that they are expected to contribute to children's development academically, socially, physically, and emotionally. Studies by Colker (2008) and Vorster et al. (2016) revealed that adequate caregiving is generally provided by practitioners who have certain qualities or characteristics that make them suitable to work with children. The studies found that ECD practitioners indicated that passion was one of the most crucial elements of their work with young children (Colker, 2008; Vorster et al., 2016). The participants also pointed out that passion not only requires ECD practitioners to be enthusiastic but that they should also be inspired to do their jobs to provide adequate services (Colker, 2008; Vorster et al., 2016). In addition, the ECD practitioners in Vorster et al.'s (2016) study pointed out that being creative is one of the skills that is required in fulfilling their roles which was particularly crucial in under-resourced communities. For these participants, creativity involved being able to adequately solve problems and compensate for material scarcity to cater for children's needs (Vorster et al., 2016). Furthermore, the ECD practitioners highlighted that they must understand children. They mentioned that understanding children can be achieved by listening to them, effectively communicating and being sensitive towards children's needs (Vorster et al., 2016). Although Vorster et al.'s (2016) study briefly touched on how ECD practitioners perceived their roles, it was mainly focused on the challenges they experience in implementing those roles. Therefore, the proposed study will build on this in that it aims to focus specifically on the ECD practitioners' perceptions and understanding of their roles as caregivers and how their specific practices are perceived to contribute to childhood development. Nampijja et al. (2021) have argued that although the knowledge, perceptions, and beliefs of ECD practitioners significantly contribute to children's developmental outcomes, these are scarcely investigated. This present study intends to address this issue.

In conclusion, this chapter reviewed the pertinent literature relating to the research topic. The literature tackled a brief history of Early Childhood Development within the South African

context. Here ECD provisioning in South Africa pre and post the apartheid era was briefly discussed. This chapter also touched on the challenges faced in ECD in South Africa. Some of the challenges that were discussed were related to infrastructure, inequalities in ECD opportunities, ECD training and development, as well as funding. In addition, importance of caregiving for ECD, ECD practitioners, services, and the caregiving role, and ECD practitioners' perceptions, and knowledge of their roles as caregivers were tackled in this chapter.

Chapter 3: Theoretical Framework

3.1. Introduction

This chapter discusses attachment theory, which is the theoretical underpinning of this study by providing a detailed overview of the theory through the provision of its definition, origins, as well as its application within the ECD settings.

3.2. Origins of Attachment Theory

Between the 1930s and 1940s, mental health specialists became increasingly aware of the extent to which deprivation of parental care resulted in children's suffering (Shahar-Maharik & Oppenheim, 2016). Separating children from parents during hospitalisation, restrictive hospital visitation policies and involuntary separation during World War II were definitive of this period (Shahar-Maharik & Oppenheim, 2016). Although the separations were put in place as a means of protecting children, there were several severe negative outcomes associated with the separation (Shahar-Maharik & Oppenheim, 2016). It was evident that children's separation from their caregivers resulted in significant harm to children's cognitive, social, and emotional development as encapsulated in a report by Bowlby and the WHO (1952). The report revealed that there were adverse developmental outcomes (e.g. diminished cognitive abilities, emotional and behavioural problems, and challenges in establishing and maintaining relationships) in children who had experienced distress, separation anxiety, and loss of primary caregivers. Furthermore, the report pinpointed that these negative outcomes were lifelong and generally progressed into adulthood, and had notable negative effects on individuals' mental health, their relationships, as well as their overall quality of life. The findings of the report were also substantiated by succeeding research such as Gunnar and Quebedo's (2007) study which revealed that children who experienced prolonged separation from their primary caregivers displayed increased levels of cortisol, which negatively affected brain development and

cognitive functioning. Moreover, Smith and Pollak's (2021) study demonstrated that children who experienced early and prolonged separation from their primary caregivers were susceptible to emotional and behavioural problems such as anxiety and depression which persisted to the later stages of their lives. These findings highlighted the importance of the provision of consistent caregiving in the early stages of life to ensure healthy development across several areas in children's lives.

John Bowlby was a British psychoanalyst who became interested in the role that early development played in children's lives (Stern et al., 2015). He focused his studies on understanding attachment, which he described as an affectional bond between a child and their primary caregiver. Bowlby's theory was based on his clinical work with various families. Bowlby proposed that infants are born with the innate ability to connect with their mothers (Bowlby, 1969). Infants display attachment behaviours through actions such as smiling and crying which facilitates proximity to their mothers. Bowlby (1969) posited that infants have a biological predisposition to seek and maintain proximity to their primary caregivers not only for practical reasons, such as protection at times of danger, but also for emotional reasons, such as feelings of safety and self-worth (Gillibrand et al., 2016). Bowlby (1969) believed that the period between six months to three years after birth was critical in children's socioemotional development resulting from the quality of attachment between children and their primary caregivers. Put differently, the level of security a child experiences within the relationship with their primary caregiver influences how they come to view themselves, others, and the world around them (Bowlby, 1969). Bowlby (1969), therefore, highlighted that secure attachments are crucial for producing children who are well-adjusted and that attachments characterised by insecurity would result in negative outcomes for children (Bowlby, 1969).

Bowlby also hypothesised that the development of attachment depends on the quality of the caregiving received, or what Ainsworth et al. (1991) referred to as maternal sensitivity—

the mother's capacity to recognise, accurately interpret and promptly respond to their child's signals and needs. Children who have caregivers that respond sensitively to their needs can rely on their caregivers in times of distress by utilising their caregiver as a 'safe haven' to down-regulate negative affect (Bowlby, 1988) while also feeling secure enough, when not distressed, to freely explore their environment safe in the knowledge that their caregiver is available, both physically and emotionally; this is what Bowlby (1988) referred to as having a 'secure base'. On the contrary, children whose needs are not met by their caregiver learn that they cannot rely on their caregivers in times of distress (they do not experience a safe haven), and do not feel safe enough to explore their environments freely (they do not have a secure base) (Bowlby, 1988).

3.3. Mary Ainsworth's Contributions to Attachment Theory

Ainsworth (1978) extended Bowlby's attachment theory and tested it through the development of a pioneering approach she called the Strange Situation Procedure (SSP). The SSP was first developed in 1964 during a rigorous longitudinal study which explored the development of infant-mother relationships during the first year of children's lives (Bretherton, 2013). During this naturalistic study, infants were observed in the home, a familiar environment. The SSP was based on two studies which were carried out in Uganda and later on in Baltimore, USA, both of which involved longitudinal home-based observations, over nine months, of a series of mother-infant dyads (Ainsworth, 1967).

Despite the fact that both the Ugandan and American studies demonstrated similarities in attachment behaviour, the American study found three behavioural patterns that were less prominent compared to the Ganda study: the use of the mother as a secure base from which to explore, distress in brief, everyday separations from the mother, and fear when encountering a stranger (Salter et al., 2015). The authors suggested that if stronger incentives were provided, the American infants might have exhibited similar behaviours to the Ganda infants. To test this

hypothesis, the SSP protocol was developed, which involved assessing infant attachment behaviour in an unfamiliar environment (Ainsworth et.al., 1978) through a series of brief separations, and reunions, between mothers and their infants and observing both infants' and caregivers' behavioural responses.

Ainsworth (1978) identified three major attachment patterns: namely secure, anxious–ambivalent, and avoidant attachment. Securely attached children feel distressed when their caregivers leave but can still explore the environment when the caregiver is away and are easily soothed upon the caregiver's return (Levy et al., 2015). Children with an anxious–ambivalent attachment show heightened distress when separated from caregivers but show anger and resentment towards them upon their return while simultaneously wanting to be close to the caregivers (Ainsworth,1978). On the other hand, children with an avoidant attachment do not seem overtly distressed when separated from their caregiver, and they tend to ignore the caregivers when they return (Levy et al., 2015). Children with this kind of attachment may appear independent and self-sufficient because they have learned not to rely on their caregiver's responsiveness. Later, in 1986, Main and Solomon (1990) proposed an additional pattern of attachment, which they termed disorganised/disoriented attachment. Children with a disorganised attachment do not have a standard response to separation or reunion with their caregivers—they tend to have disorganised and unpredictable patterns of behaviour (Main & Solomon, 1990). These behaviours include conspicuous manifestations of fear of their caregivers, twitchy movements, or freezing and noticeable dissociation, stemming from caregivers who are experienced by the child as simultaneously a source of safety, and a source of danger (Duschinsky, 2015).

Ainsworth and colleagues (1978) made use of the data that they gathered from their observations of mother-infant interactions in Uganda and North America to investigate how attachment patterns were developed. This was done through observing and identifying

caregiving behaviours and capacities related to attachment security, which they described as ‘maternal sensitivity’. The authors emphasised that repeated sensitive interactions with primary caregivers offer infants internal organising systems which enable them to develop a secure attachment base, whereas insensitive interactions may result in the development of insecure attachment (Ainsworth et al., 1978). Hence, maternal sensitivity was pinpointed as the main precursor to the development of attachment security (Ainsworth et al., 1978). Ainsworth’s maternal sensitivity theory gave prominence to four main components that promote sensitive responses to infants’ signals. The four components include awareness, accurate interpretation, appropriate responsiveness, as well as prompt responsiveness (Dawson, 2018). Maternal sensitivity is related to the extent to which a mother supports or interferes with an infant’s activities. It is not an arranged set of behaviours but a response that is dependent on the context, the infant, and the caregiver’s psychological awareness (Dawson, 2018). Ainsworth postulated that maternal sensitivity is a general concept relevant to all cultures given that all infants require a reliable and responsive attachment figure (Dawson, 2018).

Research has shown that the nature of child attachment patterns is dependent on the caregiver’s level of sensitivity (Ainsworth, 1978; van IJzendoorn, 1995; 2019). When caregivers respond to a child’s needs, the child feels secure and progresses along a healthy developmental trajectory. There have been several studies that have shown that maternal sensitivity is associated with positive developmental outcomes in children, such as secure attachment, emotional regulation, as well as social competence (Shahar-Maharik & Oppenheim, 2016; van IJzendoorn, 2019). In other words, caregivers’ sensitivity has been demonstrated to be a significant factor that maximises positive outcomes and developmental potential in children (Ainsworth et al., 1991; Braungart-Rieker et al., 2001). In short, sensitive caregivers promote secure attachment in children (Rose & McInnes, 2017). Securely attached children are comfortable enough to explore their environment even in the absence of their caregivers

(Naveed et al., 2020). On the contrary, insensitive, negative, and unresponsive caregivers promote insecure attachments. If the child's needs are not adequately attended to, the child does not experience a sense of security and as a result, their development may become compromised (Rose & McInnes, 2017). Sensitive responsiveness is, therefore, crucial in child development.

3.4. Application of Attachment Theory in Early Childhood Education and Care settings

Although attachment theory originally described the child-mother relationship, this has been expanded to include fathers, non-parental caregivers as well as professional caregivers, including those in childhood education settings (Belsky, 2020; Smith, 2011). It has been argued that adequate early childhood care contributes to positive developmental outcomes in children (Smith, 2011). Several studies show that these outcomes depend on the quality of the relationship between children and their caregivers (Melhuish et al., 2008; Shriver, 2006). Attachment theory offers a way of understanding the role of the caregiving environment and caregiving relationships—parental and professional—in the socioemotional development and adjustment of children (Wilson-Ali et al., 2019).

Wang et al. (2016) proposed that, in addition to primary caregivers within the home, children also need to develop secure attachments with their professional caregivers in early childhood development or education centres during their first years of life. Therefore, attachment theory is essential and applicable to the current study since its focus is on ECD practitioners and their caregiving roles for children. The theory offers a theoretical perspective on the practitioner's perceptions and understanding of the roles that they play in children's development. It also sheds light onto practitioners' perceptions and engagement in sensitive caregiving, and on the dynamics of ECD practitioners' relationships with children since these have lifelong impacts on children's lives. van IJzendoorn et al. (1992) have suggested that children do not only need their parents as attachment figures but also other external caregivers such as teachers. It is vital, therefore, that ECD practitioners and educators understand how

crucial secure attachments and relationships are to children and the impacts of these relationships on children's lives.

Early childhood centres can play an important role in child attachment through what Stern et al. (2021) refer to as primary caregiving. Primary caregiving entails an educator maintaining responsibility for a group of children, interacting with them, and providing caregiving to them through activities such as feeding, bathing, as well as changing nappies (Stern et al., 2021). Educators also provide children with a secure base which enables them to explore their surroundings confidently and comfortably and to develop and form relationships with those around them (Dolby, 2007). Therefore, attachment theory is crucial and significant to this study because when ECD practitioners have an understanding of the importance of secure attachment in children's lives, they are better able to support children's social and emotional development to promote secure attachment and develop healthy relationships.

In conclusion, this chapter discussed attachment theory. An overview of its origins was provided along with an exposition of the contributions of Bowlby and Ainsworth to the theory. Lastly, the application and relevance of attachment theory in Early Childhood Care and Education settings was discussed.

Chapter 4: Research Methodology

4.1. Introduction

This chapter provides an overview of the methodological process which was followed when conducting this study. This includes a discussion of the research design, sampling, data collection and analysis approaches which were implemented to answer the research questions and objectives of the study.

4.2. Research Approach and Design

An exploratory qualitative research design was employed in this study since it aimed to explore ECD practitioners' understanding of their caregiving role for young children in South Africa, which is an area that has received little attention in the literature to date. Qualitative research mainly consists of open-ended questions and probing which offers the participants a chance to respond in their own words as opposed to choosing from a set of fixed response-options. Open-ended responses in qualitative research provide the researcher with insightful, unexpected, and meaningful responses (Given, 2008). In addition, a qualitative approach enables researchers to address the “how” and “why” of research questions and affords researchers the opportunity to attain in-depth insights and an understanding of experiences (Cleland, 2017). According to Leedy et al. (2016), exploratory research is useful when attempting to explore and understand more about a problem that has not yet been studied in-depth. Therefore, the exploratory nature of the study was essential in providing insights into ECD practitioners' perceptions of their caregiving role as there are limited studies that have been done on the topic.

4.3. Sampling and Recruitment of Participants

Eight participants were selected through purposive sampling, which was supplemented by snowball sampling, to ensure that practitioners from both formal and informal ECD centres

were included in the study. Purposive sampling involves selecting participants based on their possession of certain attributes that allow for a deep analysis of the phenomena under investigation (Smith & Shinebourne, 2012). Snowball sampling on the other hand involves asking prospective participants if they know other participants who may meet the required inclusion criteria (Smith & Shinebourne, 2012). First, Google searches were used to identify ECD centres in Gauteng and Limpopo provinces. These ECD centres were subsequently contacted to request permission for participant recruitment. Snowball sampling was used to supplement this because informal ECD centres were less likely to appear on Google searches. Snowball sampling was implemented by asking the formal ECD centre owners and members of the community if they were aware of individual ECD practitioners or informal ECD centres employing practitioners who may meet the inclusion criteria. Participants were eligible for inclusion if they were ECD practitioners who had been working in either formal or informal ECD centres for at least six months to ensure sufficient experience and understanding related to caring for young children. The ECD practitioners also had to be caring for children between the ages of zero and five years since these periods are regarded as critical periods for development, in general, and for attachment, specifically. The participants also had to have a basic competency in English, Tshivenda, or Sepedi since the interviews were conducted in these languages by the researcher who has competency in all three languages. Since the study aimed to explore ECD practitioners' perceptions, eight were ideal because they allowed each participant's perceptions to be fully explored in depth. In other words, this sample size enabled data saturation to be reached. Faulkner (2017) defined data saturation as a stage in the research process whereby no new information can be discovered during the data collection, and whereby the data that has been collected is sufficient to answer the research questions.

It is important to note that ECD centres were first contacted to request the owner's permission to recruit ECD practitioners through their centres. After receiving permission, flyers

were distributed by the researcher to the ECD practitioners who made contact directly with the researcher to show their interest in taking part. Other flyers were distributed to the ECD owners who subsequently distributed the flyers to the interested practitioners. For those interested in taking part, an appointment was made for undertaking consent and data collection procedures as described below.

4.4. Data Collection

Data was collected through individual semi-structured interviews. The interviews included close-ended questions which were used for gathering biographical information about the participants (Appendix A) and open-ended questions which were used to explore, in-depth, the participants' perceptions of their roles as caregivers to young children in South Africa. The interviews included questions such as "how would you describe your relationship with the children you provide ECD services to?" An interview schedule (Appendix B) was utilised during the interviews. The interview schedule was comprised of questions that were developed in relation to the study's aim and objectives.

Semi-structured interviews were ideal as participants were able to fully express their perceptions of their caregiving role while being guided by targeted questions which allowed for the aims and objectives of the study to be achieved. DeJonckheere and Vaughn (2019) argued that semi-structured interviews afford researchers opportunities to explore and deep dive into the participants' perceptions, feelings, and beliefs regarding specific topics. Also, the interview questions were probed to encourage the respondents to provide in-depth and insightful explanations in their responses. This was done by asking follow-up questions and asking the respondents to provide examples and detailed explanations to the responses. Interviews lasted for 30 to 45 minutes and were conducted by the researcher at a time and place that was convenient for the participant, for those interviews conducted in person. Three of the interviews were conducted in person, and five of the interviews were conducted telephonically via phone

calls and WhatsApp calls. Five of the interviews were conducted in English (one of the five English interviews was supplemented by Xitsonga), two were conducted in Tshivenda, and one was conducted in Sepedi. All the interviews were audio-recorded and subsequently transcribed verbatim by the researcher. The interviews that were conducted in Tshivenda, Sepedi and Xitsonga were translated by the researcher into English during the transcription process. The transcripts were checked and re-read several times to ensure that they were accurate and a true representation of the audio recordings. Furthermore, all COVID-19 health protocols were strictly observed, including the mandatory wearing of face masks and social distancing during in-person interviews.

4.5. Data Analysis

Data was inductively analysed using Braun and Clarke's six-phase thematic analysis (Braun & Clarke, 2006) with the aid of qualitative data analysis software application, Atlas.ti (version nine). Thematic analysis involves identifying, analysing, organising, describing, and reporting themes that are found in a data set. A thorough and careful analysis allows researchers to produce insightful and trustworthy findings.

The first phase entails familiarising oneself with the data. This phase involved thoroughly going through all the data that had been collected before analysing items individually. Here, the audio-recordings were transcribed, and each interview transcript was subsequently read thoroughly to become familiar with the contents. During the transcription step, some of the transcripts were translated from Tshivenda, Sepedi, and Xitsonga to English. The second phase involved coding data. This phase involved highlighting sections of the interview transcripts and forming shorthand labels or codes to describe the content (Caulfield, 2019). Here, text in the form of sentences and paragraphs from the interview transcripts were highlighted by using codes that were relevant to the aims of the study. The third phase included examining coded and collated data extracts to determine possible themes of broader

significance. To generate the themes, an inductive approach was utilised. In an inductive approach, researchers allow themes to be conceptualised from the coded data rather than applying the data to a priori themes. This involved thoroughly analysing the data from the transcripts and combining and mapping the codes that were used to generate themes. The fourth phase involved reviewing themes. This step involved examining the themes to ensure that they were useful and accurately represented the data. It also involved going back and comparing it with the dataset to determine whether the themes appropriately reflected the data. During this phase, themes were merged, split, or discarded, where indicated. The fifth phase involved defining and naming the themes in a way that spoke to the research focus and questions. The sixth and final phase involved writing up, an integral part of the analytic process that involved combining the analytic narrative and data extracts to tell the reader a coherent and interesting story about the data and contextualising it within the existing literature, as presented in Chapters 5 and 6.

4.6. Trustworthiness

To enhance the quality of the study, several steps were taken to ensure the trustworthiness of the study. Within the research context, trustworthiness refers to trust in the data, the interpretations thereof and the methods used to collect it (Polit & Beck, 2021). To ensure the trustworthiness of this study, several steps were taken to ensure that the study has credibility, dependability, transferability, and confirmability.

Credibility refers to confidence in the accuracy of the study (Amankwa, 2016). For this study, credibility was ensured by making sure that all interviews were recorded and transcribed and making sure that all participants were asked the same questions so that the findings of the study were not negatively affected. In addition, reviews and advice from a supervisor who is knowledgeable in this field were constantly utilised. The supervisor assisted in ensuring that any bias that might be brought to the study was avoided.

Dependability refers to the consistency of the data and the ability to reuse the data over time (Amankwaa, 2016). To ensure the dependability of this study, an audit trail was utilised. An audit trail involves recording how a study was carried out and how a researcher arrived at certain conclusions (Carcary, 2020). Therefore, there was transparency about all the steps that were taken in the research process so that other researchers may also be able to utilise the findings (Carcary, 2020). All steps of the research process were documented by keeping a research diary.

Transferability refers to the extent to which the findings of a study can be applied in different cases (Amankwaa, 2016). The transferability of the study was ensured by providing thick descriptions of the entire research process. Confirmability on the other hand refers to the extent to which the findings of the study are not biased. To ensure this, the researcher ensured reflexivity during the course of the study.

4.7. Reflexivity

This section touches on the reflections of some of the aspects that may have had an impact on the current study. According to Olmos-Vega and colleagues (2022), reflexivity involves ongoing, collective and multifaced steps that researchers take to ensure that they consciously self-critique and assess the impacts of their subjective experiences in the research process. Personal reflexivity entails that researchers need to reflect and explicitly point out their expectations, presumptions as well as their intentional and unintentional reactions to the research participants and the data (Gentles et al., 2014).

My personal experiences, such as witnessing the experiences of those around me (specifically my little brother who also had an unpleasant experience within an ECD setting due to the treatment he received from his ECD practitioner) as well as reading and watching documentaries that focused on children's injuries or deaths that occurred in ECD settings influenced my decision to conduct this study. This study was carried out as an attempt to

understand ECD practitioners' perceptions of their roles as well as their understandings of their contributions to children's development; specifically, how they play significant roles in children's well-being.

Due to my personal experiences which influenced my decision to conduct this study, at some point during the planning for my study, I was at risk of having my study affected by interviewer bias since I had had some personal opinions about, and expectations of, what the findings of the study would look like (especially findings from informal ECD centres). For instance, I was expecting that the lack of formal training for ECD practitioners in informal ECD centres would have an impact on how the practitioners perceived their roles and how they engage in caregiving activities. There was also an expectation that there would be differences in how formal ECD practitioners and informal ECD practitioners perceived their roles and how they engage in caregiving activities. I also expected informal ECD practitioners to be the ones to point out the needs for interventions such as ECD practitioners' training. This was until I explained one of my main reasons as to why I selected my research topic to one of my lecturers (the late Dr. Thomas). I also had a meeting with my supervisor (Mr Mohamed, who played a very significant role in this study) before we started with the proposal writing stage of this study.

I indicated to my lecturer that I would like to conduct my study on this topic because when my little brother was attending his first ECD centre, he had an unpleasant experience because he once came back from the ECD centre home bruised. One of the ECD practitioners had beaten him and left him with the bruise. I had also witnessed his confidence drop when he was in the ECD centre, and he showed lack of interest in going to the centre. I therefore explained that I decided to explore this topic to gain an understanding on how practitioners perceive their roles in ECD. She then advised me on how important it is to remain objective during the study regardless of my personal experiences, and to ensure that I create a platform

that enables the participants to freely express and share their experiences themselves without feeling like they are being judged. The conversations that I had with my lecturer, as well as the constant guidance from my supervisor, showed me how important it is to put aside my subjective experiences, expectations, and opinions during the research process to limit the influence of my bias. My supervisor guided me throughout every step of the research process and kept me in line throughout the process. For instance, my supervisor's guidance also assisted me in ensuring that the interview questions that I included in the interview schedule were not leading. Furthermore, during the planning phase of the interview study, we would also have review sessions with my classmates. Part of these sessions included us reading each other's work and providing feedback to one another as part of our training. These sessions were also helpful for the study. I ensured that I remained objective throughout the study and isolated my personal experiences from the study to ensure that I was not biased and that the participants freely expressed themselves. I made no mention of my brother's experiences to the participants, as this could have potentially made them feel that they were being interrogated. Not mentioning my brother's experiences also enabled me to probe on the participants' insights and offer them a platform to fully express themselves without making them feel uncomfortable.

Another challenge that I experienced during the research process is that during data collection, I was doing my internship, and I also fell sick in the early stages of my data collection, which I feel had an impact on the study and how long it took for me to complete some stages of the study. Some of my interviews were not in-depth enough, which resulted in me having to recontact some of the respondents to ask them follow up questions. I also had to re-recruit some respondents since I could not go back to some of the respondents.

In addition, during the analysis process, there would be instances whereby I would attempt to report the findings of the study in my own words, which could sometimes derail from the participants exact words. However, my supervisor would constantly encourage me to ensure

that I do not derail or move away from the participants' exact words and descriptions and constantly kept me in line to ensure that I did not change what they said, which was very helpful and kept me in line when it comes to the report writing.

On a positive note, I was not expecting the ECD practitioners to be as welcoming as they were, and to form relationships with the participants following data collection. For instance, I was not expecting one of the informal ECD owners (who was also one of the respondents) to invite me to attend the graduation ceremony at their ECD centre on two occasions and to be one of the speakers addressing the importance ECD, and to encourage parents to invest in their children's ECD. This was very heart-warming and encouraging as it made me feel that the practitioners and ECD owners saw the significance of the study. Their receptiveness and patience with me during the research process were also encouraging as it is something that I had not anticipated. It was also very interesting and enlightening to discover that most of the findings of the study departed from what my initial opinions and expectations prior to the study. For example, coming to the realisation that there were no discernible differences in how formal and informal ECD practitioners perceived their roles and engaged in ECD practices, and that interventions and training are required in both formal and informal ECD centres.

I am thankful to have learnt several research skills during this research process, and to have learnt other skills which include patience (especially being patient with myself) interpersonal skills and resilience. Especially because there were several instances in the process where I suffered with imposter syndrome. I am also thankful for the relationships that I have developed with the practitioners. More importantly, I am thankful to my supervisor who constantly guided and kept me inline during the study. His feedback constantly motivated me.

4.8. Ethical Considerations

Several ethical considerations were taken into account in the study to ensure that all participants were treated fairly and that their rights were not in any way violated. Therefore, before carrying out the study, ethical clearance was sought from the University of Pretoria's Humanities Faculty Research Ethics Committee (Appendix E). Permission was also sought from the owners of the ECD centres to recruit ECD practitioners through their facilities. The ECD practitioners who were interested in being part of the study confirmed their interest by signing informed consent forms (Appendix D). The informed consent forms were written in English but were also explained verbally, in the participants' language of preference, to ensure full understanding in instances where some of the participants did not comprehend some of the content that was included in the consent forms. The informed consent forms consisted of various aspects, including information that informed the participants about the purpose of the study, the voluntary nature of participation and their right to withdraw from the study at any phase of the research if they so chose, and that their withdrawal would not have any negative consequences for them. Participants were also permitted to refuse to answer any questions they were not comfortable answering. Furthermore, the informed consent forms ensured participants' confidentiality. It was made clear to the participants that no identifying information would be retained and that pseudonyms would be used in all transcriptions and in the final report in order to protect their identities. The participants were also informed that neither the identity of the ECD centres nor their locations would be disclosed. Moreover, all the participants were treated equally and with respect, and they were not discriminated against in any form. Participants were also informed that the anonymised data for the study would be kept securely, under lock and key, in the Department of Psychology for 15 years during which time it may be used for future research. The topic and focus of the study were not regarded as sensitive and did not ask participants to share personal experiences. It was intended to explore

their understanding of their caregiving work as ECD practitioners. Therefore, there was no harm or discomfort experienced by the participants during the study.

In conclusion, this chapter provided an overview of the methodological process which was followed when conducting this study. The research design, sampling, data collection and analysis approaches which were implemented to answer the research questions and objectives of the study were described. This chapter also touched on the steps that were taken to ensure trustworthiness. These steps included ensuring that the study has credibility, dependability, transferability, and confirmability. Furthermore, ethical considerations such as obtaining ethical clearance, informed consent, the voluntary nature of the study, as well as confidentiality of the participants were described.

Chapter 5: Findings

5.1. Introduction

This chapter presents the findings of the study. Thematic analysis was utilised to conceptualise the main and sub-themes which were crucial in answering the research questions, as well as the objectives of the study. This chapter starts by providing the demographic profile of the participants. The themes and sub-themes derived from the interview transcripts are thereafter presented with supporting extracts from the interviews with participants.

5.2. Demographic data of participants

Table 5.1 below provides an overview of the demographic profile of the participants in this study.

Table 5.2.

Demographic Profile of the Participants

Participant	Age	Gender	ECD	Experience	Formal/Informal	Language	Location
					ECD		
Participant 1	32	Female	ECD 1	8 Years	Formal	English	Limpopo
Participant 2	54	Female	ECD 4	20 Years	Formal	Tshivenda	Limpopo
Participant 3	N/A	Female	ECD 2	5 years	Informal	English	Limpopo
Participant 4	52	Female	ECD 2	Just over 1 year	Informal	Sepedi	Limpopo
Participant 5	N/A	Female	ECD 1	7 years	Formal	English	Limpopo
Participant 6	31	Female	ECD 3	3 years	Informal	English	Gauteng
Participant 7	45	Female	ECD 5	4 years	Informal	Tshivenda	Limpopo

Participant 8	35	Female	ECD 6	5 years	Informal	English (complemented by Xitsonga)	Gauteng
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This study consisted of eight participants from six different ECD centres. Participants were ECD practitioners who had been working in either formal or informal ECD centres, with experience ranging between one and 20 years. The participants were caring for, or providing ECD services to, children between the ages of zero and five years. They ranged in age between 31 and 54 years (two participants did not, however, disclose their age) and all were female. In terms of ethnicity, all participants were Black-African. Four languages (English, Tshivenda, Xitsonga, and Sepedi) were used during the interviews to accommodate all the participants and to ensure that data collection provided insightful information. The English language was mainly used in formal ECD centres, while Tshivenda, Xitsonga and Sepedi were used in informal ECD centres. This was also because the participants in informal ECD centres expressed that they were more comfortable with answering questions in their home languages. Six of the participants were based at ECD centres in Limpopo, and two were based at ECD centres in Gauteng.

5.3. Presentation of Themes and Sub-themes

Below, the themes and sub-themes conceptualised from the thematic analysis are described (see Table 5.2 for an outline). The themes/sub-themes are evidenced and substantiated with direct verbatim extracts from the interviews with the participants.

Table 5.3.

Summary of the themes

Main Themes	Sub-themes
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Theme 1: ECD practitioners’ perceptions of ECD, and their contributions to ECD

Sub-theme 1: ECD practitioners’ understanding of ECD.

Sub-theme 2: ECD practitioners’ contributions to ECD

Theme 2: Perceptions of “caregiving” and roles that ECD practitioners play

Sub-theme 1: Protecting children

Sub-theme 2: Checking and ensuring children’s well-being.

Sub-theme 3: Taking care of children

Sub-theme 4: Teaching children

Theme 3: Qualities and challenges of being of an ECD practitioner.

Sub-theme 1: Passion and Patience

Sub-theme 2: How ECD practitioners recognise distress in children

Sub-theme 3: Challenges of being an ECD practitioner

Sub-theme 4: Required interventions in ECD

Theme 4: ECD practitioners’ relationships with children

5.3.1. Theme 1: ECD Practitioners’ Perceptions of ECD, and their Contributions to ECD

This theme represents the participants’ perceptions and understandings of ECD in general, and of how they contribute to ECD. The theme is subdivided into two sub-themes,

namely: ECD practitioners' understanding of ECD; and ECD practitioners' contributions to ECD.

5.3.1.1. Sub-theme 1: ECD practitioners' understanding of ECD.

Half of the participants in this study defined ECD as a sensitive period during which the foundations are laid for children's lives. For the participants, such a foundation is crucial in ensuring that children progress along optimal developmental trajectories.

"We lay a foundation in their lives at an early age. We are contributing a lot for these children to become something in the future. We are contributing a lot because they are here." (Participant 1)

The participants mentioned that they lay this foundation through several activities that involve ensuring that children are ready to start school by teaching them basic skills such as singing, and writing.

"We also help in laying a foundation for when the children eventually start going to Grade R. Having books also helps children to distinguish different subjects such as numeracy, and life skills. Things such as swings and skipping ropes help the children to exercise, and that improves their health." (Participant 7)

ECD has also been described as a period whereby children are still young and dependent on their caregivers. Participant 2 mentioned that during these periods, children should not be neglected. These young ages were further described as a period during which children need to be listened to and adequately taken care of. Participants (2, 5 and, 7) mentioned that during the ECD period, children are still completely dependent on their caregivers and need almost everything to be done for them. In addition, children were described as being "very clingy" during ECD.

"They are clingy, they want you here all the time." (Participant 6)

“What I understand is that these children are still very young, and they need to be handled with care because they are still dependent on their parents.” (Participant 2)

5.3.1.2.Sub-theme 2: ECD practitioners’ contributions to children's development

All of the ECD practitioners mentioned that they contribute to children's development in various ways including ensuring that children are well-developed physically, mentally, cognitively, emotionally, socially, and spiritually.

“We, we make sure that the child develops, uh, mentally, physically, emotionally.”
(Participant 3)

In terms of cognitive development, participants (1, 2, and 6) reported that they helped children by teaching them how to write, colour and identify shapes. Such activities were considered by participants to prepare children for school. The participants also mentioned that they contribute to children's physical and motor development by engaging in activities that improve their physical and motor skills. Such activities include writing, drawing, painting, as well as playing on swings. Participants also mentioned that playing with children is a crucial factor that contributes to children's development (e.g., children’s motor skills), and indicated that they ensure that they play with children.

“We will be playing with sandpit, and you know, when they start playing with sand pits, they create their own games outside, they play when it's hot, they play with water...we play. We just have many, many, many activities that they can sometimes, like when you came yesterday, we were playing music. Sometimes you just play the music, then we dance. That's part of activities, which are Yeah, they play balls everything”. (Participant 5)

In addition to physical and cognitive development, the participants expressed that they assist children in developing social and interpersonal skills such as communicating with others. The participants also indicated that they assist children in developing and boosting their self-

esteem. For instance, some of the participants stated that they go through daily affirmations (“I am beautiful”, “I am smart” and “I am important”) to remind the children that they are special. The participants also mentioned that they contribute to children's spiritual/religious development through practicing skills such as praying and singing.

According to some participants (3, 4, 6, and 8), their contributions to children's development are so significant that they are able to discern differences between children who have attended ECD centres and those that have not. Children that attend ECD centres were described by participants as having better developmental outcomes and having learnt more basic skills (for example singing, and toilet training) than children that have not attended. For instance, children who attend ECD centres were described by participants as children who adapt faster when they start schooling and have basic skills such as going to the toilet on their own. In addition, children that attended ECD centres were also described as having morals and basic life and social skills. Children who have not attended ECD centres were described as lacking basic skills and knowledge, and as struggling when they start school because they did not have exposure to different learning materials and being around other children prior to starting school.

“There is a difference. Children that did not go to preschool often struggle when they are with others. For instance, even when they want to go to the toilet, they often struggle because they don't know what to do”. (Participant 4)

“Another thing is that if you take a child who is attending a preschool and the one who is not, they are too different. The one who is attending preschool is brighter than the one who doesn't go to preschool because the one who doesn't go to preschool doesn't know a lot of things.” (Participant 8)

5.3.2. Theme 2: Perceptions of Caregiving and the Roles that ECD Practitioners Play.

Although the participants did not provide explicit descriptions of how they perceive caregiving in relation to the attachment theory, they mentioned that “caregiving” involves protecting children. Caregiving was also described as checking and ensuring children’s well-being, taking care of children, and showing love. The participants further indicated they play several roles in children’s lives. These roles include taking care of children and teaching children.

5.3.2.1. Sub-theme 2.1: Protecting children

In terms of protecting children, ECD practitioners mentioned that “caregiving” involves ensuring that children are safe and protected.

“What comes to mind is that when you take care of these children, you need to ensure that they do not get hurt”. (Participant 4)

“I understand it means working with children, to protect children from things like child abuse”.(Participant 7)

The participants also indicated that they ensure children’s safety through several actions or measures such as always ensuring that children do not hurt one another when playing, as well as being present when children are playing to ensure that they do not get injured.

“We make sure that these children do not hurt each other”. (Participant 4)

5.3.2.2. Sub-theme 2.2: Checking and ensuring children’s well-being.

The participants also mentioned that they always ensure that they check up on children to determine their well-being and to make certain the children are doing well. The participants engaged in actions or activities that included regularly checking children's temperatures, asking questions to find out how the children are doing, as well as constantly monitoring them when they are playing to ensure that the children do not get hurt. The participants also emphasised

that they play a role in protecting children through several safety measures such as ensuring that the gates are always locked, and not allowing unauthorised individuals onsite. In addition, participants also emphasised that they ensure that children are healthy by feeding them.

“We, we check them.... We check them. Yeah. How are they behaving? Mm-hmm. So that we'll know if a child has got a problem”. (Participant 1)

“We ask them how they are doing. I also check their temperature with my hands to determine whether their body temperatures are fine. I do this to confirm whether they are really in a good state”. (Participant 2)

“We have to protect the kids, kids, we can't just leave the gate open”. (Participant 5)

5.3.2.3. Sub-theme 2.3: Taking care of children.

The participants indicated that they take care of children through several acts such as showing children love, feeding them, and constantly checking up on them to ensure that they are doing well. In terms of showing children love, participants (1, 2, 3, and 4) take care of children through being warm, kind, and gentle towards them, as well as treating children as their own. They positively reinforce children through compliments and tangible rewards such as stickers when children performed well in specific tasks and activities. The participants also stated that they show children love by providing them with healthy and nutritious food throughout the day and feeding them.

“What I understand about caregiving is that you have to love children wholeheartedly, and you don't have to be harsh at the children even when they make mistakes”. (Participant 6)

“Give them stickers. They will be happy. Sometimes you can even tell that child, if you see that child is used to isolating herself. Tell her that “teacher loves you”, then she will be happy.” (Participant 1)

“I give them all the love. Even when one of the children doesn’t have food, I make sure to share my food with them”. (Participant 2)

“I need to take these children as my own children and take care of them. Even when I am teaching, they may misbehave and make noise, but even when they do so, I am not supposed to fight with them when disciplining them. Instead, I need to draw them closer to me and be gentle with them while teaching them”. (Participant 2)

5.3.2.4. Sub-theme 2.4: Teaching children

The participants indicated that they also a play role that involves teaching children several life skills including manners, discipline, and hygiene skills such as toilet routines. Almost all of the participants mentioned that they teach children manners. In this regard, children are taught to be respectful towards everyone, to always apologise when they are wrong, and to share things with others. Children are also taught how to distinguish right from wrong, as well as yes and no. Teaching manners was also done through discipline. For instance, Participant 8 emphasised that ECD practitioners discipline children by always showing them and encouraging them to do the right thing.

“We teach them to have manners. When they wrong others, we tell them to apologise”. (Participant 4)

Participants 6 and 8 mentioned that they also motivate their children, especially when the children are struggling with specific activities. They always encourage children to ensure that that they succeed. In essence, practitioners stated that they prepare children to become well-adjusted adults. In addition to teaching children manners, most of the participants mentioned

toilet routines as part of a day-to-day task that they engage in to ensure children's well-being and development. Practitioners teach children toilet routines and also ensure that they are with them and guide them throughout.

“I always motivate them by telling them that I also struggled with same thing when I was their age and that they are actually doing good compared to me when I was younger. You have to keep assuring them that they can do it.” (Participant 6)

“You must also make sure that you build an atmosphere wherein when you communicate with these kids, make sure you motivate them. Always make them feel special. Like for example, in our centre, we even give them stars when they behave or perform well, just to motivate them.” (Participant 8)

5.3.3. Theme 3: Qualities of an ECD practitioner

5.3.3.1. Sub-theme 3.1. Passion and patience

Some of the qualities that were described by participants as being necessary for an ECD practitioner included patience and being passionate about the work. Almost all of the participants mentioned "patience" as a main quality that ECD practitioners need to have, especially when they are working with children who struggle to grasp and understand the content being taught. Participants mentioned that the willingness to go through the same content and repeat it until the children understand is crucial. In essence, ECD practitioners need to take their time when they are working with children.

“You must be patient because you cannot expect the kids to act like adults. They take their time to do their things. So, you must be patient.” (Participant 1)

In addition to having patience, two of the participants (3 and 8) also mentioned that ECD practitioners need to be passionate about working with children. This was also a piece of

advice given to anyone who would like to open an ECD centre in the future. Furthermore, one of the participants emphasised that being an ECD practitioner is not something that just anyone can do. They said that being an ECD practitioner is more of a "calling" than it is a career.

"You have to be passionate. Don't just say, I can do it because I've raised mine. I can do it because I want the income. No, it's not all about income. It's not all about how you've raised yours. It's all about the passion." (Participant 3)

5.3.3.2. Sub-theme 3.2: Recognising distress in children.

Most of the participants indicated that it is important for an ECD practitioner to be able to recognise when a child is in distress. Almost all of the participants mentioned that they usually recognise that children are in distress when the children become isolated or distance themselves. For instance, Participant 8 mentioned that when some children are in distress, they remain in the same position for extended periods and do not communicate with anyone. Practitioners 2, 4, and 6 mentioned that some playful children suddenly become reserved and do not even engage in activities such as playing. The participants also stated that other children do not even eat and just sleep the entire day when they are in distress. Most of the practitioners explained that when some children are in distress, they bully other children, and they become arrogant. Some children start using vulgar words, and cry.

"Then other children just become distracted when they are not okay. They do not play with other kids. Other kids do not eat when they are in distress, they don't want food at all. Others sleep for the whole day. Others just become withdrawn and do not want to engage in anything, they become inactive although they are really active children." (Participant 6)

The participants indicated that once they become aware that a child is in distress, they always ask them questions to find out the reasons for their distress and proceed to console them or address the issue that is causing them distress. The participants also indicated that as a

response to children's distress, when necessary, they contact their parents in the hopes of receiving assistance from them on the way forward or as part of the solutions, and to always keep the parents informed of what is happening with their children. The practitioners try to ensure that there is parent involvement in the children's lives and well-being while the children are at the ECD centres.

"I can take the child to a private room and ask what's going on. If she's able to say...If it is a child who can speak, she will be able to tell me that 'I'm not, well, I'm not fine', but if the child is not able to talk, I will look at her symptoms, to find out what is the problem, if she she's crying, if she's having a problem with her stomach, she will be showing me through her actions. Then I will have to intervene. Number one, I have to take, the child to a clinic, and then in the meantime I will call the parents so that they'll know, and so that they can do follow up". (Participant 8)

"I approach them and ask them how they are doing." (Participant 2)

5.3.3.3. Sub-theme 3.3: Challenges related to being an ECD practitioner.

The participants mentioned several challenges related to their jobs which affect them in fulfilling their roles as ECD practitioners. These included dealing with uninvolved parents, and not having all the required teaching materials. Participants (1, 2, and 5) mentioned that one of the biggest challenges they face as ECD practitioners is having to deal with parents that are not involved or who show little to no interest in their children's progress. The participants reported that they see some parents who do not put effort into being involved in their children's academic development and that some parents rarely help their children with homework. The parents do not incorporate the knowledge learnt at the ECD centres with the children when they are home.

"The challenge arises when you call the parents and tell them about the children's challenges and tell them that, 'I think we must work together'. Sometimes you find

the parents who say, 'Yoh my child is like that; you must leave my child like that he will be fine'. So I get stuck, and I don't know what to do next to help the child. Also, because we help the children here, but when they go home. The parents are just relaxed." (Participant 1)

Another challenge that the participants pointed out was related to working with children who are not performing well. Practitioner 1 highlighted that it is often challenging to work with children who take time to grasp the content that is being taught. This is because they often have to spend a considerable amount of time repeating the same material to ensure that the children understand the content, especially when the parents are not involved and do not meet the practitioners halfway. It must be noted, however, that some participants (3 and 4) mentioned that there are also parents who are involved and supportive. The participants also pointed out that one of their biggest challenges included not having access to materials that are required when working with and teaching children. These materials include stationery such as books and crayons, as well as educational games and toys as well as outdoor playing materials such as swings, and electronic devices such as tablets that can be used for educational purposes.

"These children need to have appropriate and sufficient teaching aids. As young children, they have rights to access equipment such as cell phones and tablets, because these things can contain a lot of educational materials and games that they can use to improve their development". (Participant 2)

"I think learning equipment would be really helpful. Like we teach the children how to count, but we do not have the necessary material required to teach the children to count. We also need materials that they can use to visualise the things that we are teaching them. Like toys that we can use to show them how to brush their teeth".
(Participant 6)

5.3.3.4. Sub-theme 3.4: Required interventions.

The participants also stated that they would like there to be several interventions that would assist them in having access to teaching materials as well as having teachers' and parents' workshops. Participants reflected on some interventions that they believed would facilitate their work as ECD practitioners. For example, they felt that being provided with work equipment and teaching materials would help to make their jobs easier. Some of the equipment that the participants mentioned included mattresses that children can sleep on during nap times, school uniforms, stationery, toys, and teaching materials that ECD practitioners can utilise. One of the participants also stated that there needs to be a change in the syllabus because the content gets boring for them and the children.

“We must not stick on the same syllabus... you see...because it ends up getting a boring, because for you can't do one thing for more than like 20 years” (Participant 5)

Most of the participants felt that ECD practitioners needed access to training through workshops for the purposes of upskilling, and forums which will enable them to share some of their experiences related to their jobs. In addition, ECD practitioners highlighted that they require continuous education and training in several aspects such as handling children with different behaviours such as aggressive behaviours, children that struggle to grasp things that they are being taught or children that have special needs, as well as children that have experienced abuse. Participants 1 and 2 mentioned that parents also need workshops at the beginning of the year, and that the parents' workshops should be aimed at addressing what is expected of parents, as well as discussions on how parents can be involved in children's academic development.

"At least when you are at the workshops with different teachers, we will know the different kinds of problems that teachers have, and you also get to know and find better ways to solve problems." (Participant 1)

5.3.4. Theme 4: ECD Practitioners' Relationships with Children

Almost all of the participants described their relationships with the children that they work with as good relationships. The participants mentioned that children feel comfortable, and free around them. They described their relationships as "parent-children" relationships because they play parental roles (e.g., feeding, nappy changing, discipline) in children's lives, and "friends" relationships because they play with children, and the children feel free and comfortable around them. Furthermore, practitioners mentioned that their relationships with the children that they work with are so good that some children cry when it is time for them to go home and that some cry when they have to start Grade R and insist that they instead want to remain in ECD centres.

"We have a very good relationship. Sometimes in January, when the children have to go to Grade R, they cry and refuse and say that they want to come back to the ECD centre. Even when it is time to go home, they cry and say they don't want to go home and that they want to stay at the ECD centre." (Participant 4)

I think my relationship with these children is very good because they like what I do for them. Even their parents often call me. For example, even the parents of children who I have taught in the past call me and update me on how the children are performing. Which also really shows that I have a good relationship with these children and their parents. Even in the schools that the children end up in, the teachers also ask where they did their crèche because they are often impressed.

That also really shows that I have a good relationship with the children. (Participant 7)

“The children are free around me. They can even come and tell me “Someone is beating me, someone is doing one, two three”. So, the relationship I have with them makes the children to be free.” (Participant 8)

When the participants were asked what they loved most about their jobs, most of them stated the fact that they love children, and love taking care of, and working with, children. This was also described as a crucial quality that ECD practitioners are expected to have. The participants (1, 2, and 4) also mentioned that they love and treat the children they work with as if they were their own children. In addition, given that practitioners deal with and take care of many children at the same time, they also emphasised the importance of treating all children equally. They also said that they ensure that they do not discriminate against any children in any way.

“I take these kids as my own children”. (Participant 2)

The relationship that I have is like, I treat the children as my own hmm. Yes. I treat all the children the same. And I treat them as my own.” (Participant 3)

“You must also treat the children the same. They should not feel like the teacher is favouring other kids”. (Participant 6)

In conclusion, this chapter presented the findings of the study. Thematic analysis was utilised to pinpoint the main and sub-themes which were crucial in answering the research questions, as well as the objectives of the study. Four main themes, which were accompanied by sub-themes were conceptualised. The first theme touched on ECD practitioners’ perceptions of ECD, and their contributions to ECD. This theme encompassed two sub-themes which

included ECD practitioners' understanding of ECD; and ECD practitioners' contributions to ECD. The second theme focused on ECD practitioners' perceptions of caregiving and the roles that ECD practitioners play. This theme consisted of four sub-themes which include: protecting children, checking, and ensuring children's well-being, taking care of children, and teaching children. The third theme was on the qualities and challenges that are related to being an ECD practitioner. This theme was made up four sub-themes namely passion and patience, recognising distress in children, as well as challenges related to being an ECD practitioner, and required interventions. The fourth and final theme touched on ECD practitioners' relationships with children.

Chapter 6: Discussion

6.1. Introduction

This study aimed to explore ECD practitioners' perceptions of their caregiving role for young children. This chapter discusses how the main and sub-themes that were presented in Chapter 5 answers the research aim and objectives of this study. The themes are discussed in relation to existing literature.

6.2. ECD Practitioners' Perceptions of Caregiving and How it Applies to their Work.

6.2.1. *Perceptions of Caregiving*

The theme *Perceptions of Caregiving* provided insights into ECD practitioners' perceptions of caregiving, and how it applies to their work as ECD practitioners in terms of how they engage in caregiving activities. By virtue—as part of their work—of being responsible for taking care of young children in a variety of settings ECD practitioners serve a professional caregiving function (de Schipper et al., 2008; WHO et al., 2018). While the participants were able to engage their perceptions of caregiving, their descriptions of how they perceive caregiving did not explicitly align with caregiver sensitivity/responsiveness as conceptualised by Ainsworth et al. (1991). Instead, when asked to describe their perceptions, their emphasis fell on caregiving that focused, pragmatically, on ensuring that children are safe and protected. They indicated that they ensure children's safety through several actions or measures such as always seeing to it that children do not hurt one another when playing, as well as being present when children are playing to avoid injuries. Similarly, Jan Walford (2019) argued that the responsibilities of caregivers in ECD settings include ensuring that children are in an environment that is safe, healthy, nurturing and stimulating. It is worth noting that although some of the participants' responses touched on aspects that were associated with emotional

safety (e.g. responding to distress), this was less emphasised compared to the practical aspects related to physical safety. This may suggest that the ECD practitioners could be overlooking emotional safety in the course of the caregiving duties. In essence, safety and protecting children extends beyond just the physical, and also constitutes the emotional safety. According to Twumwaa (2011), children who grow up in environments that are emotionally safe tend to be more honest, expressive, and trusting of people, and are at a lesser risk of developing behavioural issues. In addition, children who experience emotional security and supportive relationships feel valued (Owens, 2012). Consequently, they become more confident, independent, and are more able to develop and maintain successful relationships with others (Owens, 2012). Therefore, these findings indicate that ECD practitioners may need specific guidance in recognising the significance of responsiveness, and emotional support, in early childhood development and their role in enacting this as caregivers in ECD settings.

In addition, caregiving was also described as involving taking care of children in the absence of their parents, ensuring optimal physical and emotional development. Additionally, the participants indicated that caregiving involves loving children, and being gentle with them, as well as treating them as if they were one's own. The ECD practitioners in this study also mentioned that they practice caregiving by checking children's well-being by assessing their behaviours, checking their temperatures, and asking children questions to determine how they are doing. Although there is no specific, or correct, approach to caregiving, this finding is in support of Drugli and Undheim (2012) who contended that children must be in the care of caregivers who are warm and responsive to their instrumental as well as their emotional needs so that they can develop optimally. Berry et al (2017) also suggested that the care that children experience—that is feeling that their needs are being met, as well as feeling the affection and responsiveness of their caregivers—has a notable influence on how they develop. In essence, responsive caregiving has been argued to be crucial in children's development and the

establishment of secure attachment relationships, and has been associated with good health, adequate cognitive development, and psychosocial development in children (Dunst & Kassow, 2008). Although the participants in this study did not directly speak to the importance and implications of responsive caregiving, their responses implied and reflected an appreciation for sensitive caregiving. This is a potentially significant finding for ECD settings as it may facilitate the provision of sensitive care which has been associated with lower levels of behavioural issues in young children, increased intelligence, and positive academic outcomes, as well as reduced hospitalisation (Scherer et al., 2019). On the contrary, lack of responsive caregiving has been associated with negative socio-economic outcomes developmental delays (Scherer et al., 2019). These findings were also emphasised by Biersteker and Kvalsig (2007) who highlighted the importance of loving, sensitive, and warm caregivers in children's development. This aligns with the findings of the current study which emphasised that ECD practitioners show love, gentleness and patience when working with children. The participants also indicated that they equip children with various social and interpersonal skills. Therefore, the findings of this study indicate that ECD practitioners' perceptions of caregiving, although they do not specifically refer to concepts such as sensitive responsiveness as it may reflect in attachment theory, their descriptions nonetheless do align, broadly, with the concept. ECD practitioners, therefore, even though implicitly, appear to have an appreciation for the importance of sensitive caregiving in their work as professional caregivers of young children.

6.2.2. Qualities of an ECD practitioner

With regards to how the participants perceived the ways in which caregiving applies to their work as ECD practitioners, they described some of the qualities that they regard as being crucial in ECD practitioners and linked these qualities to some of the roles that they play. Some of the qualities that were described as being necessary for an ECD practitioner include patience

and being passionate about being an ECD practitioner. Almost all of the participants mentioned "patience" as a main quality that ECD practitioners need to have, especially when they are working with children who struggle to grasp and understand the content that they are being taught. ECD practitioners mentioned that the willingness to go through the same content and repeat it until the children understand the content is crucial. This is notable since 'patience' aligns broadly with the idea of caregivers following the child's lead, and non-intrusiveness, in interactions which are associated with sensitivity and more favourable child outcomes (Dozier et al., 2018). In essence, ECD practitioners need to take their time when they are working with children. Similarly, the respondents in Colker's (2008) study which consisted of 43 ECD practitioners from diverse backgrounds and experience levels also pointed out that it is important to have patience towards children, children's families, and parents. The participants in Colker's study also emphasised that "patience" is a crucial skill because not all children learn at a quick pace. Similarly, in Vorster et al's (2016) study, the participants highlighted that it is crucial that practitioners are understanding towards children, and that this understanding be achieved by listening to the children, effectively communicating and being sensitive towards children's needs. Comer and Sekerta (2014) also argued that patience is a crucial personality trait that has an influence on the development of intra- and interpersonal skills. It has also been indicated that teachers that show support and patience to their learners positively impact the children's successes (Sherman et al., 2008).

Besides being patient, this study's participants further indicated that being passionate about working with children is also an important quality that ECD practitioners need to possess because there are several challenges that come with this work in South Africa. This is consistent with studies by Colker (2008), Vorster et al., (2016), and Sacks (2014) who also found that passion was thought by ECD practitioners to be one of the most crucial elements of their work with young children. Participants in Colker (2008) and Sacks's (2014) studies indicated that

passion is more crucial than formal training. Vorster et al.'s (2016) study pointed out that passion not only requires ECD practitioners to be enthusiastic but that they should also be inspired to do their jobs to provide adequate services. The importance of passion is, therefore, indisputable. Valletand (2008) argued that passion drives motivation in teachers and encourages them to fulfil their duties and facilitate learning. Passion also encourages teachers to put effort in increasing children's achievements (Serin, 2017).

Based on the findings of this study, another skill that ECD practitioners need to possess is the ability to recognise distress in children. Most of the participants indicated that they recognise that children are in distress through observing children's attitudes and actions such as isolation, remaining in the same positions for extended periods, disengagement, not eating, excessive sleeping, crying, bullying other children, and becoming arrogant. Most of the attributes that the participants mentioned were also highlighted by UNICEF (n.d) on how to recognise signs of distress in children. It is crucial that caregivers are able to recognise signs of distress in children so that they can immediately respond to the children's distress. Caregivers' abilities to recognise, accurately interpret, and promptly respond to children's distress, signals, and needs—caregiver sensitivity (Ainsworth et al., 1991)—are crucial in children's socioemotional development. Bowlby's (1988) attachment theory also stipulates that children who have caregivers that respond sensitively to their needs can rely on their caregivers in times of distress by utilising their caregiver as a 'safe haven' to down-regulate negative affects while also feeling secure enough, when not distressed, to freely explore their environment safe in the knowledge that their caregiver is available, both physically and emotionally—in essence, the children have a "secure base". On the other hand, unresponsive caregivers result in children not feeling safe enough to explore their environments freely due to a lack of a secure base (Bowlby, 1988). Participants in this study mentioned that children in their care are comfortable, and free around them. Children's ability to feel free and comfortable around the practitioners is also an

indication that they feel safe and experience them as a secure base from which to explore their environments and learn. de Schipper et al (2008) and Smith (2011) also demonstrated that professional caregivers who show positive, consistent, and responsive caregiving when interacting with children provide a foundation for the development of stable secure attachments. This is consistent with meta-analytic evidence which found group-related sensitive responsiveness from a professional caregiver to be a reliable predictor of secure child-caregiver attachment in out-of-home childcare centres (Ahnert et al., 2006).

Although the participants in this study could not provide explicit or detailed explanations on how they respond to children's distress, their descriptions align with the concept of maternal sensitivity (Ainsworth et al., 1991). This is because the participants indicated that once they become aware that a child is in distress, they always ask the children questions to find out the reasons for their distress and proceed to console them or address the issue that is causing them distress. The practitioners also indicated that as a response to children's distress, when necessary, they contact the children's parents hoping to receive assistance from them on the way forward or as part of the solutions. They also indicated that they contact parents to always keep them in the know of what is happening to their children and how the children are doing. The practitioners try to ensure that there is parent involvement in the children's lives and well-being while the children are at the ECD centres. Such actions provide children with what Bowlby regarded as a 'secure base' (Bowlby, 1988).

6.3. ECD Practitioners' Engagement in Caregiving Activities as Part of their Daily Work Tasks Involving Young Children.

6.3.1. Roles that ECD practitioners play.

The theme on the roles that ECD practitioners play provided insights into the objective of how ECD practitioners engage in caregiving activities as part of their daily work. Although

similar to teachers, the role of ECD practitioners—unlike teachers to school-age children—takes place during a particularly critical developmental period and, in South Africa, is multifaceted and may involve a range of diverse duties depending on the context. The participants in this study mentioned, for example, that their roles include taking care of children in various ways, as well as teaching them and showing them love. This is consistent with the findings by Munnik and Smith (2019) that practitioners are often expected to play multiple roles including carers, educators, nannies, cleaners, part-time parents, and leaders, simultaneously.

The participants in this study indicated that they engage in caregiving activities through showing love to children by being warm towards them, and through complements and positive reinforcement. The participants did not explicitly describe this as looking after children, emotionally. They did, however, nonetheless demonstrate an appreciation for, and engaged in practices and behaviours that are aligned with, sensitivity and responsiveness. Therefore, it may be significant to facilitate ECD practitioners' understanding of their roles in children's emotional and socio-emotional well-being through the enactment of sensitivity to further augment their already-existing implicit appreciation for caregiver sensitivity in their work.

In addition, feeding children nutritious food was also mentioned as one of the ways that ECD practitioners show love to children, and as a way that ECD practitioners engage in their daily caregiving activities. For the practitioners, their day-to-day activities also include ensuring that children are always safe and protected through ensuring that the gates to the ECD centres are always locked, and that access to ECD centres is limited to the children's family members. Likewise, in a study by Phajane (2014), it was demonstrated that teachers act as educators and nurturers of children by ensuring that children are safe and protected from harm, and they provide children with basic survival needs such as shelter and food. In addition, teachers also show children love and affection, encourage them, and ensure that they feel love and acceptance (Phajane, 2014). The participants in the current study also highlighted that they constantly

check up on children to determine their well-being and to ensure that they are doing well. In essence, they check children's temperature, ask questions to determine how children are doing, and monitor children when they are playing to make sure that the children do not get injured. This is also consistent with Phajane (2014)'s findings which indicated that the roles of ECD teachers include acting as observers and assessors of children's development by gathering information that assists them in gaining an understanding of children's development. According to Bell (2017), observation assists in creating a deeper knowledge and understanding of children's development and strengthens their relationships with their teachers. In addition, observation can be utilised in assessing children's developmental skills and milestones. A study by Nugent and colleagues (2017), which aimed to assess the impact of the Newborn Behavioural Observations (NBO) system on the sensitivity of mother–infant interaction in the first 4 months of life has also demonstrated that mothers who had gotten the NBO training were four times more likely to be sensitive towards children than mothers who did not receive the NBO training. Although Nugent et al.'s (2017) study focused on infant observation, it is instructive because it sheds light on the significance of close observation when working with children to ensure that children's needs are sensitively and accurately responded to and effectively met—which essentially improves caregiving practices. Likewise, as mentioned above, the participants in this study engage in observational activities that involve checking children, assessing their well-being, as well as monitoring the children during play. These observations ultimately require practitioners to demonstrate maternal sensitivity.

The participants in this study also indicated that they play roles that involve teaching children several life skills including manners, discipline, and hygiene skills such as toilet routines. Almost all of the respondents mentioned that they teach children manners. The ECD practitioners indicated that they discipline children and teach them to be respectful and to always acknowledge and apologise when they are wrong. The practitioners also teach children

the distinction between acts that are acceptable and unacceptable. Similarly, a study by Sacks (2014) argued that ECD is a crucial component in children's social development. The participants in Sacks's (2014) study highlighted social interaction, manners, as well as respect as some of the factors that make ECD services noteworthy. Furthermore, Shertiel's (2018) study indicated that ECD practitioners are expected to play parental roles and ensure that they apply parenting approaches that instil obedience and positive behaviours in children. This can be linked to the findings in the current study because there were also some participants who indicated that they treat children in their centres as their own children, and that they have "parent-children" relationships with the children they take care of.

In addition to teaching children manners, most of the participants mentioned toilet routines as part of a day-to-day task that they engage in to ensure children's well-being and development. Toilet training is a crucial factor in the development of children's independence and dignity (Hesperian Health Guides, n.d.). During toilet training, it is important that caregivers are supportive and that caregivers reward children's success instead of punishing children for failures. In essence, caregivers need to be sensitive towards children and offer them praises, encouragement, and signs of approval to show that they are proud of children when they urinate or defecate where they should (Hesperian Health Guides, n.d.). However, when children accidentally urinate or defecate on themselves, caregivers should not punish or scold the children, but should rather clean them up, and reassure and encourage them (Hesperian Health Guides, n.d.). Similarly, the participants in this study pinpointed that they also motivate the children in their care, especially when the children are struggling with specific activities (inclusive of toilet training). They always encourage children to ensure that they thrive. Andriyani et al. (2021) also argued that when caregivers are insensitive during toilet training, it may affect children's personality development (e.g. stubbornness). Sensitive caregiving is, therefore, crucial during the toilet training period. Although, not directly associated with toilet

training, the participants in this study demonstrated that they are kind, gentle and patient when working with children, and that being an ECD practitioner requires one to be willing to go through the same content with children several times. In other words, working with children requires one to be patient. That being said, ECD practitioners play crucial roles promoting the development of qualities in children such as independence, self-esteem as well as social and interpersonal competence. They do this by being closely observant, demonstrating sensitivity and showing support during different activities that children take part in.

6.3.2. Challenges related to being ECD practitioners.

In fulfilling their roles and duties as ECD practitioners, the participants in this study indicated that there are several challenges related to their jobs, and that they have some needs which must be met to make their jobs easier. One of the main challenges highlighted by the participants involves the constant need to work with uninvolved parents, and parents who demonstrate limited interest in their children's academic, and other, development. The participants emphasised that parents do not initiate or assist children with their homework, for example. Similar to these findings, studies by Fourie (2013) and Chimala-Kalenga and Fourie (2015) indicated that ECD practitioners felt that parents were not involved in their children's education. For instance, the participants in Fourie (2013)'s study stated that their learners struggle to progress and are usually not ready for formal schooling due to the lack of parental involvement. The participants also indicated that most of the children's parents usually do not communicate with them, and consequently, they fail to support their children with their academic progress (Fourie, 2013). The practitioners' concerns with uninvolved parents also support the findings by Dawes et al. (2020) which showed that parents in South Africa are not able to commit enough time to engage in stimulating activities with their children, by playing, reading, or singing together. Lack of parental involvement has been attributed to parents' lack of insight into their roles and what is expected of them when it comes to ECD (Tyilo et al.,

2017). Tyilo et al (2017) have highlighted that parental involvement is crucial in ECD because parents play a critical role in children's development, and that the lack of parental involvement negatively affects the quality of ECD provision, which may be part of why this is experienced as a challenge for the ECD practitioners in this study. According to Koch (2018), the implication of parental involvement in ECD practice is that when parents are involved in their children's education, they foster meaningful collaborations and relationships with the children's teachers and are in good position to consistently advocate for their children and enable the best care for their children.

Furthermore, the participants in this study also demonstrated the need for interventions. In addition to the provision of equipment and materials, and syllabus-related changes, the participants expressed the need for workshops to develop their skills and to share experiences related to their jobs. The participants' descriptions of their need for workshops are similar to the findings made by Visser et al. (2021). ECD practitioners in Visser et al. (2021)'s study highlighted that they require continuous education and training in several aspects such as handling children with different behaviours such as aggressive behaviours, children that struggle to grasp content that they are being taught or children that have special needs, as well as children that have experienced abuse. A study by Mpofu and Shumba (2012) also demonstrated that there is a need for ECD practitioners to have adequate training since ECD practitioners mainly depend on their anecdotal knowledge when they deliver ECD services. Thus, there is a need for intensive training and education through ECD qualifications and short-term courses to produce quality ECD practitioners (Department of Social Development & UNICEF, 2015). However, there are challenges associated with the standards of training. These include challenges associated with the monitoring, evaluation, and implementation of quality training, as well as limited knowledge pertaining to accreditation which may lead to training opportunities that do not lead to any formal certification for practitioners (Harrison, 2020).

Other challenges include the lack of infrastructure such as adequate sanitation, or access to electricity and running water—especially in informal ECD centres in rural areas (Development Bank of Southern Africa, 2022). Such challenges result in the ECD sector remaining largely informal and unregulated. Therefore, it is crucial for there to be interventions that will be aimed at improving the above-mentioned issues. These interventions may include the provision of funding to support ECD in South Africa as well as support when it comes to the certification of ECD practitioners.

6.4. ECD Practitioners' Contributions to Early Childhood Development.

The third objective of the study was explicated through the theme *ECD practitioners' perceptions of ECD, and their contributions to ECD*. This theme consisted of two sub-themes namely *ECD practitioners' understanding of ECD* and *ECD practitioner's contribution to children's development*. The sub-theme on the ECD practitioners' relationships with children also provided some insights on how ECD practitioners perceive their contribution to early childhood development.

With regards to ECD practitioners' understanding of ECD, the participants in this study described ECD as a period in children's lives whereby foundations are laid for optimal development. The participants' descriptions of ECD were consistent with that put forth by the WHO and UNICEF (2012), who defined early childhood as spanning the prenatal period and including first eight years of a child's life. This is the most intensive period whereby brain development takes place (Hartinger et al., 2016). Conrad (2012) also described this period as a period that lays a foundation for success and adequate trajectories in children's lives. Children are most likely to have good trajectories if their early childhood was adequately nurtured and if they grew up in environments that were stimulating in the sense that all their needs were met (Conrad, 2012). The participants in this study also described ECD as a period whereby children are still young and dependent on their caregivers and require adequate caregiving. This is also

consistent with findings by the WHO and UNICEF (2012), which indicated that early childhood is the most crucial period of children's growth and development, and during this time, children require adequate attention and care. The ECD practitioners in this study therefore demonstrated an understanding of ECD, and their descriptors or conceptualisation of ECD is in line with that proposed by WHO and UNICEF. The significance of this is that it shows that the practitioners' understandings are in line with that recognised internationally and, hence, that their practices are rooted therein. According to Paul and Singh (2020) positive experiences during infancy and early childhood, including stable and responsive relationships with caregivers as well as supportive and safe environments, lay a good foundation for healthy development in children. When caregivers are consistently available and reliably respond to children in a warm and nurturing manner, children learn that their needs are important and will be met. Consequently, they develop a sense of security (Jones, 2012) and are better able to adapt to and explore their environments as well as learn and form healthy relationships with others. Similarly, the participants in this study indicated that during early childhood, children are dependent on their caregivers and that during these periods, children must be listened to, and they must not be neglected. The participants in this study also mentioned that they assist children to develop social and interpersonal skills—such skills are crucial in the development of children's relationships with others. The participants also emphasised that they ensure that they show love and gentleness to the children in their care. Bowlby (1969) proposed that the period between six months to three years after birth was critical in children's socioemotional development resulting from the quality of attachment between children and their primary caregivers, and his attachment theory also explains how and why secure relationships between children and their primary caregivers are crucial for children's development and, therefore, have long-term implications for children's lives (Jones, 2015).

In terms of contribution to children's development, all the participants in this study indicated that they contribute to children's development in various ways including ensuring that children are well-developed physically, mentally, cognitively, emotionally, socially, and spiritually. The participants indicated that they contribute to children's cognitive and academic development by teaching them how to write, colour and shape. Such activities prepare children for school. This is in line with the findings from Slemming and Saloojee (2013), and the South African Department of Social development and UNICEF (2015) which indicated that the support and services that ECD practitioners provide are directly associated with school readiness, and they can improve educational outcomes, especially in at-risk children who come from under-resourced settings and are at-risk of developmental delays. A report by the City of Cape Town (2015) also demonstrated that ECD services improve children's physical and mental health, which ultimately reduces the reliance on the health system. The City of Cape Town's (2015) report also indicated that ECD services improve school-readiness and related outcomes such as improved enrolment, retention as well as academic performance. Furthermore, ECD services have been shown to significantly reduce the risks of risky behaviours such as unsafe sexual behaviours, substance abuse, and criminal and violent behaviours and activities (City of Cape Town, 2015).

The participants in this study also mentioned that they contribute to children's physical and motor development by engaging in activities that improve their physical and motor skills. Such activities include writing, drawing, painting, as well as playing with swings. Playing with children was also mentioned as a crucial factor that contributes to children's development, and the participants in this study also mentioned that they always play with the children in their care. Vygotsky (1978) argued that during spontaneous and child-initiated play, children exercise control over their own activities and establish a 'zone of proximal development' whereby most learning takes place. A report by UNICEF (2018) also demonstrated that play is

one of the most significant ways that young children obtain crucial knowledge and skills. Playing offers significant learning opportunities across various areas of children's development. For instance, during play, children learn various social skills such as sharing and how to interact within group settings (UNICEF, 2018). Play also encourages curiosity and creativity which are essential in children's cognitive development (UNICEF, 2018). The fact that the participants in this study mentioned play as an important part of their jobs shows that the participants are aware of the significance of play in children's development—which could also be the reason as to why the practitioners also incorporate play in their jobs.

In addition, this study's participants expressed that they assist children to socially develop by assisting them with social skills such as communicating with others. Likewise, Odendaal (2020) indicated that ECD practitioners assist children in interacting with people around them by equipping children with social and communication skills. They also develop children's language skills through stories and songs and develop children's motor skills. ECD practitioners also promote healthy psychological development in children by engaging them in activities which are directed at confidence building (Odendaal, 2020). Similarly, participants in this study also indicated that they assist children in developing and boosting their self-esteem, as well as in contributing to children's spiritual/religious development by equipping children with religious skills such as praying and singing.

A study by Hosogi et al. (2012) has also demonstrated that the development of children's self-esteem is influenced by the environments that children are raised in, which may extend to the influence of ECD services. Yahaya et al. (2003) argued that the development of self-esteem is crucial because it plays a mediating role in helping children in adjusting to their environmental demands, as well as in developing behaviours that are socially appropriate. Positive self-esteem has also been associated with children's feelings of competence or self-efficacy (Burton, 2019). Children with self-efficacy have been argued to be more optimistic,

motivated, and less anxious, whereas those with limited self-efficacy have been described as being more likely to lack motivation to achieve (Burton, 2019). In addition, when it comes to social development, Drujli and Undheim (2012) argued that given the significant caregiving aspect of their role, ECD practitioners may contribute meaningfully to children's attachments through the caregiving relationship they develop with them. For instance, previous research has demonstrated that teacher-child relationships have a noteworthy influence on children's social development. A report by the Centre on the Social and Emotional Foundations for Early Learning (n.d.) has shown that children who had secure relationships with their preschool teachers had good peer interactions and went on to develop good relationships with their elementary school teachers. On the contrary, children who had insecure relationships with their preschool teachers experienced challenges with interacting with their peers, and they experienced more conflicts with their teachers. Teachers' gestures such as smiling, and affection, as well as appropriate physical contact assist in promoting children's positive responses towards their teachers (Center on the Social and Emotional Foundations for Early Learning, n.d.). Children who experienced warmth from their teachers (through feeling that the teachers listened to them and treated them fairly) established good and adequate relationships, experienced fewer behavioural challenges, and higher levels of academic performance when they progressed to higher levels of schooling (Center on the Social and Emotional Foundations for Early Learning, n.d.). In this study, almost all of the participants described their relationships with the children that they work with as good relationships. The participants indicated that they love and treat the children they work with as if they were their children. Some of the practitioners also mentioned that they play parental roles in children's lives. Along these lines, Munnik and Smith (2019) found that South African parents regarded teachers as primary external role models and 'deputy parents' in their absence, who played a significant role in children's development and educational growth. In addition, in a South African study, Vorster

et al. (2016) found that ECD practitioners not only perceived themselves as caregivers but also as role models for the children they care for. In addition, the practitioners described their relationship with the children as "parent-children" relationships, and "friends" relationships. Parent-children relationships are generally characterised by love, care, understanding and warmth—which were some of the aspects that the participants of this study highlighted. Likewise, in the study by Jan Walford (2019), when the practitioners were describing their relationship with the children that they take care of, they spoke about the children with warmth and passion. They indicated that they have loving relationships with the children and said that their relationships continue even after the children have started formal schooling.

ECD practitioners' contributions to children's lives are notable. Most of the participants in this study mentioned that there are significant differences between children who have attended ECD and those that have not attended ECD. Children that attend ECD centres were described by the participants as having better developmental outcomes and having learnt more basic skills (such as singing, writing, and going to the toilet on their own) than children that have not attended ECD centres. For instance, children who attend ECD centres have been described as children who adapt faster when they start schooling, have morals as well as social skills. Children that have not been to ECD have been described as children who lack basic skills and knowledge, and who struggle when starting school because they did not have exposure to early childhood education. This is in line with Richter et al. (2017)'s findings which showed that children with compromised early development have limited personal and social skills and find it more challenging to adapt when they start schooling. The fact that the participants in this study perceived differences between children that attend ECD centres and those that have not shown that the practitioners are aware of and acknowledge the importance and significance of their contributions in children's lives, and how they contribute to children's optimal development.

In conclusion, this chapter discussed the main and sub-themes that were presented in Chapter 5. The themes were discussed in relation to existing literature and were also used to answer the research aim and objectives. Essentially, the findings have demonstrated that although the participants did not conceptualise “caregiving” in terms of attachment, they perceived themselves as caregivers and mentioned that caregiving mainly involves protecting children. Passion, patience as well as the ability to recognise distress in children were highlighted as crucial qualities that ECD practitioners ought to have. The findings discussed in this chapter also pinpointed the roles that ECD practitioners play, which include taking care of children and teaching children. Challenges faced by ECD practitioners (for example, uninvolved parents) were also discussed. In addition, this chapter demonstrated that participants regard ECD as a period whereby children’s foundations are laid, and the theme on ECD practitioners’ contributions to ECD—which showed that participants contribute to children’s cognitive, socially, academic, social, and spiritual development.

Chapter 7: Conclusion

This study aimed to explore ECD practitioners' perceptions of their caregiving role for young children in South Africa. An exploratory qualitative methodology was employed to accomplish this aim. This study was also guided by the research question “How do early childhood development practitioners perceive their role as caregivers for young children in the South African context?” which was answered through the themes and sub-themes that were presented and discussed in Chapter 5 and Chapter 6.

The research question and the aim of the study were addressed by tackling the following objectives:

- Exploring and describing ECD practitioners' perceptions of caregiving, in general, and how it applies to their work as ECD practitioners, specifically.
- Exploring how ECD practitioners engage in caregiving activities as part of their daily work tasks involving young children.
- By gaining an understanding of how ECD practitioners perceive their contribution to early childhood development.

7.1. Summary of the Findings

In answering the research question, four themes were developed in line with the research objectives. In essence, the theme *Perceptions of Caregiving* provided insights into ECD practitioners' perceptions of caregiving, and how it applies to their work as ECD practitioners in terms of how they engage in caregiving activities as part of their daily work. Although the participants in this study could provide descriptions of their perceptions of caregiving, these descriptions were not explicitly in line with Ainsworth et al.'s (1991) definition of caregiver sensitivity/responsiveness. The focus of these descriptions was on caregiving as involving the protection of children. They indicated that they protect and keep children safe through several

activities such as ensuring that children do not get hurt when playing. It is important to note that the participants mainly focused on physical protection and did not focus explicitly on the emotional aspect. This suggests that there might be a need for more formalised and targeted input for ECD practitioners on what caregiving means, as well as what its role in childhood development is, to provide a more holistic understanding that includes aspects such as the psychological and emotional components of caregiving.

With regards to how the participants perceived the ways in which caregiving applies to their work as ECD practitioners, they described some of the qualities that they regard as being crucial in ECD practitioners and linked these qualities to some of the roles that they play. Some of the qualities that were described as being necessary for an ECD practitioner include patience and being passionate about being an ECD practitioner. The practitioners indicated that loving children is also an important quality that is required to be an ECD practitioner. In addition, it was highlighted that ECD practitioners need to have the ability to recognise when children are in distress. The participants of this study indicated that they recognise distress in children by observing their behaviours such as crying, isolation, refusal to eat and inactivity and they ensure they respond to the children's distress. This suggests that although the practitioners did not explicitly frame this as looking after children emotionally, they nonetheless have an appreciation for, and do enact, behaviours that are aligned with sensitivity and responsiveness. It may be important, therefore, to facilitate ECD practitioners' understanding of their role in children's emotional wellbeing and emotional development through the enactment of sensitivity to further augment their already-existing appreciation of this in their work.

When it comes to how ECD practitioners engage in caregiving activities as part of their daily work tasks involving young children, the participants indicated that they teach children several academic skills which prepare them for schooling, as well as social skills such as respect and morals, and also contribute to their spiritual development. The participants also indicated

that they take care of children to ensure their optimal development, and safety. They indicated that they take care of children through showing love to children, nurturing them, and constantly checking up on the children. The participants also pinpointed some of the challenges that they face when fulfilling their roles as ECD practitioners. One of the main challenges highlighted by the participants involves the constant need to work with uninvolved parents, and parents who demonstrate limited interest in their children's academic, and other, development. The participants emphasised that parents do not initiate or assist children with their homework, for example.

With regards to ECD practitioners' understanding of ECD, the participants showed an understanding of ECD and mainly indicated that ECD is a period whereby foundations to children's lives are laid, and that an adequate foundation is crucial to ensure that children have adequate developmental trajectories. Their descriptions were mainly in line with the WHO and UNICEF's (2012) descriptions which highlighted that that ECD is an intensive period whereby brain development occurs. The participants also indicated that they contribute to children's development in various ways—they indicated that they contribute to children's physical, cognitive, emotional, and social development by engaging in several activities that foster for these different developmental areas.

7.2. Limitations of the study

There were a few limitations in this study. Given that this study was qualitative, and only consisted of a sample of eight participants, who were recruited (from two of nine South African Provinces) the findings of the study may not be generalisable/transferable to other provinces and in other countries outside of South Africa. This is because the participants may be exposed to different environments which make them experience or perceive their roles as caregivers differently. In addition, the study consisted of people from the same race (only

people of black ethnicity participated in this study), the findings may not be transferable to people of other racial groups. Other limitations of the study include the level of detail and quality of the data. The participants in this study could not provide in-depth insights into their perceptions of caregiving and how they respond to the children's distress—which may be attributed to the fact that the respondents may have had challenges in grasping or understanding what these terms meant in relation to the context of ECD. In addition, the level of the data could have been better if there had been more probing and follow-up questions during the interview discussions.

7.3. Recommendations

7.3.1. Recommendations for future research

Recommendations for future research include the following:

- Further research should incorporate a wider variety of South African provinces and different racial groups to more broadly explore ECD practitioners' perceptions of caregiving.
- Although the current study recruited from both formal and informal ECD centres, the purpose of the study was not comparative. Hence, it may be beneficial for future studies to incorporate comparative research designs to ascertain how experiences in formal versus informal (or rural versus urban, or similar) ECD centres may converge or diverge as this may inform differential approaches to interventions to meet specific circumstances.
- Future research and evaluation should also seek to investigate the specific training needs of ECD practitioners to inform workshop development and training programmes.

- The concept of caregiving should be explored in more detail in future research since the participants in this study were not able to offer more insightful descriptions.
- The current study did not explore participants' experience of how they may have failed in their roles. This could offer a fuller-bodied exposition of the experiences of practitioners and elucidate, further, where and how they can be supported. Therefore, future research should explore the ways in which ECD practitioners feel they have failed in their caregiving roles and how they understand the implications of this.
- While this study found that practitioners experienced a lack of parental involvement, this was not explored in depth. Future research should, therefore, also explore not just whether ECD practitioners' perceive parents to be involved or not, but also how they understand this lack of parental involvement in ECD.
- Future research should also seek to explore the relationships between ECD practitioners and parents since the participants in this study indicated that parents are uninvolved in children's development. Exploring the relationships between ECD practitioners and parents could assist in providing insights into some of the barriers of parental involvement in children's development.
- Exploring the impact of parents' involvement in ECD. Parents play a central role in children's development. Therefore, exploring the impact of their involvement, or lack thereof, in ECD could offer more insights on the significance of their roles, as well as insights into how parents can be supported when it comes to their involvement in children's development.

7.3.2. Practice recommendations

Recommendations for practice include the following:

- Development of ECD interventions such formal ECD practitioner training on sensitive caregiving to further facilitate and enhance their caregiving roles. It is evident from this study that practitioners, although not explicitly so, have an implicit appreciation for sensitivity in their role. Hence, it may be pertinent to capitalise on this appreciation, through interventions, to augment practitioners' understanding of the importance of sensitive and responsive caregiving and enhance these caregiving capacities in their daily work with young children.
- Development of workshops aimed at improving ECD practices, as well as promoting collaboration, knowledge sharing and skills-transfer between ECD practitioners. This includes workshops for parents addressing themes related to parenting, parental involvement, and the importance of collaboration across various levels of the ecosystem to facilitate the child's optimal development and wellbeing.
- Provision of support to ECD centres through the provision of learning and teaching equipment. This could assist ECD practitioners to engage more in stimulating activities that could aid children's development.
- More financial investment from the government to ensure that there are more high-quality ECD programmes in South Africa
- Investment in ECD research since there is still limited research in this area within the South African context. Research may foster more insights and understanding on the challenges and opportunities in ECD in South Africa—which can essentially improve ECD practice.

In conclusion, this study has explored, and provided insights into, ECD practitioners' perceptions of their caregiving role for young children in South Africa. The practitioners

demonstrated an understanding of what Early Childhood Development entails. Although the participants did not explicitly define caregiving in line with caregiver sensitivity/responsiveness as conceptualised within attachment theory, they nonetheless perceived themselves as caregivers who engage in several caregiving activities. The significance of this study is that the findings can be used to inform interventions for improving ECD conditions and practices in South Africa to facilitate sensitive and nurturing care for young children in out-of-home care settings.

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Appendix A: Biographical Information

Biographical information

- How old are you?
- Where do you live?
- What is your gender?
- What is your ethnic group?
- For how long have you been an Early Childhood Development (ECD) Practitioner (experience)?
- For how long have you been working in this ECD centre?

Appendix B: Interview Schedule

Proposed open-ended questions.

1. What do you understand about caregiving?
2. What do you understand about early childhood development?
3. Do you think caregiving is important in early childhood? (Please explain).
4. If answered “yes” in 3, what do you think are the consequences of not receiving adequate caregiving in childhood?
5. What do you think your roles are as a caregiver in your role as an ECD practitioner?
6. How do you engage in caregiving activities as part of your daily tasks?
7. How do you recognise that a child is in distress even when they are not crying?
8. What do you do to respond to children’s needs (for example, when they are crying or when they seem distressed)?
9. How do you show support to children (for example, when they are struggling to write or complete tasks like other children)?
10. What are your thoughts on how ECD centres contribute to children’s development?
11. How would you describe your relationship with the children you provide ECD services to?
12. Is there anything else you would like to add?

Appendix C: Participant Information Sheet

EXPLORING EARLY CHILDHOOD DEVELOPMENT (ECD) PRACTITIONERS' UNDERSTANDINGS OF THEIR CAREGIVING ROLES FOR YOUNG CHILDREN IN SOUTH AFRICA

Hello, my name is Thinavhudzulo Mukhwathi, I am currently a master's student in the Department of Psychology at the University of Pretoria. You are being invited to take part in my research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

WHAT IS THE PURPOSE OF THE STUDY?

ECD practitioners such as yourself play an important role in the lives of the children who attend your ECD centre; one of these roles is to care for them during the time they are with you. The purpose of this study is to explore and describe what Early Childhood Development practitioners understand about their caregiving roles for young children in South Africa. Little is known about this topic, so I have decided to conduct a study to learn more about this.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

You are being invited to participate because you are an ECD practitioner who takes care of young children.

You can take part in this study if:

- You can converse in English.
- You have been an ECD practitioner for at least six months.
- You take care of children between the ages of 0 and 5 at your ECD centre.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

You will be expected to participate in a one-on-one interview with me. This interview will last approximately 45 to 60 minutes and will be done at a time and place that is most convenient for you. During this interview, all COVID-19 safety measures will be practised (such as wearing a mask and social distancing). It will also be possible to conduct this interview over the internet, using video-calling, if this is what you prefer. With your permission, these interviews will be recorded using an audio recorder because this will help me to capture all the information you provide, accurately.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is entirely voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw from the study at any time and without giving a reason if you decide not to take part anymore, without negative consequences or being penalized in any way. You are also free to refuse to answer questions during the interview that you are not comfortable answering.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?

Your identity will not be revealed at any point during or after the study. I am the only person who has access to your identifying information, and this will be kept securely under password protection. Confidentiality will be ensured by utilising pseudonyms (fake names) in any study-related documents including the interview transcripts as well as the final research report as well as any subsequent articles or conference presentations. The names and addresses of the ECD centres will also not be disclosed at any point to protect your privacy and that of the ECD centre.

Please note participant information will be kept confidential, except in cases where the researcher is legally obliged to report incidents such as abuse and suicide risk.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

There will be no direct benefit to you for participation in this study. However, I hope that information obtained from this study may lead to interventions that would assist in improving ECD practice in South Africa.

WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?

There are no foreseeable risks associated with this study.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

During the study, the interview recordings and transcripts will be stored on a password-protected computer that only I, as the researcher, will have access to. My supervisor will also have access to the interview transcripts after I have removed your identifying information (names etc). Following the completion of the study, electronic versions of the data will be password protected and stored in the Department of Psychology at the University of Pretoria

for a period of 15 years. This data may be used for future research purposes, but this will be subject to further Research Ethics Review and approval if applicable.

Participant information in hard copy format will archive under lock-and-key also in the Department of Psychology at the University of Pretoria for a period of 15 years.

WHAT WILL THE RESEARCH DATA BE USED FOR?

Data gathered from the participant would be used for the purposes of writing a research report in the form of a dissertation but will also be used to write a journal article for publication and may be presented at national and international conferences. It may also be used for the purposes of drafting policy briefs, where appropriate.

WILL I BE PAID TO TAKE PART IN THIS STUDY?

No, you will not be paid to take part in this study, but refreshments will be provided in the case of in-person interviews. If you need to travel for the purposes of the interview, these transport expenses will be paid back to you. This means there will be no costs involved if you take part in this study. In addition, if the interviews are conducted online, you will be reimbursed for the data costs.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Committee of the Faculty of Humanities, University of Pretoria. The ethical approval number is HUM036/1121. A copy of the approval letter can be provided to you on request.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

I will share the findings of the research study with you once the study has been completed.

WHO SHOULD I CONTACT IF I HAVE CONCERNS, COMPLAINTS OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?

If you have questions about this study or you have experienced adverse effects because of participating in this study, you may contact the researcher whose contact information is provided below. If you have questions regarding the rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact the supervisor whose contact details are below.

Thank you for taking the time to read this information sheet and in advance for participating in this study.

Researcher	Supervisor
Tina Mukhwathi	Ahmed Riaz Mohamed
Contact number: 0722248486.	Contact number: 012 420 4006.
Email address: tinamukhwathi@gmail.com	Email address: ahmed.mohamed@up.ac.za

Appendix D: Informed Consent Form

EXPLORING EARLY CHILDHOOD DEVELOPMENT (ECD) PRACTITIONERS' UNDERSTANDINGS OF THEIR CAREGIVING ROLES FOR YOUNG CHILDREN IN SOUTH AFRICA

WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (**participant name**), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

STATEMENT	Agree	Disagree	Not Applicable
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I give permission to the researchers of this study to access the information.			
I understand that this study has been reviewed by and received ethics clearance from the Research Ethics Committee Faculty of Humanities of the University of Pretoria.			

STATEMENT	Agree	Disagree	Not Applicable
I understand who will have access to personal information and how the information will be stored with a clear understanding that, I will not be linked to the information in any way.			
I give consent that data gathered may be used for dissertation, article publication, conference presentations and writing policy briefs.			
I understand how to raise a concern or make a			
I consent to have my audio recordings be used in research outputs such as publication of articles, thesis, and conferences if my identity is protected.			
I give permission to be quoted directly in the research publication whilst remaining anonymous.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature

Appendix E: Ethical Clearance



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



2 February 2022

Dear Miss T Mukhwathi

Project Title: Exploring Early Childhood Development (ECD) practitioners' perceptions of their caregiving role for young children in South Africa
Researcher: Miss T Mukhwathi
Supervisor(s): Mr AR Mohamed
Department: Psychology
Reference number: 20784024 (HUM036/1121)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 27 January 2022. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Research Ethics Committee Members: Prof KI Harris (Chair), Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Dr P Gutura; Ms KT Govinder Andrew; Dr E Johnson; Dr D Krige; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr J Okeke; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Ms D Mokalapa

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