

**STRENGTHENING THE IMPLEMENTATION OF EARLY CHILDHOOD
DEVELOPMENT POLICIES TO IMPROVE QUALITY**

By

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- Data storage requirements.

DEDICATION

I dedicate this study to all the young children of South Africa who given quality care and education can become outliers in their community and break the cycle of poverty.

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ABSTRACT

Early Childhood Development (ECD) is a priority in Tshwane North, South Africa. The purpose of this study was to gain an understanding of how Early Childhood Development (ECD) officials implement ECD policies appropriately to strengthen and improve quality education for all. The stakeholders in the study refer to officials from the National, Provincial and District offices of the Department of Education; it also includes ECD managers and practitioners who are equally responsible for implementing the policy. It was the United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of the Child (2000) that emphasised the importance of early childhood development. Post these conventions, South African Government, through the Departments of Education (DoE), Social Development (DSD) and Health (DoH) developed various policies, prioritising early childhood education. These policies included the National Integrated Early Childhood Development policy (NIECD) and the National Early Learning and Development Standards for Children (NELDS), to ensure that optimal and quality early childhood education is accessible to all young children. However, the implementation of these policies are lacking since most young children enter formal schooling without foundational knowledge. This is extremely observant in and among impoverished communities.

Access to early childhood development programmes is inequitable in South Africa. Evidence has shown that the poorest children are mostly affected due to their diverse socio-economic conditions, historical backgrounds and environments in which these children are raised (Atmore, van Niekerk & Ashley-Cooper, 2012). For this reason, cited above, the implementation of quality care and education remains an impending challenge in South Africa. Young children in disadvantaged communities have limited access to quality early learning programmes for their holistic development. Thus, this study focused on the exploring how the implementation of ECD policies can be strengthened to improve the quality of early childhood care and education.

The study used a qualitative approach within an interpretivist paradigm as the underlying philosophy. The conceptual framework on quality care and education by

Britto, Yoshikawa and Boller (2011) underpinned the study. Data was collected by means of semi-structured interviews, documents, field notes, observation, voice recording and photographs. The analysis of data was based on inductive categories and descriptions of themes. From the thematic data analysis, three themes emerged relating to participants' experiences in implementing ECD policies to improve quality care and education of young children.

The findings indicated that strengthening the implementation of ECD policies require collaboration and continuous interaction among ECD stakeholders to improve quality care and education. Another important finding was that the Department of Social Development's (DSD) norms and standards registration requirements hindered rural ECD centres from obtaining funding to access quality ECD services. These services included infrastructure, water and sanitation facilities. The recommendations of the study highlighted the vital roles that the ECD stakeholders across all levels (national, provincial and district officials and ECD managers and practitioners) played in strengthening the implementation of ECD policies for quality care and education. For this reason, the study resulted in a conceptual framework on quality, based on the framework proposed by Britto et al. (2011) which explains that quality implementation of ECD policies contours across different levels and dimensions. The aforesaid authors further assert that, the quality of implementing care and education for young children is an important feature across all levels and dimensions to generate intended ECD policy outcomes. In this regard, ECD stakeholders should work collaboratively to strengthen the implementation ECD programmes. This study envisages strengthening the implementation of ECD policies to improve quality early childhood care and education, particularly in marginalised and disadvantaged communities.

KEYWORDS: Implementation: Early Childhood Care Education, Early Childhood Development policies, quality

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STRENGTHENING THE IMPLEMENTATION OF EARLY CHILDHOOD DEVELOPMENT POLICIES TO IMPROVE QUALITY

By

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Louise du Plessis
21 March 2021



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ACRONYMS

CBOs	Community-Based Organisations
DBE	Department of Basic Education
ECD	Early Childhood Development
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
ECCE	Early Childhood Care and Education
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN	United Nations
NCF	National Curriculum Framework for children from birth to four years
NIECD	National Integrated Early Childhood Development Policy
NELDS	National Early Learning Development Standards for Children
NGO	Non-Government Organisation
NIP	National Integrated Plan
StatsSA	Statistics South Africa
UNICEF	United Nations Children's Fund

TABLE OF CONTENTS

DECLARATION OF AUTHORSHIP AND COPYRIGHT	ii
ETHICAL CLEARANCE CERTIFICATE	iii
DEDICATION	iv
ACKNOWLEDGEMENTS	v
ABSTRACT	vi
LANGUAGE EDITOR CERTIFICATE	viii
ACRONYMS	ix
TABLE OF CONTENTS	x
LIST OF FIGURES	xv
LIST OF PHOTOGRAPHS	xvi
LIST OF TABLES	xvii
CHAPTER 1: INTRODUCTION AND BACKGROUND	1
1.1 Introduction	1
1.2 Background	2
1.3 Rationale	4
1.4 Problem statement	6
1.5 Research questions.....	7
1.5.1 Research aim	8
1.5.2 Research objectives	8
1.6 Concept clarification	9
1.6.1 Strengthening	9
1.6.2 Early Childhood Care and Education (ECCE)	9
1.6.3 Policy.....	9
1.6.4 Implementation.....	10
1.6.5 Quality	10
1.7 Literature review.....	11
1.8 Conceptual framework	12
1.9 Research methodology	13
1.9.1 Selection of participants	14
1.9.2 Data collection instruments	15

1.9.3	Data analysis and interpretation	15
1.9.4	Data collection instruments	15
1.9.5	Data analysis and interpretation	15
1.10	Role of the researcher	15
1.11	Ethical consideration	16
1.12	Chapter outline	16
CHAPTER 2: LITERATURE REVIEW		19
2.1	Introduction	19
2.2	The importance of early childhood education and care	19
2.3	The need for strengthening the implementation of ECD policies to improve quality	22
2.4	Importance of authentic policy development	25
2.5	Measures of strengthening the implementation of ECD policies	29
2.6	Strategies adopted to implement ECD policies	30
2.7	Challenges experienced in implementing ECD policy	32
2.7.1	Access to quality ECD	32
2.7.2	ECD Programmes	34
2.7.3	Qualification and training	36
2.7.4	Infrastructure	40
2.7.5	Registration of ECD centres	43
2.7.6	Leadership and management	44
2.7.7	The collaboration of ECD stakeholders	46
2.7.8	Monitoring and support	47
2.8	Conceptual framework	49
2.9	Conclusion	55
CHAPTER 3: RESEARCH METHODOLOGY		56
3.1	Introduction	56
3.2	Qualitative research paradigm	56
3.2.1	Interpretative paradigm	56
3.3	Research approach	57
3.3.1	Qualitative Approach	57
3.4	Research design: Multiple case study	58
3.4.1	Research location	59

3.3.2	Population	59
3.4.3	Sampling selection	59
3.4.4	Criteria for selection	60
3.4.4	Sampling	61
3.5	Data collection.....	62
3.5.1	Data collection instruments	62
3.5.2	Semi-structured interviews	63
3.5.3	Field notes.....	66
3.5.4	Observation.....	66
3.5.5	Document analysis	67
3.6	Data analysis.....	67
3.7	Trustworthiness.....	69
3.7.1	Credibility	69
3.7.2	Dependability.....	70
3.7.3	Conformability	70
3.7.4	Transferability.....	70
3.7.5	Ethical consideration	71
3.7.6	Informed consent.....	71
3.7.7	Confidentiality.....	72
3.7.8	Protection from harm.....	72
3.7.9	Trust.....	72
3.8	The role of the researcher	73
3.9	Conclusion	73
CHAPTER 4: RESULTS OF THE STUDY		75
4.1	Introduction	75
4.2	Analytical strategy	75
4.2.1	Demographic details.....	76
4.3	Results of the study.....	79
4.3.1	Theme 1: Processes of strengthening ECD policies	79
4.3.2	Theme 2: Strategies for strengthening implementation of ECD policies	91
4.3.3	Theme 3: Challenges experienced by ECD players in strengthening the implementation of ECD policies at the centres	99

4.4	Conclusion	110
CHAPTER 5: ANALYSIS OF FINDINGS.....		111
5.1	Introduction	111
5.2	Findings in support of existing literature	111
5.3	Literature in contradiction of research results.....	126
5.4	Silences in data compared to literature	137
5.5	Conclusion	138
CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS		139
6.1	Introduction	139
6.2	Overview of preceding chapters	139
6.3	Conclusions in terms of the research questions	140
6.3.1	Secondary research question 1: What processes are currently in place to strengthen the implementation of ECD policies to improve the quality?	140
6.3.2	Secondary research question 2: <i>What are the strategies for strengthening the implementation of ECD policies?</i>	143
6.3.3	Secondary research question 3: What are the challenges experienced by ECD stakeholders in strengthening the implementation of the ECD policies at the centres?	145
6.4	Main research question	147
6.5	Contributions of the study.....	147
6.6	Strengths and limitations of the study.....	150
6.7	Recommendations	151
6.7.1	Recommendations regarding research question 1	151
6.7.2	Recommendations regarding research question 2.....	152
6.7.3	Recommendations regarding research question 3.....	153
6.7.4	Recommendations regarding the main research question	153
6.7.5	Recommendations for future research	154
6.8	Final thoughts.....	155
CHAPTER 7: A SERIES OF SMART TOOLS FOR STRENGTHENING THE IMPLEMENTATION OF ECD POLICY IN SOUTH AFRICA.....		157
7.1	Introduction	157
7.2	Series of smart tools designed from the findings of my study	157
7.2.1	List of smart tools for the implementation of ECD policy for quality .	159

7.3 Conclusion	159
REFERENCE LIST	160
APPENDICES	179
Appendix A: GDE research approval letter.....	179
Appendix B: GDE research request form	180
Appendix C: Letter of consent to the DBE, PED, District officials, ECD Managers and Practitioner	195
Appendix D: Participants interview consent letter (DBE, PED, District officials, ECD managers and Practitioners).....	197
Appendix F: ECD PRACTITIONERS INTERVIEW QUESTIONS.....	199
Appendix G: ECD DISTRICT OFFICIAL INTERVIEW QUESTIONS.....	200
Appendix H: ECD PROVINCIAL OFFICIAL INTERVIEW QUESTIONS.....	201
Appendix I: ECD DBE OFFICIAL INTERVIEW QUESTIONS	202
Appendix J: Ethics application approval letter	203
Appendix K: Monitoring Report: Care and development of babies and toddlers: Age 0- 18.....	204
Appendix L: Monitoring Report: Care and development of babies and toddlers: Age 18-36 months	209
Appendix M: Monitoring Report: Care and development of babies and toddlers: Age 36 - 48 months	213
Appendix N: Monitoring Report: ECD Managers	219
Appendix O: MONITORING AND SUPPORTING ECD CENTRES BY: NO/PO/DO	225

LIST OF FIGURES

Figure 2.1: Conceptual framework	50
Figure 3.1: Steps of data analysis	68
Figure 6.1: Research themes related to the secondary questions	140
Figure 6.2: Matjokana framework for quality in implementing ECD policies	149

LIST OF PHOTOGRAPHS

Photograph 4.1: Centre A (semi-urban area) – training material.....	84
Photograph 4.2: Depiction of a daily timetable at the semi-urban ECD centre.....	97
Photograph 4.3: Wallcharts at the rural ECD centre developed for the 3 to 4-year-old children	98
Photograph 4.4: An outdoor environment at Centre B (rural area).....	104
Photograph 4.5: An outdoor environment at Centre A (semi-urban area); registered ECD centre	105
Photograph 4.6: Outdoor play environment at Centre A (semi-urban area)	105
Photograph 4.7: Indoor environment at Centre B (rural area)	106
Photograph 4.8: Indoor environment at Centre A (semi-urban area)	107
Photograph 4.9: Children’s toilets and hand washing basins at Centre B (rural area)	107
Photograph 4.10: One tap of running water and containers at Centre B (rural area).....	108

LIST OF TABLES

Table 3.1: Sample and data generation sequence	62
Table 4.1: Site area and description.....	77
Table 4.2: Themes and sub-themes of the study	78
Table 5.1: Comparing the results of the research to the existing literature.....	112
Table 5.2: Findings that contradicts existing literature.....	126
Table 5.3: Comparing the silences of data to literature	137

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

According to UNESCO (2000), Early Childhood Development (ECD) has been recognised by nations across the globe as a key strategy to reduce poverty and inequality. Subsequently, there has been a growing interest worldwide in ECD focusing particularly on children's rights to quality education, especially in disadvantaged areas (UNESCO, 2000). It became apparent at this point worldwide that children's rights to quality education cannot be compromised. Therefore, South Africa was among many countries that committed to protecting young children's rights to quality education, especially those living in vulnerable communities (Vargas-Barón & Diehl, 2018; Mbarathi, Mthembu & Diga, 2016; UNESCO, 2000). These countries embrace the following declarations, treaties and organisations: The United Nations Millennium Development Goals of 2000, the African Charter on the Rights and Welfare of the Child, the United Nations Educational Scientific and Cultural Organization (UNESCO), the Dakar Framework of Action and the Moscow Framework of Action and Cooperation. However, it was only in 2009 that South Africa became one of the signatories who ratified the United Nations (UN) Convention on the Rights of Children by adopting the laws and protocols to protect children's rights to quality education (Vargas-Barón & Diehl, 2018; Mbarathi et al., 2016).

To meet these obligations of the United Nations Conventions in protecting children's rights to quality education, the South African government developed appropriate policies and legal frameworks (Samuels, Slemming & Balton, 2012), that is clearly articulated and laid out in Section 4 of the Bill of Rights (Constitution of the Republic of South Africa, 1996). The Bill of Rights ensures that children's best interests are protected by providing them with basic education and protection from neglect, abuse and exploitation (Atmore, van Niekerk & Ashley-Cooper, 2012).

Furthermore, the South African government recognised that Early Childhood Development (ECD) is the foundation for success in future learning, particularly for young children between the ages of birth to four years old (Atmore et al., 2012). For this reason, Mbarathi et al. (2016) confirm that during the development of ECD policies for the education sector, ECD has been prioritised to ensure that young children,

especially in disadvantaged areas, receive quality care and education. Early childhood development is a critical period because children grow and thrive physically, cognitively, and emotionally and require policy guidance to create a supportive environment (Davids, Samuels, September, Moeng, Richter, Mabogoane Goldman & Buthelezi, 2015; Jamieson, Berry & Lake, 2017). Therefore, many policies were developed in South Africa such as the National Integrated Early Childhood Development Policy (NIECD) (Department of Social Development [DSD], 2015), the National Early Learning Development Standards for children birth to four years (NELDS) (Department of Basic Education [DBE], 2009), and the National Curriculum Framework for children from birth to four years (NCF) (DBE, 2015) to improve the quality of education and care for young children at ECD centres since 2004 (Davids et al., 2015; Vorster, Sacks, Amok, Swabi & Kern, 2016).

However, despite the development of Early Childhood Care and Education (ECCE) policies and frameworks to reduce poverty and inequality, children's rights to quality education is compromised in South Africa. Young children in vulnerable communities still have limited access to quality care and education, due to inadequate advocacy, ECD practitioners' training, the monitoring, management, and leadership of ECD programmes, infrastructure and funding (Jamieson et al., 2017; Vorster et al., 2016; Davids et al., 2015; Atmore et al., 2012). Therefore, the concern was that not enough is being done to address this challenge. Therefore, this study envisages to strengthen ECD policy implementation to improve quality care and education in the rural areas of Tshwane North for children from birth to four years old. The community in Tshwane North depicts a majority of the South African community; hence there was a need to conduct the study in this location.

1.2 Background

Despite the strides made in developing various policies and frameworks, South Africa still has a challenge in providing relevant programmes, especially for young children from birth to four years (Ebrahim, Killian & Rule, 2011). Furthermore, ECD services remain disintegrated despite strong policy emphasis on a holistic approach towards children's development (DBE, 2015). Conversely, there are various departments in South Africa responsible for providing integrated ECD services and policy guidelines

for quality education and care of young children (DSD, 2015; Mbarathi et al., 2016; Davids et al., 2015).

These departments, that are the Department of Basic Education (DBE), the Department of Social Development (DSD) and the Department of Health (DoH), have various roles. The DBE is responsible for capacity building, training and the implementation of the receptive year (Grade R) policies (DSD, 2015). The responsibility of the DSD has been the monitoring, financing and overall oversight of ECD programmes from infant years to pre-school. The DoH is responsible for the provision of health and nutrition programmes for young children from birth to two years old (DSD, 2015; Mbarathi et al., 2016). However, the roles of DBE and DSD have changed since the State of the Nation Address (SONA) (2018) when ECD will be moved to the DBE portfolio. During the SONA (2018) the South African President, Cyril Ramaphosa, announced that the responsibility of ECD centres will be transferred from the DSD to the DBE with the aim of moving towards “two years compulsory ECD for all children before they enter Grade One”.

Furthermore, despite the assigned roles of the South African government departments to provide comprehensive ECD services, young children’s education and ECD practitioners’ training fall mainly under the private sector, especially in the rural areas. As noted by Aubrey (2017) and Vorster et al. (2016), various structures ranging from private, non-governmental organisations (NGOs); community-based organisations (CBOs); individual crèches; pre-school centres; and other stakeholders, such as parents and ECD practitioners are providing ECD services. In some instances, both non-governmental organisations (NGOs) and trained family community motivators (FCM) provide homed-based programmes for ECD centres and informal playgroups in the rural areas. Furthermore, Ebrahim, Killian and Rule (2011) note that the South African government has partnered with international aid agencies, the United Nations International Children’s Fund (UNICEF) and non-governmental organisations (NGO) to provide ECD centres with basic services for the education of children from birth to four years of age. However, it is noted that ECD services in South Africa are still disintegrated among government departments and are mainly supported by NGOs and the private sector (Vorster et al., 2016). For this reason, the quality of education and care of young children is compromised, especially in the marginalised

communities. Researchers, Atmore et al. (2012) and the DSD (2015) also state that the best way to provide holistic development to young children is through an integrated approach, where there is coordination between government departments, NGOs and the private sector.

According to Mbarathi et al. (2016) and the DSD (2015), many ECD centres, especially in rural areas, do not have resources for quality teaching and learning. The reason cited for this phenomenon, according to the authors, is due to the ECD centres not being registered with the DSD in order to qualify for government subsidies (Mbarathi et al., 2016; Atmore et al., 2012). In addition, several authors assert that these under-resourced ECD centres lack government support because they do not meet the required DSD registration standards (Mbarathi et al., 2016; Baloyi & Makhubele, 2018; Atmore et al., 2012). Therefore, ECD practitioners are not provided with quality training and adequate resources by the government to teach and care for young children. Furthermore, Atmore (2013) affirms that the DSD provides some registered ECD facilities with a subsidy of R15 per child per day varying each year per province. In this regard provisions of ECD services are inequitable and young children in vulnerable communities do not receive a quality education. The DSD (2015:39) concur that, “access to Early Childhood Development (ECD) programmes is inequitable with the poorest children having the least access”.

To exacerbate the situation, research indicates that most ECD practitioners are unqualified which makes it difficult to implement ECD policies (UNICEF, 2010; Atmore et al., 2012; Biersteker, 2012). Furthermore, even for those ECD practitioners who are qualified, the training they received does not guarantee quality teaching and learning. Most ECD practitioners are not provided with a practical demonstration to implement theoretical training acquired (Atmore et al., 2012). Consequently, young children are deprived of quality care and education.

1.3 Rationale

The researcher is currently working at the DBE in the School-level Planning and Implementation.

Support directorate. One of my roles is to monitor, evaluate and support all schools in the implementation of policies developed by the DBE. Most practitioners at schools in

the foundation phase (FP) are aware of the basic policies such as the National Curriculum Statement (CAPS) and the White Paper 5 on Early Childhood Development (DBE, 2001) and are trying to implement them. The researcher observed that teachers are experiencing challenges to teach fundamental skills to young children such as listening, speaking and observing. Upon investigating the problem, teachers informed me that children coming from ECD centres are not appropriately developed in those basic listening, speaking and observing skills.

The researcher enquired from ECD practitioners if they are using ECD policies to plan their teaching and realised they do not have any knowledge of ECD policies or do not understand them due to lack of mediation of ECD policies and training. Furthermore, these practitioners indicated that they have inadequate resources to provide basic developmental skills and care for young children. For this reason, young children's developmental ability for school readiness is compromised. The foundation laid at the ECD centres for young children between the ages of birth to four years old does not meet their developmental needs to prepare them for formal schooling due to inadequate teaching and resources at the rural centres. Therefore, to place this study in perspective, it was crucial to investigate how ECD practitioners are implementing the ECD policies. With this knowledge and understanding, it would be possible to strengthen and close any gaps in implementing the relevant policies.

As noted by O'Carroll and Hickman (2012), inadequate ECD practitioners' training and provision of resources for young children between the ages of birth to four years old, particularly in the rural communities, limit the quality of teaching practices at the ECD centres. Atmore (2013) and Mbarathi et al. (2016) contend that the diverse socio-economic settings where children grow up impede access to quality education. The researchers further explain that the ECD sector offers several ECD programme options such as traditional and non-traditional centre-based ECD models to meet the educational needs of all children and the ECD practitioners (Atmore et al, 2012). However, the community-based ECD centres are at the back yards of private homes where rooms are converted to accommodate young children. In this regard, education remains inadequate where young children and ECD practitioners from rural ECD centres are mostly affected (Atmore et al., 2012).

Researchers (Mbarathi et al., 2016; Ebrahim, 2012) explain that ECD centres in disadvantaged communities are mostly under-resourced due to not meeting registration requirements of the DSD in order to receive resources and adequate training of ECD practitioners. Therefore, the implementation of ECD policies in rural areas is affected and the quality of education is compromised. This study provides various ECD stakeholders with the knowledge and understanding of the importance of strengthening the implementation of ECD policies for quality to ensure that all young children are benefiting, especially in disadvantaged areas. In this regard, adequate resources will hopefully be made available to improve quality education in South Africa.

1.4 Problem statement

According to Biersteker (2012) as well as Ebrahim et al. (2011), most practitioners are unable to implement national ECD policies due to various reasons such as insufficient advocacy, lack of training and monitoring of the implementation of ECD policies and the lack of professionalisation of ECD. Furthermore, Vargas-Barón (2015) and Davids et al. (2015) assert that inadequate management and leadership due to nonparticipatory approaches between ECD stakeholders, inadequate funding, infrastructure and registration of ECD centres affect the implementation of ECD policies. In this regard, young children's foundational knowledge is compromised. Ebrahim et al. (2011) and Van der Vyver (2012) contend that ECD practitioners do not receive adequate training to interpret ECD policies. Consequently, there is a gap in policy implementation at ECD centres.

The Education for All Global Monitoring Report (EFAMR) implores countries to "expand and improve comprehensive early childhood and education (ECE) especially for the most vulnerable children and disadvantaged children" (UNESCO, 2007:6). To achieve the goal of Education for All (EFA) in South Africa, quality teaching and learning is essential to strengthening the implementation of ECD policies.

Ebrahim et al. (2011) state that training for ECD practitioners is not standardised and results in insufficient knowledge on ECD practices and the implementation of ECD policies. According to research, ECD practitioners' daily practices are instrumental in shaping their knowledge and understanding of young children under their care,

however, there are no structured and formalised training provided (Koster, Whiren, Soderman, Rupiper & Gregory, 2014). As such, the quality of care for children between the ages of birth to four years old is compromised. Furthermore, ECD centres lack quality monitoring and support to implement ECD policies due to diverse socio-economic factors mostly affecting the rural ECD centres (Vorster et al., 2016).

According to research, lack of funding is another factor that affects the quality implementation of ECD services (Baloyi & Makhubele, 2018; Davids et al., 2015; Biersteker, 2012). Therefore, the ECD centres, especially in rural areas, are not able to acquire adequate resources due to a lack of financial support. The DSD provides support mainly to registered ECD centres; most rural ECD centres are not registered and therefore remain disadvantaged in the provision of resources for quality teaching and caring for young children (Davids et al., 2015). Biersteker (2012) maintains that quality teaching and learning requires the retention of ECD practitioners who are adequately trained and remunerated to provide young children with sustainable quality education. However, inadequate funding for ECD centres in the rural areas to provide ECD practitioners with sustainable remuneration and training poses a challenge in retaining them. As such, young children continue to receive inadequate foundational knowledge.

Therefore, supporting efforts from ECD stakeholders are required through the provision of resources, training, and the monitoring of ECD centers to implement ECD policy (Biersteker, 2012). Even though studies by renowned scholars (Mbarathi et al., 2016; Davids et al., 2015; Ebrahim et al., 2011; Biersteker, 2012) have revealed that the ECD policies take care of the welfare of children, the reality is that policies are not properly implemented. The problem investigated in this study is the challenges affecting the implementation of ECD policies and strategies to strengthen its implementation to improve quality. It is envisaged that once policy implementation strategies are provided, ECD practitioners will effectively implement ECD policies to improve their practices.

1.5 Research questions

Main research question:

- How can the implementation of ECD policies be strengthened to improve quality?

Secondary research questions:

- What processes are currently in place to strengthen the implementation of ECD policies to improve quality globally and nationally?
- What are the challenges experienced by ECD stakeholders in strengthening the implementation of the ECD policies at ECD centres?
- What are the strategies for strengthening the implementation of ECD policies?

1.5.1 Research aim

This study aimed to explore strategies for strengthening the implementation of ECD policies to improve quality.

1.5.2 Research objectives

The objectives of this research study were to:

- pursue a study of relevant literature to strengthen the implementation of ECD policies to improve quality.
- undertake an empirical investigation with regards to strengthening the implementation of ECD policies; and
- provide certain recommendations and guidelines so that support can be rendered to ECD practitioners to provide quality education.

1.6 Concept clarification

1.6.1 Strengthening

Strengthening refers to increasing the progress towards producing the results that the policy intends to achieve. In addition, strengthening the implementation of ECD policies refers to giving directives to reinforce activities by assigning duties and responsibilities to the implementers (Houghbo, Coleman, Zweekhorst, De Cock Buning, Medenou & Bunders, 2017). According to Washington and Mintrom (2018), strengthening implementation involves building communication and dialogue among policy stakeholders through meetings and workshops. In the context of the study, strengthening the implementation of ECD policy implies implementing the ECD policy to effectively attain its objectives for quality, translating policy goals into operational guidelines and successfully producing the results (Washington & Mintrom, 2018).

1.6.2 Early Childhood Care and Education (ECCE)

Early Childhood Care and Education (ECCE) refers to a wide range of programmes aimed at providing a comprehensive approach towards the effective physical, cognitive and social development of children from birth to nine years of age (UNESCO, 2007). The aim of ECCE is to provide an integrated approach of policies towards young children's holistic development and protection with parents' and caregivers' involvement (Vargas-Barón, 2016). ECCE promotes the holistic development of a child, socially, emotionally, cognitively and physically (UNICEF, 2010). For this study, ECCE refers to the promotion of childhood care and development for young children aged birth to four years old in rural areas, especially in Tshwane North District.

1.6.3 Policy

Policies refer to regulations, frameworks, principles, commitment and concerted efforts between government departments and ECD stakeholders to implement ECD policy (DBE, 2015). According to Khan and Khandaker (2016:238) "a policy entails a broad statement of future goals and actions and it expresses the ways and means of attaining them".

Furthermore, a policy can be defined as a “purposeful course of action that an actor or set of actors follow in dealing with a problem or matter concerned” (Khan et al., 2016:539). Ali (2006) explains that policies aim at bringing behavioral change at an individual level. Furthermore, according to Khan and Khandaker (2016), policy implementation involves translating set goals and objectives into practice.

In the context of this study, policy refers to legal documents developed by governmental departments to ensure that the vision of government is implemented across the education system in the country. The researcher will be referring to policies that are developed by the Departments of Basic Education, Social Development and Health.

1.6.4 Implementation

Implementation is the carrying out of plans into actions; it is an evidence-based process. In addition, implementation can be explained as an execution practice of a plan with a specific standard and method. Therefore, it must follow preliminary thinking before it can happen (Gagliardi, Brouwer & Bhattacharya, 2012). According to DeLeon and DeLeon (2002), implementation occurs only when those who are primarily affected are active in the planning and execution of programmes. In addition, Yeaton and Sechrest (1981) state that implementation is the degree to which treatment is delivered as intended. Implementation in the context of this study focuses on how ECD policies are executed as intended by stakeholders.

1.6.5 Quality

Quality is an approach to doing business to maximise an organisation’s competitiveness through ongoing improvement of quality service, process and environments (Goetsch & Davis, 2014). These authors also add that quality is an ever-changing state and not tangible but determined by the intended outcomes. Richardson (2005) views the meaning of quality as the content of what is taught according to disciplinary standards of adequacy and completeness to enhance learners’ competency. Kahn, Strong and Wang (2002) state that, defining quality as excellence is subjective and provides no practical guidance for improving it. Quality, in this study,

is rooted in the delivery of ECD services by various stakeholders. My study supports Goetsch and Davis (2014), maintaining that quality is not tangible; it is determined in the implementation process executed by ECD stakeholders to improve the quality of teaching and learning.

1.7 Literature review

The reviewed critically describes the compilation of various literature on strengthening the implementation of Early Childhood Development policies to ensure quality care and education of young children. Therefore, literature review explored the importance of investing in early childhood development and the need to strengthen implementation of ECD policies for quality, especially in the disadvantaged communities.

Studies reveal that there has been a substantial growth in the ECD services including the low- and middle-class countries such as Finland, South Africa and Botswana (Britto, Yoshikawa, Ponguta, Reyes, Dimaya, Nieto and Seder, 2014). However, there is limited understanding on how implementation of ECD policies is strengthened. Moreover, according to Britto et. al. (2014) inequality in providing quality ECD services is significant in most countries.

Researchers, Milner, Bhopal, Black, Gladstone, Hamadani, Hughes, Kohli-Lynch, Manji, Hardy and Radner (2019) state that improved measures in ECD is a strategic focus of World health Organization (WHO), UNICEF and World Bank nurturing Care and Framework. However, the quality of implementing ECD policies and interventions is limited. Furthermore, Milner et. al. (2019) and Aubrey (2017) maintain that, even though many countries including South Africa, Finland and Botswana have development ECD policies to bridge the gap of inequality implementation of ECD policies is still inadequate.

In South Africa policies such as National Early Learning Standards (NELDS) (DBE, 2009), South African National Curriculum Framework for children from birth to four (NCF) (DBE, 2015) have been developed for ECD practitioners to have adequate knowledge and skills for young children quality care and development (DSD, 2015). However, there are various contexts affecting quality implementation of ECD policies

such as socio-economic inequality. Many young children under the age of five are at a risk of reaching their full potential due to inadequate provision and access of basic resources, such as water, sanitary facilities, and nutrition. Furthermore, disintegrated ECD services from key stakeholders i.e., the DBE, DoE and DSD and affects the implementation of ECD policies in the rural areas (Ashley-Cooper, van Niekerk & Atmore, 2019).

The intended policy outcome in the aforesaid countries particularly South Africa are not realized due to lack of collaboration among ECD policy implementors i.e., the officials from the National, Provincial, District office and ECD practitioners. Researchers (Miller et al., 2019; Vargas-Baron, 2015) state that there are challenges to scale up ECD services despite the involvement of various countries to develop early childhood policies, laws and regulations, training programmes, curriculum, standards, and guidelines.

In this regard literature in this study focused on the three countries, i.e., Finland, South Africa and Botswana strategies to get an understanding of how implementation of ECD policies are strengthened for quality care and education of young children. In addition, literature in this study intends to present the findings from the aforesaid countries to explore challenges and strategies in implementing ECD policies.

1.8 Conceptual framework

This study was influenced by Britto et al. (2011) conceptual framework on quality. The quality of conceptualisation theory is relevant to the study as it can be used to strengthen the implementation ECD service from the stakeholders across multiple national sectors i.e. DBE, DoE, DoH and NGOs. Young children social, emotional, cognitive and physical development require integrated approach among aforesaid sectors, ECD officials from education national, provincial and district offices and also practitioners (Davids et al., 2015, Vorster et al., 2016; Britto et al., 2011).

According to Britto et al. (2011), the delivery of ECD services can be effectively implemented for quality care and education when relevant stakeholders work collaboratively. However, in South Africa the governance of ECD services is positioned

within a larger economic context with different environmental settings in the rural and urban areas. In this regard, quality ECD implementation across different settings and interventions is provided differently and affects quality of ECD services. Therefore, Britto et al.'s (2011) conceptual framework on quality acts as a lens to explain the phenomena as the target population vary enormously in South Africa and makes it difficult to conceptualise quality ECD policy implementation.

1.9 Research methodology

This study adopted qualitative research method to understand the perceptions and experiences of ECD national, provincial and district officials in implementing the ECD policies in their natural context. According to Creswell and Poth (2017), qualitative research is a naturalist approach that seeks to understand the participants real world. Furthermore, the qualitative research approach was used to get rich and in-in-depth information on the views of ECD officials from national, provincial and district offices, also ECD managers and practitioners. The researcher selected this approach to draw meaning from participants lived experiences in implementing the ECD policies (Almalki, 2016). The researcher observed, recorded and analysed data from the word patterns that emerged from the participants to understand how ECD policies are implemented in the selected ECD centres. Creswell and Poth (2017) concur that themes and categories are not pre-determined but emerge from the collected data.

1.9.1 Population

A selected population of Hammanskraal, Mandela village, in Tshwane Metropolitan Municipality was chosen as a population sample because it represented a community of interest where there is diverse rural and semi-urban socio-economic setting. Participants selected were eight ECD practitioners in two ECD centres and two ECD centre managers working in each of the selected centres. In addition, ECD district, PED and DBE officials working in Johannesburg and Tshwane metropolitan areas were selected. According to Tongco (2007), a population of interest is a primary source of information in a research study. Therefore, the researcher selected the aforesaid population because of their knowledge and experience in the researched study.

1.9.2 Sampling

The participants who are ECD managers, practitioners, district officials, PED official and DBE officials were selected in the study due to their experiences in field of this study. Sharma (2017) maintain that purposive sampling, unlike probability sampling and non-probability sampling minimize generalization of the findings. Therefore, the researcher selected purposive sampling to be comprehensive in the research findings. The purposive sampling criteria involved the following participants who are responsible for the care and development of young children: Two ECD managers and four ECD practitioners working in the two rural and semi-urban ECD centers; one ECD district official; The PED official responsible for executing ECD policies and DBE official involved in the development of ECD policies.

1.9.3 Selection of participants

The researcher employed purposive sampling in selecting participants. According to Eitikan, Musa and Alkassim (2016) and Creswell (2013) purposive sampling involves participants who are proficient and experienced in the phenomena of interest. Therefore, participants who are ECD managers, practitioners, district officials, PED official and DBE officials were selected because they are knowledgeable and experience about the phenomenon under investigation. The participants selected in the study are ECD officials responsible for implementing the ECD policies. The DBE (national official) worked within Tshwane Metropolitan area, whereas the PED official in the Johannesburg Metropolitan area.

The selected ECD district official was working in the Tshwane Metropolitan Municipality and is responsible for supporting ECD practitioners in implementing ECD policies in the Hammanskraal area, Mandela Village area. The ECD managers and practitioners selected worked in Hammanskraal area, Mandela Village at the semi-urban and rural ECD centres and were responsible for the care of young children aged birth to four years.

1.9.4 Data collection instruments

The researcher used a variety of data collection instruments in order to validate the accuracy of the information (Creswell & Poth, 2017). Furthermore, Bryman and Cramer (2012) affirms that qualitative research requires different measures to validate information. Therefore, a collection of varied instruments was used which included, semi-structured interviews, writing notes, observation of the interviewees' environment and photographs to understand the ECD participants' lived experiences in implementing the ECD policies. The semi-structured interviews were conducted with the ECD, DBE, PED and district officials. In addition, ECD managers and practitioners were interviewed to investigate the research questions and collect data on participants' experiences in their natural environment at the ECD centers.

1.9.5 Data analysis and interpretation

In qualitative research, data analysis is an ongoing process which entails the following: observation of patterns, collecting data from participants, organising, preparation of data for analysis, reading through all the data to identify issues that recur to get an overall meaning of information (Creswell & Poth, 2017; Mayo, 2013). The study adopted a thematic analysis strategy by reading the notes, grouping words into categories and themes emerging from data, generating a description of the setting or people, identifying themes and interpreting the meaning of data (Stenfors-Hayes, Hult & Dahlgren, 2013).

1.10 Role of the researcher

As a researcher I played an instrumental role in the data collection process. Sanjari, Bahramnezhad, Fomani, Shoghi & Cheraghi (2014) concur that the researcher is considered to be instrumental in the data collection process. I also perceived my role in the research process as that of an active co-participant and an observer where I was able to engage with the ECD centre managers, practitioners, district facilitators and PED and DBE officials during the interviews sessions. In my role as a none-active participant I was able to observe, reflect and interpret the lived experiences of ECD managers, practitioners and PED and DBE officials.

1.11 Ethical consideration

To ensure ethical conduct of the research, the researcher applied for permission to conduct research from the ethical committee at the University of Pretoria in the Faculty of Education (Maree, 2013).

Prior to the commencement of the fieldwork the purpose of the research was outlined and an approval letter was granted by the University of Pretoria ethical committee. The following principles guided the process of the research to ensure ethical conduct during the research:

- informed consent
- voluntary participation
- confidentiality and anonymity
- trust
- safety

1.12 Chapter outline

The outline of the study is as follows:

CHAPTER 1: Introduction and background

This chapter provided an introduction and background to the study. It also included the rationale for undertaking this research and the research questions guiding the investigation. The definition of key concepts and an overview of the selected theoretical framework were presented in this chapter.

CHAPTER 2: Literature review

This chapter offered a review of relevant literature with a focus on the phenomena under investigation. Furthermore, Chapter 2 explored the study in a wider context by reviewing the existing trends and debates relating to the strengthening of ECD policies

locally, nationally and internationally. It concluded with a description of the quality of ECD programmes as a conceptual framework to explore the research problem.

CHAPTER 3: Research methodology

This section described the research method and design in the collection and analysis of data. The section also highlighted the sample and sampling procedure. An explanation of an integrated process used by Creswell and Poth (2017), in collecting data and analysis within an interpretative paradigm, was explored in this chapter. Lastly, ethical considerations, validity and verification of data was discussed.

CHAPTER 4: Results of the study

The results of the study and major findings which are based on a thematic analysis are discussed in this chapter. In addition, extracts of the raw data were included to validate and support the findings.

CHAPTER 5: Analysis of Findings

In Chapter 5, the findings that are based on the interpreted results are discussed and compared to the existing literature. This chapter also includes discussion on the correlation, contradictions, silences and new insights stemming from the study.

CHAPTER 6: Conclusion and recommendation

This chapter includes the contribution, strengths and limitations of the study. The conclusion drawn in this chapter was based on the key findings of the study and its implications. Finally, in this chapter, recommendations are made on how to strengthen the implementation of ECD policies to improve quality and suggestions for further research.

CHAPTER 7: Smart tools

This chapter presents smart tools in response to the research question and unique contribution of the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Chapter 1 provided an orientation and framework of the study. It detailed the background to the research problem statement and the purpose, aim and objectives of the study. Chapter 2 offers a review of relevant literature on the implementation of Early Childhood Development (ECD). In this chapter, I review the importance of ECD policies and the need for strengthening the implementation of ECD policies to improve quality. The development of authentic policies is also reviewed in this chapter. I also discuss the measures of strengthening the implementation of ECD policies, strategies and challenges in implementing ECD policies.

The review further includes the measures adopted by South Africa, Finland and Botswana to strengthen the implementation of ECD policy strategies and methods in order to overcome challenges. The conceptual framework of this study is also explained.

2.2 The importance of early childhood education and care

Schweid (2016) asserted that most of the 20th century, early childhood from birth to school entry level was invisible as a state policy concern throughout the world. The aforesaid researcher further explains that in the past children were invisible in the eyes of the state but embedded in the larger family structure as appendages of their parents (Schweid, 2016). Garbarino (2017) and Reynaert and Roose (2016) found that young children, lacking adult competency, have been going through their development in a passive way and under the shadow of their parents or families. For this reason, a separate world was created at the beginning of the 20th century by western countries through the development of children's laws to protect them (Reynaert & Roose, 2016).

This reform marked a shift again in the 21st century when an international symposium on Early Childhood Development (ECD) was held in Ruschlikon, Switzerland in 1998. At the symposium, international guidelines for education and care for young children were discussed (Gove & Black, 2016). This was the first time that ECD professionals

from 28 diverse nations convened to discuss and develop international guidelines and programmes for serving children under the age of four years (Gove & Black, 2016).

Subsequently, in 1990, worldwide efforts and attention were on the early years of children. This is the year that the United Nations World Summit was held where 196 countries pledged to enhance the survival, protection and development of children worldwide (UNESCO, 2000). In this regard, at the United Nations World Summit, a Universal Declaration of Human Rights and the Convention on the Rights of the Child (CRC) were made. Furthermore, building on the aforesaid declaration, the international community adopted the World Declaration on Education for All at Jomtien in Thailand (UNESCO, 2000). This marked the beginning of the children's rights movement which considered children as active agents and autonomous in constructing their lives in their own rights (Theobald, 2019).

Similarly, Gove and Black (2016) echoed this by stating that a child's life rose to prominence during this period when many countries acknowledged their rights. Therefore, Early Childhood Development (ECD) was finally on the global policy agenda. The researchers Black, Walker, Fernald, Anderson, DiGirolamo, Lu, McCoy, Fink, Shawar, Shiffman and Devercelli (2017) also affirm that young children's rights are recognised throughout the world by governments as a universal and interdependent body of rights. In this regard, a platform is created worldwide to pressure governments to deliver global commitments in providing quality care and education to prepare young children for formal schooling.

A range of national and international research projects further showed the importance of early childhood care and education to strengthen the commitment of governments. For instance, authors maintain that ECD enables children to reach their full potential and bring high economic returns in their respective countries worldwide (Sayre, Devercelli, Neuman & Wodon, 2015; Boyden & Dercon, 2012; Ruhm & Waldfogel, 2012). Atmore et al. (2012) concur that the direct investment in human capital through early childhood care and education alleviates poverty thus increasing the chances of children to succeed in life. These viewpoints are again reiterated by Vorster et al. (2016), who state that for children to succeed in life and contribute to lifelong economic development in their respective countries, they require quality care and education.

Furthermore, Zelazo and Lyons (2012) and Atmore et al. (2012) state that adequate ECD intervention can be a mitigating factor that contributes towards children's poor education outcomes and economic disparities.

Researchers, Mbarathi et al. (2016), Biersteker (2012) and Britto (2012) explain that the first years of life from birth to four years are a period of dynamic growth when foundational skills can be built. Furthermore, the early years in children's lives can be a window period of opportunity to improve care, development and learning outcomes (Britto, 2012). During this period children develop physically, emotionally, socially and cognitively. For this reason, effective quality early care and education is critical to prepare young children for progress towards primary and secondary schooling. Furthermore, Jamieson, Berry and Lake (2017) and Sayre et al. (2015) affirm that structured learning activities as well as a conducive environment that is developmentally supportive to enhance the caregiving environment are required to strengthen the implementation of ECD policies. The researcher, Biersteker (2012) explains the predicament that is caused by an inadequate caregiving environment that most children in vulnerable communities are experiencing.

She states that young children deprived of a conducive environment are exposed to long term deficits that can be difficult and costly to address when they are older, especially at school-going age. Also, the potential embedded in young children to perform maximally and achieve the desired learning outcome will be affected due to lack of quality ECD facilities (Biersteker, 2012). According to Mbarathi et al. (2017), Atmore et al. (2012) and Britto (2012), quality care and education of young children cannot be achieved without addressing social inequalities which include the provision of quality ECD services such as, education, health care and social services. In this regard, adequate resources such as infrastructure, nutrition, sanitation, facilities and quality ECD programmes are required to cultivate holistic development and lifelong learning (Atmore et al., 2012).

Researchers assert that investing in ECD assists in laying a good foundation and can accrue to benefit young children and society at large (Wangila, 2017; Sayre, Devercelli, Neuman, & Wodon, 2015; Atmore et al., 2012). Consequently, investment in ECD can be leveraged to influence the policy outcome by improving education and care of young children, particularly in under-resourced communities.

Therefore, the level of investment in young children is determined by the level at which countries are investing in early childhood care and education. For these reasons, most countries worldwide, including Finland, Botswana and South Africa, acknowledged that education starts at birth and committed them to improve the development of young children. The evidence to support ECD programmes worldwide is a strong outline of children's rights in the United Nations Convention on the Rights of the Child (CRC); those children have the right to quality care and education (Jamieson et al., 2017; Biersteker, 2012). Therefore, early childhood care and education has become a medium for improving the physical, emotional and cognitive development of young children, especially in under-resourced areas, to give them a better start in life.

2.3 The need for strengthening the implementation of ECD policies to improve quality

Richter, Daelmans, Lombardi, Heymann, Boo, Behman, Chunling, Lucas, Perez-Escamilla, Dua and Bhutta (2017), brings to light the importance of strengthening policies and legislation to improve integrated ECD services for children's holistic development. The aforesaid authors maintain that the government's policies are core social determinants to a quality healthy living environment, cognitive stimulations and ECD resources for children's development. Sayer et al. (2015) concur that establishing an enabling environment for the provision of ECD requires that the implementation of legal and regulatory frameworks such as ECD policies must be of high quality. However, coordination and continuous dialogue with the relevant stakeholders in developing ECD policies within the ECD sector are required to strengthening its implementation.

Wangila (2017) and Richter et al. (2017) reiterate the same by stating that ECD policies compel government departments to have joint thinking, coordinated and formally communicated strategies to care for the development of young children. However, Black et al. (2017) explain that most countries face a challenge to strengthen the implementation of ECD policies due to its multisectoral nature. Moreover, the diverse sectors involved in implementing ECD policies have limited accountability and ownership. In this regard, there is a lack of consistency between ECD policy

development and implementation to benefit the care and development of young children.

Against the backdrop of the importance of ECD policies, many countries, including Finland, Botswana and South Africa, have developed ECD policies to ratify the United Nations Convention on the Rights of the Child (UNCRC) bringing it into international law. Gove and Black (2016) and Garcia, Pence and Evans (2008) explain that these countries are legally bound to develop and implement ECD policies to provide quality care and education for young children. Therefore, in an effort to strengthen the global goals set in 1990 in Jomtien and to draw the attention of the various participating countries, including Finland, Botswana and South Africa, a pledge was made on the inception of a program called the World Declaration on Education for All (EFA) (Gove & Black 2016). One of the goals of the Education for All (EFA) program is aimed at improving access to quality care and education, especially for the most vulnerable young children. The said countries joined the global communities by developing and implementing ECD policies and frameworks. In the year 2000, an assessment was made on the progress towards the provision of basic education in 180 countries, which also included South Africa, Finland and Botswana (Jamieson et al., 2017; Gove & Black 2016). At this point, there was little progress in the provision of providing care and education for young children due to inefficient implementation of these policies by most countries including the aforesaid countries (Gove & Black, 2016; Fredriksen, 2010).

In this regard, the Dakar conference was held in Senegal in the year 2000 where delegates, including the said countries, committed themselves to the Millennium Development Goals (MDG) (Theobald, 2019; Gove & Black, 2016). The MDG were developed to strengthen ECD policies and programmes and protect young children, especially from vulnerable communities, by 2015 (Jamieson et al., 2017; Gove & Black, 2016).

Amongst others, the key MDG agreed on the following:

- Expanding and improving comprehensive early childhood care and development especially for the most vulnerable and disadvantaged children.

- Ensuring that the learning needs of all young children and adults are met through equitable access to appropriate learning and life skills programmes.

Subsequently, the Sustainable Development Goals (SDG) was developed to further strengthen the Millennium Development Goal (MDG). The focus of the Sustainable Development Goal (SDG) is on equal and quality education which remains pressing in the South African context where schooling outcomes remain poor, especially for young children in disadvantaged areas despite access to education (Jamieson et al., 2017). Young children's access to quality care and education in South Africa is limited by poverty. Research by Verviers, Biersteker and Moruane (2013) shares the same sentiments that inequality is already deeply entrenched in South Africa where young children from disadvantaged areas that are entering formal schooling are mostly affected.

South Africa has put children's rights at the apex of the government's priorities in the constitution through the Bill of Rights (Mbarathi et al., 2016; Vorster et al., 2016; Atmore et al., 2012). Therefore, provision is made for children's basic education rights in South Africa and more specifically, early childhood care and education (Vorster et al., 2016; Atmore et al., 2012). However, according to Verviers et al. (2013), there is a lack of implementation of the legislation especially in vulnerable communities due to the disintegration of ECD services by key stakeholders i.e., the DBE, the DSD and the DoH. These sentiments are shared by Britto (2012) who states that policies are developed by the government department and key ECD stakeholders which shows acknowledgement of their roles and responsibilities in providing care and education for young children. Conversely, there is a lack of shared knowledge and services among the DBE, the DSD and the DoH to strengthen the implementation of ECD policies for quality.

Excell (2016) states that within the South African context, ECD is receiving attention at both government and civil society levels and children are gaining access to ECD services. However, access to ECD services does not ensure that quality care and education is taking place particularly for vulnerable children (Britto et al., 2011). Similarly, Viviers Biersteker and Moruane (2013) stresses that quality care and education at the ECD centres are treated as essential attributes or products but lacks

in their outcome. The aforesaid author further alludes that performance of young children entering primary schools, mostly in disadvantaged areas is less satisfactory.

There is a growing body of evidence proving that policies matter most for developing and strengthening strong ECD systems and for quality. The implementation of such ECD policies, however, remains inadequate to provide children with opportunities to thrive and fully develop due to its multisectoral nature that makes it difficult to influence desired outcomes (Theobald, 2019; Viviers et al., 2013; Atmore et al., 2012).

In 2013, UNICEF expanded partnerships and activities involving members of states to advance MDG and strengthen the enabling environment of policies and programmes in child protection, education, nutrition, water, and sanitation of ECD centres (Jamieson et al., 2017). The evidence of the UNICEF partnership with members of states was seen during the international conference on Maternal, New-born and Child Health in Africa, convened by the African Union (AU) and the government of South Africa. At the conference, UNICEF held a plenary session on strategic interventions to enhance quality care and education for the most vulnerable communities. This was a move in the right direction towards strengthening the implementation of ECD policies in South Africa.

2.4 Importance of authentic policy development

Lammarino, Rodrigues-Pose and Storper (2019) and Hale and Moorman (2003) found that around the world many countries are in a process of developing new systems by adopting and strengthening authentic policies to bring socio-economic change. However, the one-size-fits-all solutions to developing effective policies and approaches may need to be continually revised to take account of specific socio-economic circumstances. Countries are influenced by the global economic demands to bridge the gap of global inequality and maximise the benefits of their people, hence the need to develop authentic policies that bring desirable outcomes (Echandi, Krajcovicova & Qiang, 2015).

According to Rubio, Lopez-Lull, Angelini and Tasso (2019) education is the main vehicle to bridge the gap of global socio-economic status of states, hence the demand to strengthen implementation of policies. Cavallera et al. (2019) indicate that various

countries, including Finland, Botswana, and South Africa, continuously attempt to implement policies that are authentic to bring accountability to produce credible results in the eyes of an audience such as administrators, teachers, parents and students. However, the approach in developing ECD policies for implementation by these countries might not be the same (Cavallera et al., 2019).

According to Rondinelli (2019), these approaches towards the development of ECD policies might be top-down or bottom-up. The top down ECD policy development approach is more popular where officials are not particularly responsible for their constituency (McCourt, 2012). Furthermore, the aforesaid researchers assert that policy approach plans are hierarchically developed and centralised from a national level with little consultation with the final implementers (McCourt, 2012). Government officials often have little input and guidance on many of the choices to make policy implementation authentic, i.e., mutually acceptable, fair, reliable and trustworthy. In this regard, these ECD policies are counterproductive in their intended outcomes (Rondinelli, 2019). Policies designed for self-interested citizens may undermine the moral sentiments of the implementers. In contrast, the bottom-up policy development approach has state officials' input in the policy plans. Internationally, many countries, like Finland, continuously strived to develop and strengthen their policy implementation with the involvement of all stakeholders – that is policy developers and implementers (Pisano, Lange, Lepuschitz & Berger, 2015).

During post-1970, Finland experienced political and social turbulence, which brought about a national education transformation (Håkansson & Nilsson, 2019). Finland's educational policy was entrenched in inequality which declined the level of knowledge, wasted the existing national talents, and caused global economic decline (Håkansson & Nilsson, 2019). An era of transformation came where Finland developed a comprehensive schooling system, which provided equal opportunities that are acceptable and fair for all students irrespective of their socio-economic background. In 1978, there was a new reform on teacher education with an emphasis on professional development. Finland's educational and social policies became intertwined and viewed as authentic, because of consultation, dialogue, collaborative planning, and mutual agreement reached with Finland's nation on major issues concerning its future (Pisano et al., 2015). Furthermore, Heikka, Halttunen and

Waniganayake (2018) assert that there is an adequate distribution of shared leadership at all levels in Finland, from ECD practitioners, managers and administrators. All ECD stakeholders are involved in policy planning which brings a sense of ownership and integration to ECD services at local levels. Pisano et al. (2015) concur by stating that to strengthen the development of authentic ECD policies in Finland, a multi-stakeholder operational tool called “The Finland we want by 2015 – Society’s Commitment to Sustainable Development” was created. This new approach adopted in Finland is a partnership model that aims at uplifting ownership of civil society in the ECD sector to strengthen the implementation of ECD policies through a shared and mutually agreed vision. In this regard, the ECD stakeholders at all levels have an opportunity to pioneer the implementation of ECD policies by taking concrete action and can measure progress (Pisano et al., 2015). The aforesaid researchers believe that the bottom-up development of ECD policies enhances ECD stakeholders’ participation, dialogue and mutual trust.

Botswana, like Finland, faced global socio-economic challenges between early 1980 and 1990. One of the reasons was the education system and policies that were not responsive to the changing economy. Both the government and public servants play pivotal roles in Botswana towards participation in the development of policies, which signifies consultation among stakeholders and collaboration in implementing ECD policies (Tsukudu, 2014). Makwinja (2017) states that the developed ECD policies in Botswana are politically driven where there is a lack of participation with the stakeholders such as ECD practitioners. The aforesaid researcher indicates that teachers had no clue of any developed policies. As a result, ECD policies are not fully implemented to ensure that young children receive a quality education. Nishioka (2020) shares the same sentiments by stating that there are underlying political, economic and social factors in Botswana that led to inadequate implementation of ECD policies. The researcher explains that the government of Botswana is weak in providing ECD services due to no direct involvement in implementing the ECD policies. Nishioka (2020) further emphasises that there is a lack of collaboration between ECD stakeholders in developing and implementing authentic ECD policies due to poor management and a lack of synergy between the Ministry of Education and Ministry of Local Government and Rural Development (MLGRD). The roles of the ECD stakeholders such as practitioners are not clear.

Botswana has adopted the top-bottom approach in developing ECD policies hence the inadequate implementation thereof. Young children in Botswana, especially from the rural areas, are mostly affected by poor ECD services.

South Africa, like Finland and Botswana, was faced with an economic downcast prior to democracy in 1994 due to socio-economic inequality. According to Newig and Koontz (2014) and Maluleke (2015), government authorities are encouraged to promote active participation in the policy planning processes. In this regard, the constitution makes various provisions for constitutional and political rights to enhance consultation and participation in policy development for the provision of reliable, understandable information to the implementers. The state was expected to respond to the will of the people to enhance participation in the phase of policy formulation to strengthen implementation. Education in South Africa is one of the main vehicles committed to greater participation in democratic school governance. However, according to Maluleke (2015), the education policy in South Africa reveals a disjuncture between policy intention and implementation due to a lack of participation in the policy development process, advocacy and understanding of policy by the end-users, who are ECD practitioners.

According to Vorster et al. (2016), advocacy and public awareness in the process of formulating the ECD policies is important for strengthening the intended outcomes of the ECD policy. Biersteker (2012) adds that advocacy is a form of an awareness campaign that creates an enabling environment for the provision of ECD services by ECD stakeholders. Through advocacy, there is greater participation of the community and ECD stakeholders, where they meet and regularly report back on the needs to strengthen ECD policy implementation (Biersteker, 2012). Furthermore, she adds that through advocacy, there is focused intervention on ECD challenges to strengthen policy implementation (Biersteker, 2012). These sentiments are echoed by Britto (2012) who states that continuous advocacy, planning and capacity are essential at all implementation levels – national, provincial, district, ECD centres and parents – to improve care and education of young children, especially from disadvantaged areas. On the contrary, information on ECD policies remains with the policymakers at national level with minimal evidence of policy adoption and implementation at lower levels i.e. the province, district and ECD centres (Vargas-Barón (2015). Furthermore, there is

little dissemination of ECD policies to the district officials and ECD practitioners who are the implementing agents (Maluleke, 2015). Consequently, due to a lack of ECD stakeholders' participation at the policy formulation stage, the intended ECD policy goals for young children to be provided with comprehensive ECD services are limited, especially in South Africa.

2.5 Measures of strengthening the implementation of ECD policies

The South African National Integrated Plan is one of the developed ECD policies which aim to bring synergy and coordination among the DBE, DSD and DoH in implementing quality ECD services (DSD, 2015). The word "quality" is mentioned 200 times in the NIP policy document (DSD, 2015). However, according to Excell (2016), the concept of quality in the developed ECD policies is not qualified in its meaning and intention. This means that quality is uniformly interpreted but not common in context and culture (Excell, 2016). Studies carried out indicate that quality is a multifaceted and complex concept, often drawn from a western perspective which differs from the South African context (Ben-Arieh, Casas, Fronès & Korbin, 2015). For this reason, it is important to understand how quality ECD services are provided to strengthen the implementation of ECD policies in Finland, Botswana and especially in South Africa. Currently, South Africa is facing challenges in the delivery of ECD services due to different ECD settings and contexts, according to Mbarathi et al. (2016). Most South African children are negatively affected by inequitable socio-economic backgrounds where they cannot access quality care and education. The provision of quality ECD services in South Africa differs according to the geographical location where young children grow up (Aubrey, 2017; Mbarathi et al., 2016; Atmore et al., 2012).

Excell (2016) view quality from a systematic perspective and acknowledge the importance of ECD actors such as practitioners, district officials and government departments and their interaction to establish quality in implementing ECD policy on a day-to-day basis. Excell (2016) concur with Britto et al. (2011) on the view that quality is multidimensional within five levels of its implementation and must be proactively and collaboratively developed and conceptualised by the ECD stakeholders within these dimensions, namely:

- ❖ The experience and outcome for children e.g. emotional, intellectual, social and physical wellbeing.
- ❖ The quality provision of resources such as structural condition, running water, electricity, sanitation and play material.
- ❖ Interaction between ECD centre managers, practitioners, parents and children.
- ❖ The system of monitoring and supporting the ECD practitioners.
- ❖ The system of leadership, management and funding.

The outcome for children and the broader community are found in every dimension and must be systematically evaluated through collaboration with stakeholders to strengthen the implementation of ECD policy (Excell, 2016). These multilevel components mentioned, who interact and share a common vision create an enabling environment for young children's development to strengthen the implementation of ECD policy (Vargas-Barón, 2015). The following section in the study will focus on the processes and strategies of implementing ECD policy by various countries employing the said dimensions in their context.

2.6 Strategies adopted to implement ECD policies

Various studies (Davids et al., 2015; Vargas-Barón, 2015) assert that countries that have engaged in the ECD policy development process need strategies and structures to host and promote the ECD policy and implementation. In this regard, these structures will ensure smooth and expeditious transitions between policy formulation and policy adoption and between policy adoption and policy implementation. The ECD policy situation in South Africa has been complex due to the disjuncture in the provision of ECD services by different departments (Davids et al., 2015). The three departments are the DSD, DBE and the DoH, with the Department of Women, Children and People with Disabilities (DWCPD) playing a monitoring role. In Finland, ECD falls within the Ministry of Social Affairs and Health which has an underlying principle that the best interest of the child is of primary concern to ensure the availability of quality day care for all children, irrespective of family or socio-economic position (Onnismaa & Kalliala, 2010). Similarly, Botswana, like South Africa, has come up with a strategy for the development of ECD activities and programmes through the Ministry of Education, local government and land as well as multilateral donors (Colleta & Reinhold, 1997).

South Africa has taken an initiative to strengthen ECD policy implementation through the National Integrated Plan for ECD (NIECD) (DSD, 2015) since 2005 (Davids et al., 2015). The NIECD has been operating as a policy framework to bring a synergy of different programmes provided by DBE, DoH and DSD (DSD, 2015). To further strengthen policy implementation a diagnostic review was conducted to understand the gaps and constraints in the development and implementation of ECD policy (Davids et al., 2015). In response to the diagnosis being reviewed, an awareness campaign was conducted to promote ECD in 2012 in consultation with various stakeholders such as policymakers, donors, development agencies, faith-based organisations, civil society and government departments (Davids et al., 2015). Prior to the campaign, consultations were held with ECD practitioners regarding their experiences in their various provinces. The diagnostic review suggested that an effective collaboration from the DBE, DoH and the DSD is required to have a common vision to strengthen ECD policies (Davids et al., 2015; DSD, 2015).

Similarly, in 1994 Botswana, like South Africa, revised the National Policy on Education to strengthen ECD policy implementation for children under six years. After that, the Ministry of Education commissioned a consultancy to review ECD programmes in Botswana (Pedzani & Monyatsi, 2012). This review paved a way for the formulation of Early Childhood Care and Education Policy (ECCE) of 2001 which would implement and adopt a monitoring mechanism needed to redress ECD in Botswana (Pedzani et al., 2012).

The DBE reviewed an improvement plan on the ECD curriculum and training of ECD practitioners through the development of the National Curriculum Framework for children from birth to four years (DBE, 2015). Researchers (Hyde & Kabiru, 2006) further explain that the Ministry of Education established the National Coordination Committee for ECD (CCECD) consisting of stakeholders such as NGOs and universities to monitor and support policy development, provide training curricula, accreditation of training institutions and a national ECD pilot project to strengthen ECD policy implementation. Furthermore, this committee provided input towards a common vision for the development of standards and regulations, training and staffing schemes that are essential for quality integrated ECD programmes (Hyde & Kabiru, 2006).

2.7 Challenges experienced in implementing ECD policy

Most countries, including South Africa, have well thought out and developed ECD policies. However, the biggest challenge experienced in the education system is the effective implementation of these policies. Finland, a first world country, is also experiencing challenges in its policy implementation. The provision of ECD resources and programmes in Finland is not equitable due to the different demographic areas across municipalities which results in some children benefiting more than others (Onnismaa & Kalliala, 2010). Similarly, in South Africa, young children are brought up in diverse socio-economic settings where the ECD sector offers several ECD programme options to meet their needs (Aubrey, 2017; Atmore et al., 2012; Ebrahim, 2019). There is no single model or complete program that would be appropriate to replicate in all settings, with all communities, and for each child; therefore, a range of inequitable programmes are at hand. According to Bose, Mberengwa and Monyatsi (2012), Botswana does not differ from the aforesaid countries where ECD services are inequitable; childcare is run mostly by private individuals and organisations. Thus, young children from marginalised communities are at risk of poor-quality care and development as a result of diverse socio-economic settings where they are brought up (Bose et al., 2012).

2.7.1 Access to quality ECD

Finland's approach to implementing ECD policy has equity as an important feature (Sahlberg, 2007). This approach means more than just opening doors for access to equal education for all, but a principle that aims at guaranteeing high-quality education for every young child irrespective of their geographical location (Sahlberg, 2007). Early childhood care in Finland is voluntary, free and attended by 98% of the age cohort compared with over 17% in Botswana (Sahlberg, 2007; Maunganidze & Tsamaase, 2014).

According to Tesliuc, Marques, Lekobane, Mookodi and Bezhanvan (2013) as well as Maunganidze and Tsamaase (2014), Botswana has developed "Vision 2016" as a strategy to set a timeline for providing access and equity to ECD services, especially for vulnerable children. The researchers further state that the Social Development

Policy Framework in Botswana, which was prepared by the Ministry of Local Government (MLG) and the Department of Social Services (DSS), developed a comprehensive strategy for making the country a “compassionate, just and a caring nation” that will cater for needs of poor and vulnerable children. Even though ECD strategy has been documented, access to ECD provision is fragmented due to the lack of a uniform regulatory and accountability framework (Maunganidze & Tsamaase, 2014). Some ECD centres in Botswana are privately owned and accessed by the elite class whereas in the rural areas ECD centres are viewed more as feeding schemes and mostly owned by public works for creation for employment (Maunganidze & Tsamaase, 2014). The elite exclusion system in Botswana varies from Finland where ECD provision is universal and there is equitable access to quality education for all (Maunganidze et al., 2014).

In South Africa, as in Finland and Botswana, there is a growing awareness of the importance of early childhood development as a key strategy to alleviate poverty. For this reason, the focus on ECD is stated in the highest law, which is The South African Constitution (Act 108 of 1996), the Children’s Act 38 of (2015) and several policies and plans. However, access and equity to ECD programmes particularly for the most vulnerable children remain unequal; young children are still not able to have quality ECD services (Atmore et al., 2012; Biersteker, 2012; Sharpley, 2014). Furthermore, the South African National Development Plan (NDP) recognises that the development of young children is the state’s responsibility. For this reason, emphasises the need for an effective and integrated system to ensure essential ECD services are accessible to all young children, especially those in vulnerable communities (Viviers et al., 2013). However, an integrated system to ensure the quality provision of ECD services is not realised among the assigned government departments that are the DBE, DSD and the DoH.

Research further shows that the South African government developed the National Integrated Early Childhood Development Policy (2015) with the aim of providing a multi-sectoral enabling framework for comprehensive ECD services (Hall, Sambu & Almeleh, 2017). Also, the relevant government departments, namely the Departments of Social Development, Education and Health have identified the need to increase access and quality ECD programmes and services, especially for children from disadvantaged backgrounds. Progress has been made through the services of the

DBE in providing access for Grade R learners, whereby in 2017, 68% of learners were enrolled by the DBE (Jamieson et al., 2017; Atmore et al., 2012).

Funding for young children aged birth to four years has increased through the DSD (Atmore et al., 2012). Moreover, the policies such as National Integrated Plan (NIP) have put young children at the apex of its agenda to be provided with quality early learning development programmes (Ebrahim, 2012; Biersteker, 2012). However, there is little integration of services among ECD stakeholders to ensure quality caregiving for young children. The spatial location where children live, race and income determine access to ECD centres in South Africa, same as in Botswana (Ebrahim, 2019; Biersteker, 2012; Viviers et al., 2013).

The Early Childhood Development (ECD) report by Statistics South Africa shows that nearly 8.2 million children under the age of six years live in South Africa. About half of those children live in the poorest 46% of household income and do not attend any early learning programmes (Black et al., 2017; Hall et al., 2017). In contrast, 40% of children in the highest household's income bracket attend ECD programmes which clearly indicates that there is limited or no access to ECD services for young children in the poorest areas. Furthermore, many studies including that by Atmore et al. (2012) and Ebrahim (2014), argue that there is a limited collaboration among stakeholders responsible for ECD services, i.e. the DBE, DSD and DoH to enhance access to ECD provision in South Africa which is contrary to what is required in the NDP and NIECD policies.

2.7.2 ECD Programmes

Researchers such as Vorster et al. (2016), Ebrahim et al. (2011) and Bose et al. (2012) assert that the biggest challenge in South Africa and Botswana today is the inadequate access to ECD programmes to implement quality programmes due to poverty and distance. For this reason, young children from poor communities are deprived of quality care and education in South Africa and Botswana (Vorster et al., 2016; Bose et al., 2012).

Finland developed National Curriculum Guidelines on ECD in September 2003. The Guidelines are based on the resolution concerning the National Policy Definition on

ECD (The Ministry of Social Affairs and Health, 2003). These guidelines provide publicly operated ECD centres in Finland with principles and underlying values of quality and equitable ECD services, as determined by the United Nations Convention on the Rights of a Child (1989) (Hujala, Eskelinen, Keskinen, Chen, Inoue, Matsumolo & Kawase, 2016).

The National Curriculum Guidelines on ECD in Finland stipulates the importance of continuous learning and training development for ECD practitioners and managers (Taguma, Litjens & Makowiecki, 2012). These guidelines further emphasise the ECD practitioner's continuous evaluation for self-development (Taguma et al., 2012). However, Uusiautti, Hoppo and Määttä (2014) brought to light the challenge of sparsely populated municipalities in Finland. As a result, this factor poses a challenge in implementing quality ECD curriculum in various Finnish municipalities. Conversely, Hujalu et al. (2016) state that municipalities in Finland are obliged to organise care for young children and 80% of these children are in full day care.

Studies show that about 50% of ECD centres in Botswana have adopted curriculum from South Africa and other countries which indicate that the standard and regulation laid compromises quality ECD services (Bose et al., 2012; Mwaipopo, 2017; Maunganidze et al., 2014). Furthermore, 48% of ECD practitioners are without formal training on ECD programmes and do not have the financial means to pay for training which compromises the quality of care and education young children are receiving in Botswana (Bose et al. 2012; Maunganidze et al., 2014). Bose et al. (2012) also note that few ECD centres offer formal certificate programmes in Botswana. According to Biersteker, Dawes, Hendricks and Terndoux (2016) children who attend high-quality programmes have better outcomes in their cognitive, language and communication development. However, it is not the case in Botswana.

South Africa, like Finland, has developed ECD curriculum standards and guidelines documented in the National Early Learning Development Standards (NELDS) (DBE, 2009). The policy guidelines focus primarily on the early development learning needs of children from birth to four years (DBE, 2009). The NELDS document is designed to assist in the development of programmes and activities that enable children to acquire knowledge, skills and attitudes and empower practitioners with knowledge on how to enrich children's environments (DBE, 2009). There is recognition in the NELDS

document of its shortcomings by addressing multiple audiences who, among others, are lowly qualified practitioners (Ebrahim, 2012). The researcher further explains that the recommendations to change the document have been slow due to ECD's fragmented field, lack of common vision and the resignation of the lead people in the ECD directorate (Viviers et al., 2013).

South Africa has more challenges than Finland where there is equity in accessing ECD programmes for quality implementation of ECD policies. Again, Ebrahim (2014) explains that access to NELDS programmes in South Africa remains a challenge due to poverty and distance for under-resourced ECD centres. Atmore et al. (2012) content that many young children are sent to traditional ECD facilities where complimentary programmes are provided by NGOs. It is further argued that access to quality ECD programmes to disadvantaged children is negatively impacted by the insufficient provision of resources and inefficiently regulated ECD programmes that are never fully implemented. Thus only a few advantaged children benefit from the NELDS programmes (Atmore et al., 2012).

2.7.3 Qualification and training

According to UNESCO (2015), quality qualification and training of ECD practitioners is linked to adequately trained and supported ECD practitioners. Atmore et al. (2012) concur that quality training of ECD practitioners is essential for effective teaching and early development to take place. However, countries have employed various approaches to ensure their ECD practitioners are trained properly. Taguma et al. (2012) believe measuring the quality of education and training provided to ECD practitioners depends on how quality is defined, and the instrument used to qualify it. The aforesaid researchers maintain that children's development outcomes are often used to measure the quality of ECD practices (Taguma et al., 2012).

During the 1990s the pedagogical quality of the staff in Finnish day care centres was declining as the requirement was to have every third staff member qualified and the rest with practical nurse's training (Act on Qualification Requirements, 2005). Currently, in Finland, ECD practitioners are required to possess a degree in teaching methods or a pedagogical qualification of post-secondary school level (Silva, Freschi & Caseli, 2018; Taguma et al., 2012). However, one in three ECD staff members have

a Bachelor level training qualification in ECD for children under three years old and only 30% of day care staff for young children have relevant tertiary qualifications (Onnismaa et al., 2010). The ECD staff members with secondary level training (nursery nurses) and day care certificates complete this training in a few weeks (Onnismaa et al., 2010). This implies that the under three-year-olds' qualified practitioners in Finland are in the minority and those that are qualified received minimal training.

In South Africa, according to Atmore (2013) and Biersteker (2012), ECD practitioners are poorly qualified and work in under-resourced facilities which affect the quality implementation of ECD policies at the various ECD centres. Only 30% of ECD practitioners have ECD certificates on any level, however, diplomas and degrees in qualified ECD practitioners are very few in South Africa (Ebrahim, 2012). Vorster et al. (2016) assert that inadequately trained and qualified ECD practitioners are a result of the over-reliance on NGOs and community-based organisations that offer short ECD courses. In Botswana, about 48% of ECD practitioners have received formal training which makes it difficult to provide quality care and education for young children (Bose et al., 2012).

Contrary to South Africa and Botswana, according to Silva, Freschi and Caseli (2018) as well as Taguma et al. (2012), in Finland, ECD practitioners are required to possess a degree in teaching methods. Also, one-third of ECD staff should have a pedagogical qualification of post-secondary school level (Silva et al., 2018; Taguma et al., 2012). The ECD qualification in South Africa is offered mainly at Further Education and Training (FET) and Non-Profit Organisation (NPO) (Atmore et al., 2012). Furthermore, the training of ECD practitioners in South Africa has been provided by NGOs and community-based organisations. However, most of them closed due to a lack of funding (Vorster et al., 2016; Fourie & Kgalenga, 2014). Currently, there is no national data on ECD practitioners' qualifications working with young children, but studies suggest between 25% to 50% of ECD centre managers and practitioners have no ECD qualifications in South Africa (Viviers et al., 2013).

Furthermore, Hujala et al. (2016) indicate that Finland has a variation in the day care workers' skills, especially those working with children under the age of three years. Some workers are skilful and motivated, and others do not know how to respond to

children's needs. Finland's approach should be more articulate when defining children's positions and the role of adult care. Similarly, in Botswana, the skills of ECD practitioners have been compromised, since ECD remained under the control of private individuals and organisations rather than the government in providing day care programmes (Bose et al., 2012).

According to Ebrahim et al. (2011) ECD practitioners in South Africa, like in Botswana, are functionally illiterate as the training received is inadequate. One of the South African intervention strategies on training ECD practitioners has been the Expanded Public Works Programme (EPWP) which provided funding for ECD training since 2004 to address the training backlogs (Motala, 2012). However, studies indicate that there have been discrepancies in funding for ECD training across the provinces in urban and rural areas in South Africa (Atmore et al., 2019). A substantive amount in ECD capacity-building has been lost due to the funding challenge.

Furthermore, the South African ECD practitioners are not recognised as public service workers and receive stipends that are not standardised. Moreover, most ECD practitioners receive minimum wages below R500.00 per month (Motala, 2012; Biersteker & Dawes, 2008; Ebrahim, 2012). Most ECD practitioners find themselves "learnership hopping" to retain a stipend or they migrate towards Grade R teaching for better wages (Motala, 2012:8). Therefore, retention of ECD practitioners is a challenge in South Africa. The capacity building and support of ECD practitioners in South Africa to date are still inadequate; most practitioners cannot afford the cost of training institutions (Spaull, 2015).

The Department of Social Development and UNICEF have set minimum standards for ECD practitioner's qualification requirements, established by the National Qualification Framework (NQF) at basic certificate, level one (Atmore et al., 2012). This qualification is aimed at providing practitioners with the necessary skills to meet the basic needs of young children and the level five certificate provides practitioners with the skills for holistic development in South Africa. However, there is no career path framework linked to qualifications (Atmore et al., 2012; Viviers et al., 2013). Finland, unlike South Africa, recognises previously obtained skills and knowledge of ECD practitioners. As such, they can upskill, recruit and qualify the unqualified ECD practitioners, thus making the ECD sector more attractive (Taguma et al., 2012).

According to Atmore (2013), the question of whether training for various qualifications produces outcomes of quality teaching and learning as required by the DSD, remains unclear. Moreover, many ECD practitioners in South Africa do not have access to basic training for educating young children, especially in marginalised communities (Fourie et al., 2014; Atmore et al., 2012).

The South African National Integrated Early Childhood Development (NIECD) (DSD, 2015) policy states that supervision and mentoring of ECD practitioners is essential to ensure quality ECD provision in South Africa (DSD, 2015). Despite what is documented in the policy, practitioners in disadvantaged communities in South Africa do not have access to ECD training (Fourie et al., 2014). Those who received training lack mentoring and support to implement ECD policies for quality teaching and learning to be affected at the ECD centres (Fourie et al., 2014; Atmore et al., 2012).

The researchers further maintain that training of ECD practitioners in South Africa has been a meaningless catalyst to strengthen the provision of ECD policy due to a lack of follow-ups and systematic support from the district officials (Fourie et al., 2014). However, according to Taguma et al. (2012), Finland, unlike South Africa, has set ECD professional development as a requirement. This means that participation in professional development is mandatory for ECD staff in Finland and the cost is divided between the government, employer, schools and NGOs (Taguma et al., 2012). Furthermore, Finland provides a variety of training options ranging from seminars, workshops, on-site mentoring and formal training courses (Taguma et al., 2012). In addition to the training provided, the aforesaid researchers state that Finnish ECD practitioners receive several incentives to encourage participation in professional development, including financial support to cover training and other professional development costs (Taguma et al., 2012).

In Botswana, unlike Finland and South Africa, ECD practitioners do not receive training internally in their country. The ECD practitioners from disadvantaged areas received training from various countries such as South Africa, Namibia, Lesotho, and Zimbabwe informing appropriate learning programmes for young children, due to the absence of a prescribed curriculum (Maunganidze et al., 2014). Moreover, according to Maunganidze et al. (2014) and Bose (2012), the lack of a standardised curriculum in

Botswana is exasperated by the failure of the government to sponsor ECD programmes.

According to Atmore (2013), ECD qualifications are often used as an indicator for quality teaching whereas high levels of qualifications do not predict high levels of quality teaching. Fourie et al. (2014) further explain that this shortcoming could be due to a lack of practical demonstration of the theory acquired during training and on-site support to ensure consistent implementation of ECD programmes.

2.7.4 Infrastructure

Investing in social infrastructures, such as adequate physical structure, water, sanitation and electricity is essential for the welfare, protection, and economic prosperity of communities (DSD, 2015). To enhance the quality provision of ECD service delivery it is critical to strengthen infrastructure provision to ensure the rights and needs of children are catered for (DSD, 2015). Inadequate provision of infrastructure at the ECD centres impedes the ECD practitioners' capacity to provide care and educational needs of young children, particularly in the rural areas (Mbarathi et al., 2016).

According to the United Nations Educational, Science and Cultural Organisation (UNESCO, 2015) there is a link between positive caregiving behaviour and physical characteristics of the environment, such as the availability of a setting with play and learning material to enhance physical, cognitive and emotional development (UNESCO, 2015). The South African Constitution states that everyone has the right to enough water and a healthy environment (DBE, 2015; Atmore et al., 2012). Whilst young children have the right to enough water, access is often of poor quality resulting in young children being vulnerable to diseases such as diarrhoea and cholera. Similarly, Hall et al. (2017) state that adequate water infrastructure is important because children are vulnerable to waterborne diseases.

According to Hall et al. (2017), a third of children in South African live-in households that are without access to adequate, clean drinking water. For example, 60% of young children in the Eastern Cape do not have access to water, and 46% in Limpopo have access to piped water in their homes. In contrast, about 94% and 89% of young

children in most areas of Gauteng and the Western Cape, especially urban areas, have access to piped water inside their dwelling or on-site. In addition, young children lack access to basic sanitation in many poor households but use pit latrines or an open field. In this regard, children get exposed to a range of illnesses that compromise their health and safety (Atmore et al., 2012).

The Department of Human Settlements in South Africa stipulated a new housing policy strategy for South Africa in a White Paper in 1995 that stipulates the provision of access to potable water, adequate sanitary facilities and domestic electricity supply. However, access to sanitation and water remains a challenge (DBE, 2015, Atmore et al., 2012).

Melariri, Steenkamp, Williams, Mtembu, Ronaasen and Truter (2019) in their study further show the adverse effect of the socio-economic inequalities experienced by most South Africans, where out of 53% of ECD facilities, 8% do not have flush toilets. The infrastructure of ECD facilities is of the poorest standard in the disadvantaged areas where most of the ECD centres are unregistered due to not meeting the infrastructure requirements to qualify for funding (Mbarathi et al., 2016; UNICEF, 2010; Atmore et al., 2012). Most ECD practitioners in the disadvantaged communities convert space in their homes to accommodate children due to lack of community-based facilities (Atmore et al., 2012).

The home-based ECD centres pose an unsafe learning environment with limited development opportunities and compromise quality ECD provision in South Africa (Jamieson, Berry & Lake, 2017). It is not only a health and safety risk that poor infrastructure poses on children, but it limits development opportunities because of the overcrowded environment (Mbarathi et al., 2016).

The South African government has prioritised ECD in the National Development Plan 2030: *Our future – make it work*, to improve quality education by providing adequate public funding and infrastructure for ECD services (DSD, 2015). However, research has revealed that quality provision of adequate infrastructure in poor areas is of a low standard or even non-existent (DSD, 2015; Melariri et al., 2019; Hall et al., 2017).

The White Paper on the new housing policy and strategy in South Africa aims at providing the society with access to a permanent residential structure to ensure

privacy and adequate protection against the elements (DBE, 2015). However, there is little evidence from what has been researched that quality ECD provision in South Africa has been strengthened. Furthermore, in South Africa, the NIECD policy makes provision for National norms and standards for the distribution of resources, however, there are discrepancies and inequality across and within provinces (DSD, 2015). The provision of adequate infrastructure in ECD has been a problem in South Africa; many ECD facilities in the rural areas lack basic facilities such as running water, access to electricity or suitable sanitation (Mbarathi et al., 2016; Atmore, 2013). The nation-wide audit of 2000 indicates that 8% of ECD centres have no basic infrastructure (Atmore et al., 2012).

According to Viviers et al. (2013), infrastructure development for ECD in poor communities in South Africa could be funded by local government through municipal infrastructure grants. This remains a challenge due to competing demands for basic services and no legal obligation by local government to provide such services. Furthermore, lack of funding for infrastructure and start-up costs hampers the establishment of ECD programmes in the disadvantaged communities in South Africa (Mbarathi et al., 2016; Viviers et al., 2013).

In Botswana, the literature reveals that more than 75% of ECD centres have constructed buildings with basic infrastructure needs such as a sickbay, child-sized toilets, basins and furnishings. Outdoor facilities such as slides, swings, jungle gyms and sand bays are also provided (Bose et al., 2012). This indicates that the standards and quality of ECD centres are in line with the standards and regulations laid in the 2001 policy document of Botswana (Bose et al., 2012).

However, according to Bose et al. (2012), there are still disadvantaged communities that lack adequate ECD facilities such as toilets, resource material like books and recreational facilities for playing in Botswana. Equity in the provision of resources remains inadequate in Botswana. Since 2000, Finland, in contrast to Botswana and South Africa, offers pre-school resources to all children. The municipalities expanded expenses on ECD resources reaching 19% across the country and 26% in big cities in 2010 (Mahon, Anttonen, Bergqvist, Brennan & Hobson, 2012).

Despite the move to raise the quality and visible early childhood services through the

introduction of policies and curricular frameworks in Finland, Botswana and South Africa, the approach to infrastructure provision shows fragmentation (Oberhuemer, 2005; Bose et al., 2012). Baloyi and Makhubele (2018) found that the strengthening of the ECD policy implementation is particularly dependent on a commitment by government and ECD stakeholders as well as the availability of funds for infrastructure, capacity building, monitoring, and support.

2.7.5 Registration of ECD centres

Bose (2010) explains that the major determining indicator to receive funding for ECD services in Botswana would be the availability of a license. In addition, the ECD centre registration policy includes admission criteria, employment, and a welfare policy procedure. The researcher further reports that around 97.7% of ECD centres were registered annually and had to procure a license to run their centres. About 100% of the ECD centres were inspected in Botswana (Bose, 2010). However, Mangaudze and Tsamaase (2014) state that currently in Botswana the policies on ownership of ECD programmes are relaxed for those with financial capital. In Finland and South Africa, there are no license renewal requirements in place although the South African ECD centres are required registration to receive funding for resources from the government (Taguma et al., 2012; Atmore et al., 2012).

Studies further reveal that in Botswana, parents are required to pay for school fees at ECD centres since the government spends money on primary and secondary education (Maundeni, 2013). Furthermore, ECD centres are charging highly inconsistent and unaffordable fees for the low-income group (Bose, 2010). Several ECD centres, i.e., 17.5% charged more than R200 per term in fees and these arbitrary fees affect access to ECD provision for the disadvantaged young children (Bose, 2010). In South Africa, both the Children's Act and the National Integrated Plan aim to prioritise funding especially for vulnerable children (Biersteker, 2012). Currently, ECD funding comes from the DSD and the DBE at provincial level (DSD, 2015).

According to the report from Viviers et al. (2013) and Giese, Budlender, Berry, Motlatla and Zide (2011), funding from the provincial budget for ECD in South Africa has increased over the last decade. For Grade R it has increased from R1 billion in 2009/10

to R3.5 billion in 2013/14 based on pro-poor funding norms. In addition, subsidies for poor children attending registered ECD centres has also increased from R422 million in 2007 to R1.6 billion in 2013/14 but access to funding does not adequately reach the poorest young children (Viviers et al., 2013; Atmore et al., 2012). The researchers, Viviers et al. (2013) and Giese et al. (2011) further state that although the increase is encouraging in South Africa, there is still an inadequate provision of funding across provinces.

2.7.6 Leadership and management

Effective and quality implementation of ECD policies requires planning and mobilisation of enough resources (Mthethwa, 2012). Essential to quality ECD provision is good governance from all ECD stakeholders at national, provincial, and local levels. Good governance includes leadership that clarifies the roles and responsibilities of role players to oversee policy and monitor quality delivery of ECD services. The literature indicates that quality leadership at the ECD centres is of the utmost importance in facilitating a conducive working condition and professional development (Hujala et al., 2016).

In this regard, ECD managers are important in facilitating conducive working conditions and need financial support from the ECD stakeholders (Hujala et al., 2016; Vorster et al., 2016). It is further argued that although working conditions are subject to regulation by the ECD key stakeholders, another part is ECD centre-based management (Davids et al., 2015). For this reason, it is assumed that the role of the ECD managers is also important in providing favourable working conditions for their staff (Hujala et al., 2016). I further explain that ECD practitioners who experience little monitoring and support for professional development from key ECD stakeholders, that is, district officials and ECD managers, have lower job satisfaction and are inadequate in their teaching and caregiving tasks (Hujala et al., 2016; Vargas-Barón, 2015). Professional support means providing funding for the training of ECD practitioners by the ECD key stakeholders (DoH, DBE and the DSD), as well as on-site monitoring support from the district and ECD centre managers (Vargas-Barón, 2015).

In Finland, there are administrative leaders who evaluate municipalities on the implementation of ECD strategies (Hujala et al., 2016). According to Heikka et al.

(2018), Finnish ECD centre managers are responsible for pedagogic implementation, planning, coordinating with parents and communicating with the ECD stakeholders. Heikka et al. (2018) further say that in Finland, the ECD centre managers are required to have strong pedagogic leadership based on vision and focused strategies. For this reason, the ECD managers influence pedagogical practices at the ECD centres and ensure high-quality ECD service delivery (Hujala et al., 2016).

Furthermore, Heikka et al. (2018) attests that although strong pedagogical leadership is required to provide quality education in Finland, there is still a lack of coherence from the ECD centre directors, managers, practitioners and municipal administrators. In this regard, ECD stakeholders are self-directed. He further maintains that the ECD directors' work is fragmented and as a result, they lose focus in strengthening the ECD services (Heikka et al., 2018). For this reason, decision making is done independently by ECD stakeholders which weaken the implementation of ECD services at the centres (Hujala et al., 2016). Inadequately shared leadership compromises the quality of care and education for young children at the ECD centres in Finland.

The researcher (Maudeni, 2013) also found that although the MESD in Botswana is taking the lead in providing funding in the form of grants to some community-owned centres and NGOs, there is still inadequate funding from parastatals, private companies, communities and churches. For this reason, there is inadequate leadership to enhance ECD programmes for strengthening the provision of ECD services in Botswana (Tesliuc et al., 2013). Furthermore, although the Botswana government has taken the leading role in developing the policy framework for ECD there is still inadequate regulation of ECD programmes by government leaders which limits the universal access of ECD services.

In South Africa, the National Integrated Plan for ECD (NIPECD) is developed to bring synergy and coordination of ECD programmes among assigned government departments (Davids et al., 2015). In this regard, Richter et al. (2017) as well as Viviers et al. (2013) stress that fundamental to the good governance of these departments is leadership that clarifies the roles and responsibilities of stakeholders for effective delivery of ECD services.

South Africa, same as Finland, has focused vision and strategies to strengthen ECD provision by key ECD leaders in the DSD, DoH and the DBE (Biersteker, 2012). Furthermore, these departments have taken the lead to implement ECD programmes through medium- and long-term plans evident in the Action Plan 2014 and the National Development Plan (Vision 2013) in South Africa. Some of the goals outlined in the plan are to strengthen ECD institutional leadership and management capacity, to improve rural infrastructure and to provide comprehensive funding for children (Biersteker, 2012).

As indicated by Hujala et al. (2016), ECD managers are important in facilitating conducive working conditions and ECD centres need to be regulated through the development of administrative and management systems. In South Africa, there are guidelines for ECD services in administering and managing the effective running of ECD centres by the ECD centre managers (Atmore, 2013). Only ECD managers of the registered ECD centres are supported in their management and leadership roles by the DSD (Mbarathi et al., 2016; Atmore, 2013). Therefore, it is evident that a lack of support for ECD managers in the disadvantaged communities in administering and managing ECD facilities in South Africa is due to not meeting the registration requirements. Quality and conducive working conditions for implementing ECD services by ECD managers are thus compromised (Atmore, 2013).

2.7.7 The collaboration of ECD stakeholders

Ebrahim et al. (2011) and the DSD (2015) note that various stakeholders, such as government departments, the community, the private sector and ECD practitioners (ECDPs), play a vital role in strengthening the implementation of ECD policy. However, there is a need for dialogue and interaction in the development of ECD policy amongst stakeholders, especially the ECDPs, as they play an integral part in the integrated approach to ECD (Khan & Khandaker, 2016; Vargas-Barón, 2015). Consultation with ECD stakeholders in the development of ECD policies would bring a common understanding in the ECD services for the development of young children (Excell, 2016). Vargas-Barón (2016) states that the level of consultation and participation with ECD stakeholders strengthens multisectoral ECD service systems and enhances alignment with practice in the ECD centres. Furthermore, the inter-sectoral

collaboration of all the stakeholders' capacity, that is, government and private sector, is required to monitor and support ECD provision for quality policy implementation (Excell, 2016).

According to UNICEF (2005:3), "the diverse social, historical and economic backgrounds and situations under which children are brought up; increase the need for the ECD sector to design models of provisioning that would cater for children's individual circumstances and those of their caregivers". Furthermore, the aforesaid research asserts that focusing on a single aspect of child development does not yield sustainable results, but interaction and coordination between various stakeholders – that is government, community and private organisations, are critical for the provision of ECD services (UNICEF, 2005). Conversely, Richter et al. (2017) as well as Viviers et al. (2013) maintain that in South Africa, there is little integration in the sharing of roles and responsibilities by ECD leaders and key stakeholders in the provision of funding, monitoring and supporting ECD centres. As such, the quality delivery of services is compromised.

2.7.8 Monitoring and support

Studies have shown that adequate monitoring and support for the professional development of ECD managers and practitioners enhance quality teaching, learning and job satisfaction of ECD practitioners (Hujala et al., 2016). In South Africa, the DBE is responsible for monitoring and supporting provinces in the implementation of ECD service through training and remunerating ECD practitioners working at registered ECD centres (Viviers et al., 2013). From the literature, it is evident that equity and access to ECD services in South Africa, same as in Botswana, is limited to the selected registered ECD centres. The unregistered ECD centres in disadvantaged areas have limited monitoring and support due to not meeting the DSD registration requirements in South Africa. Thus, young children in unregistered ECD centres have fewer opportunities to receive care and early learning ECD programmes due to inadequate support from key stakeholders such as the DSD, DBE (Mbarathi et al., 2016; Viviers et al., 2013). In Botswana, the system of monitoring and supporting ECD centres is fragmented due to the absence of a national framework for ECD that should guide ECD stakeholders, especially ECD practitioners, for the development of young

children (Maunganidze et al., 2014). In contrast, the government of Finland takes much responsibility in providing monitoring and supporting services to ECD stakeholders.

Finland focuses on monitoring and supporting ECD stakeholders, including managers and practitioners, to enhance their professional development irrespective of their economic and social background (Taguma et al., 2012). The emphasis in Finland is on continuous development with a focus on the development needs of the ECD managers and practitioners. In addition, the aforesaid country covers costs involved in monitoring and supporting ECD managers and practitioners in their development (Taguma et al., 2012). Therefore, in Finland, unlike Botswana and South Africa, the implementation of ECD policies is strengthened to ensure that young children's care and educational needs are provided for.

Regulations and monitoring systems as a means of support and oversight across government departments are critical to ensure quality ECD policy implementation (Yoshikawa, Wuermli, Raikes, Kim & Kabay, 2018). It is essential to policy developers that government departments and the private sector, such as NGOs, can monitor the entire ECD sector to ensure uniformity in the service provision in terms of access, quality, costs and effectiveness to further strengthen the implementation of ECD policy (Govender, 2016; UNESCO, 2007). It is important to promote the utilisation of all levels of professional learning communities, such as ministries and international organisations for comprehensive monitoring of ECD system to further ensure that all ECD stakeholders buy into the monitoring system (UNICEF, 2005). In this regard, targeted and timely action can be undertaken by policy developers to correct and detect shortcomings in the implementation of ECD policy (UNICEF, 2002).

Quality education provision in developing countries is managed through well-developed policies. Studies have revealed that policies set political agenda and decision making (Van Aelst, Thesen, Walgrave & Vliegthart, 2014). Furthermore, it determines national norms and standards for education planning and provision, governance, monitoring and evaluation. According to Darling-Hammond (2017), daily operations at the schools for quality teaching and learning are guided by national systems, embedded in educational policies. Samson and Collins (2012) state that to provide an education of progressively high quality for all learners and to lay a strong

foundation, requires adherence to a clear framework determined by policy guidelines. Vargas-Barón (2016) agrees that shared responsibilities by all stakeholders in the education institutions improve quality teaching and learning and strengthen policy implementation.

2.8 Conceptual framework

A conceptual framework is a structure that a researcher believes can best explain the natural progression of the phenomenon to be studied (Camp, 2001). Furthermore, the conceptual framework explains how the research problem will be explored (Adom, Adu-Gyamfi, Agyekum, Ayarkwa, Dwumah, Abass, Kissi, Osei & Obeng-Denteh, 2016). Based on the articulated aim of the study, I have chosen the conceptualisation of quality as a framework to bring understanding on how to strengthen the implementation of ECD policies to improve the quality care and education of young children.

To broaden this understanding of quality, the framework developed by Britto et al. (2011) was used in the study to provide a lens for the in-depth analysis of quality in strengthening the implementation of ECD policy to improve the quality of teaching and learning (Excell, 2016). The quality conceptual framework in this study outlines an understanding of quality to enhance the strengthening of ECD policies by various ECD stakeholders such as government departments, NGOs, ECD officials and practitioners (Excell, 2016; Britto et al., 2011).

Excell (2016) explains that quality is a critical ingredient of programmes linked to childhood outcomes. Furthermore, the aforesaid researcher asserts that quality is key to effective ECD service delivery although it is a dynamic concept and difficult to pin down. Moss and Pence (1994) state that quality in ECD services is a constructed concept; subjective in nature as it is based on values and beliefs. As shown by Excell (2016) and Britto et al. (2011), quality is a critical ingredient to strengthen ECD policy implementation in South Africa. Quality in the implementation of ECD policy contours itself across different sectors. It means that quality is based on the level of ECD practitioners' training; funding; provision of ECD infrastructure; advocacy and provision of quality monitoring and support (Davids et al., 2015; Vorster et al., 2016; Atmore, 2013). Government departments, the DBE, DSD and the DoH, and

stakeholders namely, NGOs, ECD facilitators and practitioners who are responsible for implementing ECD policy, all need to understand quality in their delivery of ECD services to improve the quality of teaching and learning (Britto et al., 2011).

To broaden the understanding of the concept quality, the diagram in Figure 1.1 provides the model by Britto et al. (2011) to describe the conceptualisation of the quality of ECD programmes and policies across different levels. The model further attempts to bring an understanding of the levels and dimensions of quality in implementing ECD policy, in the study (Excell, 2016).

Starting from the top first level of the diagram are children, who need to be cared for physically, emotionally, and socially. The second level is the setting where ECD centres provide childcare services (Excell, 2016). The levels and dimensions of quality are again indicated in the third and fourth level, where interaction, support, management, and leadership are taking place.

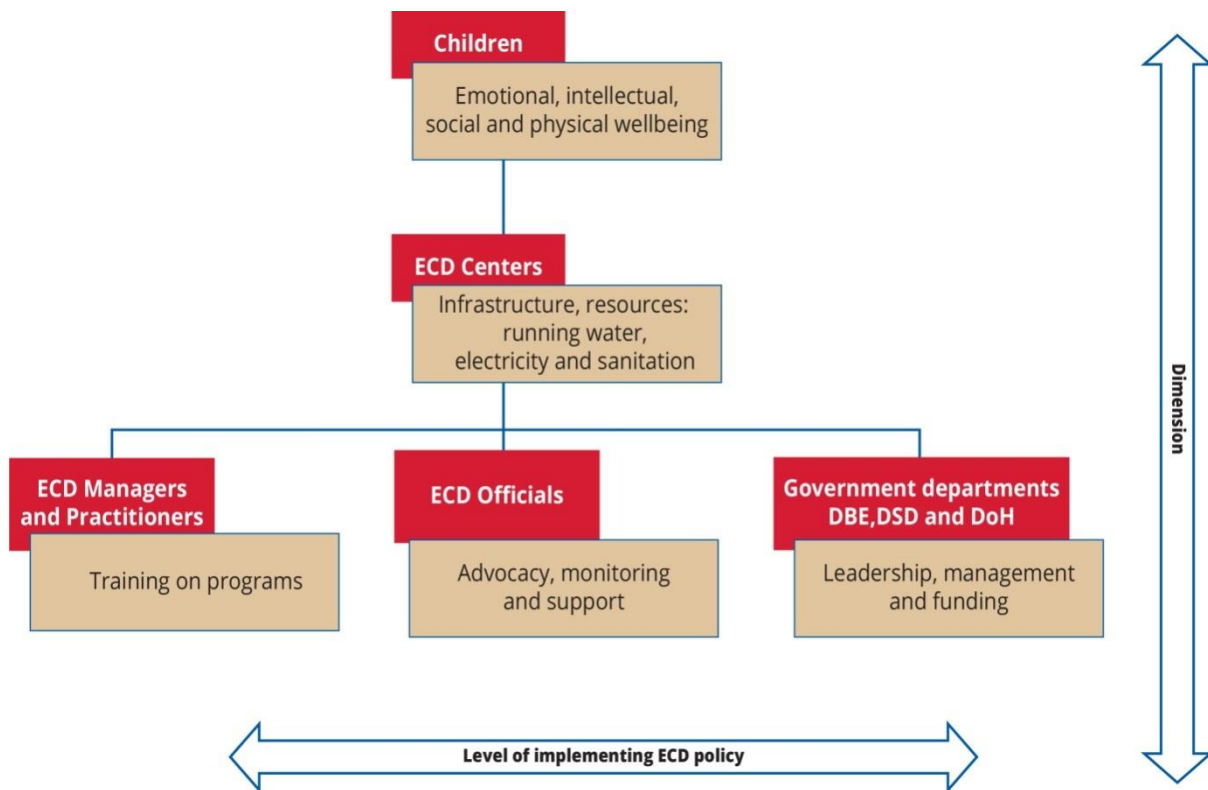


Figure 2.1: Conceptual framework (Source: Adapted from Britto et al. (2011))

I find that the quality conceptualisation theory is relevant to this study as ECD stakeholders, and the target population vary enormously in South Africa and make it difficult to conceptualise what quality ECD policy implementation looks like. This conceptual framework is chosen to provide recommendations to the government, practitioners and other ECD stakeholders in strengthening the implementation of ECD policy (Excell, 2016). In the past, there has been a greater emphasis on ECD policy development (Britto et al., 2011) but a limited emphasis was placed on the implementation of the policy into practice (Britto et al., 2011).

Quality is a relevant trait in implementing policy across all levels of government departments (Britto et al., 2011). Fixsen, Naoom, Blasé and Friedman (2005), assert that if ECD policies are not implemented appropriately, the quality of early learning will be compromised. In addition to Britto et al. (2011), quality ECD implementation across different settings and interventions is provided differently, hence standards of ECD services are not the same. According to Etcheverry and Peralta (2008), real quality happens where there is a common understanding and agreement of what quality is and how it is achieved by ECD stakeholders.

The concept of quality in early childhood services has been the subject of an international debate over the past decade due to the diverse perspective of the stakeholders involved (Cottle & Alexander, 2012; Moss, Dahlberg & Pence (2000). These stakeholders include parents, practitioners, district officials, various departments such as DBE, DSD, DoH and NGOs (Cottle et al., 2012). The wide range of stakeholders involved brings a diverse perspective of what constitutes quality in strengthening ECD policy (Cottle et al., 2012).

In many countries, ECD provisions are driven by political and budget pressures, also focusing on expanding access to services (Neuman & Devercelli, 2013). However, expanding access to ECD services is critical, but must be done with a consummate focus on ensuring quality (Neuman & Devercelli, 2013). The authors further add that focus on access at the expense of quality jeopardises the intended policy outcomes to benefit children through preschool and other ECD interventions (Neuman & Devercelli, 2013).

Diener and Suh (1997) contend that assessing the quality of ECCE provision is difficult because of the outcome that is hard to define and measure. For example, some countries may measure quality according to child mortality, the impact of ECCE progression of pupils through primary school grades and on their overall achievements. However, according to Mbarathi et al. (2016) and Britto et al. (2011) some indicators on assessing the quality of early childhood development can be on aspects of physical environments where children grow up, hygiene, training of practitioners, qualification levels and practitioner's children ratio per class. Furthermore, Neuman and Devercelli (2013) state that quality provision of ECD policy can be measured by how curricular goals and processes are organised and managed.

Vargas-Barón (2015), reporting on the The Education for All (EFA) Global monitoring report of 2005, asserts that it is difficult to measure the quality of ECCE provision since data of these indicators is difficult to collect and interpret in a comparative framework (Vargas-Barón, 2015). In addition to the report, quality is dynamic and accommodates diverse perspectives. It can be a starting point for negotiating a shared understanding amongst stakeholders, i.e., the Department of Education, NGOs, district offices and particularly the parents and ECD practitioners (Vargas-Barón, 2015).

Parasuraman, Zeithaml and Berry (1985), perceive quality in two dimensions, i.e., technical quality and functional quality. In the context of the study, in South Africa, technical quality is based on the level of ECD practitioners' training; funding; provision of ECD infrastructure; advocacy; provision of quality monitoring; and support delivery of ECD services (Davids et al., 2015; Vorster et al., 2016; Atmore, 2013).

Parasuraman et al. (1985) further maintain that functional quality contours itself across different sectors and is measured according to the quality of service provided to young children. Researchers, Excell (2016); Woodhead and Moss (2007), Bolton and Robertson (2014) and Neuman & Devercelli (2013) believe that quality involves the way service is delivered by ECD role players, for example, the integration of activities and interaction between the district officials and ECD practitioners in building their capacity to care for young children. Britto et al. (2011) in their ecological pyramid model have a similar perspective as Excell (2016) in stating that quality in strengthening implementation of ECD policy can be measured from the quality of a social and developmental setting. Furthermore, the quality of a social setting and the interaction

that children receive in their development contours itself across different levels in its implementation by ECD centre managers, practitioners, district officials, the DBE, DSD and the DoH (Britto et al., 2011).

According to Davids et al. (2015), Vorster et al. (2016) and Atmore (2013), systems that allow ECD provision from a social and developmental setting provide children with an opportunity to develop emotionally, intellectually, socially and physically.

Since quality is intangible and difficult to measure at the ECD centres, it is important for ECD stakeholders to have common indicators to evaluate how ECD policies can be strengthened to improve the quality of care and education (Britto et al., 2011; Excell, 2016). Britto et al. (2011), in their model, describes the conceptualisation of the quality of ECD programmes and policies from an ecological perspective which allows measurement of quality not only from a social setting where children grow up, but also from a system where the provision of ECD services takes place (Tseng & Seidman, 2007; Yoshikawa & Hsueh, 2001). Davids et al. (2015) explain that the quality of implementing ECD policy depends on the competence of the people working with the children. The researchers further maintain that the quality of implementing ECD policies requires a competent system that includes collaboration between individuals, team and institutions –that is ECD practitioners, district officials, NGOs, the DBE, DSD and the DoH (Davids et al., 2015; Woodhead & Moss, 2007; Neuman & Devercelli, 2013). It is emphasised that a competent system develops reciprocal relationships between ECD stakeholders and the wider socio-political context (Neuman & Devercelli, 2013).

In the South African ECD setting, the levels of implementing ECD policy contour itself across different departmental levels that is, the DBE, DSD and the DoH (Atmore et al., 2012; Biersteker, 2012; Ebrahim, 2012). The levels and dimensions of quality in implementing the ECD policies vary according to the quality of how children are cared for physically, emotionally, socially as well as how infrastructure, resources: running water, electricity and sanitation are provided (Mbarathi et al., 2016). Furthermore, quality contours itself according to the level of training, programmes and interaction provided by ECD practitioners to young children, the quality of ECD facilitators provision of advocacy, monitoring and support of the ECD centre managers and

practitioners and the government departments in providing leadership, management funding from ECD stakeholders (Britto et al., 2011; Davids et al., 2015; Atmore, 2013).

Despite the overwhelming agreement on the essential elements of quality in strengthening the implementation of ECD policy, the level of ECD quality is unequal in South Africa to ensure that children reap the same benefits (Siraj-Blatchford & Woodhead, 2009; Vorster et al., 2016). One possible reason for inequality in the provision of ECD in South Africa is that these elements do not take cognisance of the broader ECD setting and context especially the rural areas, hence the provision of ECD services is not the same (Etcheverry et al., 2008). In addition to the broader setting that exists in South Africa, the ECD sector players, i.e., the DBE, DSD and the DoH, vary in conceptualising what quality ECD services are, therefore constant negotiation between stakeholders is required (Dahlberg & Moss, 2004).

Quality in strengthening the implementation of ECD policy requires dialogue and systematic negotiation among ECD stakeholders. Focused outcomes for children, communities and broader society are crucial in strengthening the implementation of ECD policy and found in each dimension outlined above (Britto et al., 2011; Excell, 2016 & Urban et al., 2011). The different levels and dimensions in strengthening the implementation of ECD policy must be systematically evaluated and documented and most importantly cannot be predetermined without negotiation with all stakeholders (Excell, 2016). Britto et al. (2011) noted that is important for ECD stakeholders to understand and conceptualise quality because it is a key feature to the successful implementation of ECD policy. Bondioli and Ghedini (2000) further add that the conceptualisation of quality in implementing ECD policies encompasses values, social construction and reflecting different cultures, experiences, academic traditions and expectations as reflected in the varying South African context with multicultural settings.

Despite these different views of what constitutes quality, what is important is the inputs that have a lasting positive effect on young children's development and learning.

2.9 Conclusion

It is evident from literature that strengthening implementation of the ECD policies requires a competent system where there are interaction and collaboration among ECD stakeholders (ECD practitioners, district officials, NGOs, the DBE, DSD and the DoH). The levels and dimension of quality in strengthening the implementation of ECD policy requires a common understanding among ECD stakeholders and putting into consideration the varying ECD settings in South Africa. In conclusion, as Moss, Dahlberg and Pence (2000) explain, the issue of quality and the relevant perception of quality is influenced by the context in which the ECD services are provided, and this requires an enabling environment for ECD practitioners to care for young children in South Africa.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter presented a literature review relating to the strengthening of the implementation of ECD policies for quality. The chapter highlighted strategies for strengthening the implementation of ECD policies and challenges experienced by selected countries globally and nationally. The importance of developing authentic ECD policies was also reviewed. In conclusion, the conceptual framework of quality was discussed.

This chapter, the research methodology used in the collection and analysis of data is discussed. It begins with the research design, the selection of sampling procedures and an explanation of the data collection and analysis process. It also provides an explanation of the integrated process of collecting data and analysis within the interpretative paradigm. In conclusion, the ethical considerations, validation and verification of data are set out.

3.2 Qualitative research paradigm

3.2.1 Interpretative paradigm

The proposed study applied a qualitative approach following an interpretive paradigm as the underlying philosophy. The interpretive paradigm is concerned with understanding the complex interrelationships that exist in the world as opposed to explaining their cause or controlling them (Creswell, 2013). Furthermore, the interpretive paradigm as a qualitative approach examines and interprets the lived experiences of participants in their natural context (Alas, 2017). Creswell (2013) concurs that the participants' lived experiences guide and provide meaning to the research analysis. According to Mills, Harrison, Franklin, and Birks (2017), the interpretive paradigm acknowledges the existing multiple realities experienced by participants, acknowledging and uncovering the differences as well as similarities in the experience of participants in the context of an event.

This paradigm enabled the researcher to build a local understanding of the life-world experiences of participants i.e., ECD practitioners and their practices to strengthen

implementing ECD policies in the communities they serve. Furthermore, an interpretive paradigm approach was found to be useful and relevant for this study as it allowed the researcher to interact with participants who are the ECD managers, ECD practitioners, district official, Provincial Education Department (PED) and Department of Basic Education (DBE) officials and reflect on their responses through constantly asking questions to understand their views and experiences in implementing ECD policies. I compared the perception of different stakeholders in order to formulate and implement a strategy for strengthening Early Childhood Development policies to improve quality. Furthermore, using interpretivism helped the researcher to obtain in-depth data from participants' lived experiences in their natural setting and to derive meaning from the analysed data.

3.3 Research approach

3.3.1 Qualitative Approach

To achieve the aim of the study in strengthening the implementation of ECD policy to improve quality, a qualitative approach was adopted. The main aim of qualitative research is to provide a detailed description of the research topic (Cornelissen, 2017). This qualitative research approach was selected in accordance to Creswell (2013), who states that the qualitative approach focuses on understanding the meaning of the participants, events, situation and actions they are involved in and the account they provide of their lives and experiences.

This selected approach aimed to capture the lived experiences and understanding of the ECD managers and practitioners, district, PED, and DBE officials in their natural context where the implementation of ECD policies is taking place at the selected ECD centres. In addition, Creswell, and Poth (2017) states that the most important feature of a qualitative approach is that themes and categories are not pre-determined like in quantitative research but emerge from data itself. Therefore, the researcher studied data from interviews, non-participant observation, and document analysis and followed the word patterns, categories and themes that emerged to understand how ECD policies are implemented in the selected ECD centres.

3.4 Research design: Multiple case study

According to Gustafsson (2017), a multiple case study seeks to ensure that the topic of interest is well explored, and the essence of the phenomenon is revealed. Furthermore, a multiple case study examines several cases in order to understand the differences and similarities between them. Therefore, the aim of choosing this design was to capture the perception and lived experiences of ECD managers and practitioners in implementing ECD policies for quality care and education of young children across multiple cases (Sutton & Austin, 2015). Moreover, the researcher was able to listen to the contrasting views of participants' experiences in implementing the ECD policies (Gustafsson, 2017).

Consequently, to bring an in-depth understanding of the phenomena, the researcher compared the findings of different settings, that is, the semi-urban and rural ECD centres, with the intent to convey meaning and draw conclusions in the findings (Butina et al., 2015; Sutton et al., 2015).

Idowu, Nyadawa and K'orowe (2016) concurs that case study research enables the researcher to closely examine data within a specific context, obtain a deeper understanding of the same phenomena and draw rich interconnected information in different ECD centres. Therefore, this study method enabled the researcher to closely examine and analyse data within each setting and across settings of ECD centres in semi-urban and rural areas in the Hammanskraal Tshwane metropolitan municipality (Yin, 1981). The area in this specific environment has been chosen as it represents a diverse economic setting of semi-urban and rural areas. For this reason, the findings of the study are more reliable.

However, according to Noble and Smith (2015), a case study, like any other research tool is criticised for lacking robustness because it collects personal opinions. Moreover, the case study research design is based on a special unit and setting (Gustafsson, 2017). Conversely, a multiple case study has more representatives, and the evidence is generated from different settings. Consequently, the findings from a multiple case study method are strong and more likely to be reliable (Gustafsson, 2017). In this regard, this study involved ECD managers and practitioners from different settings in the rural and semi-urban areas to generate more evidence and have a deeper understanding of the phenomenon being studied.

3.4.1 Research location

The two ECD centres were selected purposively. One centre was in a semi-urban area and the other centre in a rural area of Mandela Village in the north of Gauteng Province, South Africa. Both, ECD centres are in Mandela Village in the Hammanskraal area which is convenient for participants to travel to work.

3.3.2 Population

The population is primarily the source of information, reference as well as the basis of sampling in a research study (Eitikan, Musa & Alkassim, 2016). A population in the study represents selected members of the community of interest who have the required knowledge and are willing to share it (Tongco, 2007). Therefore, the selected population of Hammanskraal in Tshwane Metropolitan Municipality was chosen as a population sample, because it represents a diverse community with ECD centres in semi-urban and rural areas. The specific area chosen is Mandela Village in the Hammanskraal region. This community represents a diverse educational, cultural, and economic setting of the impoverished community and is a reminder of the inequality that still exists in South Africa. Participants selected were eight ECD practitioners in two ECD centres and two ECD centre managers working in each of the selected centres. In addition, ECD district, PED and DBE officials working in Johannesburg and Tshwane metropolitan areas were selected. I visited five sites – two ECD centres, a district office, a PED office and a DBE office.

3.4.3 Sampling selection

The following sampling procedure was used to support the study:

A sample is defined as a process of selecting a number of individuals from the same population of a larger group (Palinkas, Horwids, Green, Wisdom, Duan & Hoagwood, 2015). Sharpley (2014) maintains that clarity is crucial in terms of the specific purpose of the study and can be determined by the selected sample design. In this regard, the

selected sample was based on the inclusion criteria of participants association with ECD provision in their area of work and their availability during the data collection process (Gbadegesin, 2018). Therefore, two ECD managers and eight ECD practitioners responsible for the care and development of young children and ECD district, PED and DBE officials involved in monitoring, supervision and policy development were selected.

3.4.4 Criteria for selection

As the primary focus of the study was to investigate the implementation of ECD policies in Gauteng Province, South Africa in the Hammanskraal region, the researcher had to use specific criteria in selecting participants. Therefore, the participants in the study are ECD officials working at the Department of Education. All the selected officials are in possession of the relevant recognised ECD qualifications. One of the officials works for the national department of education and is responsible for the development of ECD policies. The selected official from the provincial education department is responsible for supporting the district offices in implementing the ECD policies at the selected Tshwane North district office.

The participant from the Tshwane Metropolitan Municipality, Wonderboom area district office was selected as the ECD centres in Hammanskraal are within the district jurisdiction for support in implementing ECD policies. The participants at the ECD centres were conveniently chosen based on the geographic location within their proximity. Participants chosen were eight ECD practitioners in two ECD centers. Four of the practitioners work in the semi-urban ECD center and the other four in the rural ECD centre in the Hammanskraal area, Mandela Village. The ECD managers worked in each of the selected centers and are responsible for managing the ECD facilities. In addition, one official from each education department was chosen, that is ECD district, PED and DBE officials working in Johannesburg and Tshwane metropolitan areas were selected. I visited five sites, two ECD centers, a district office, a PED office, and DBE office.

3.4.4 Sampling

There are different types of sampling that can be used, and they are determined by the purpose of the study. These sample types include probability sampling and non-probability sampling. Purposive sampling is a technique that involves selecting certain units or cases based on a specific purpose rather than randomly (Palinkas et al., 2015). Similarly, Eitikan, Musa and Alkassim (2016) and Creswell (2013) state that purposive sampling involves participants who are proficient and experienced in the phenomena of interest. Therefore, participants who are ECD managers, practitioners, district officials, PED official and DBE officials were selected because of their knowledge and experience of the study. Moreover, purposive sampling, unlike probability sampling and non-probability sampling, minimise the generalisation of the findings (Sharma, 2017). Conversely, according to the aforesaid author purposive sampling can also be biased. However, given that the population is large the researcher selected purposive sampling to also save time and money.

The following purposive sampling selection criteria were applied:

- (a) The sample consisted of two ECD managers and four ECD practitioners responsible for the care and development of young children in the selected areas.
- (b) One ECD district official whose primary role is training, monitoring, and supporting the ECD centres was selected as the participant.
- (c) An official responsible for executing ECD policies from PED was selected.
- (d) The DBE official involved in the development of ECD policies was selected as a participant when collecting data.

Table 3.1 outlines the sample chosen as well as the sequence of the data generation, duration of data generation and the venue where the data was generated.

Table 3.1: Sample and data generation sequence

Dates	Participants	Venue	Interviews	Duration
10/02/2020	DBE Official	DBE office	One on one interview	1 hour
21/02/2021	PED Official	Provincial Office	One on one interview	1 hour
12/02/2020	District Official	District office	One on one interview	1 hour
03/03/2020	ECD Managers Urban	Are Itireleng ECD centre	One on one interview	1 hours
03/03/2020	ECD Manager semi-rural	Edwaleni ECD centre	Group interview	1 hours
03/03/2020	ECD Practitioners Urban	Are Itireleng ECD centre	Group interview	2 hours
03/03/2020	ECD Practitioners Semi-urban	Edwaleni ECD centre	Group interview	2hours

3.5 Data collection

3.5.1 Data collection instruments

The researcher used a vigorous approach to collect data to validate the accuracy of the information gathered (Creswell & Poth, 2017). A variety of data collection instruments were used, namely, semi-structured interviews, writing notes, observation of the interviewees' environment and photographs to understand the ECD participants' experiences and validate information (Bryman & Cramer, 2012).

The interviews were used as the main source of collecting data as the researcher derived information from participant's views. The other methods used to collect data were writing field notes, observing the environment and interactions of the interviewees. The researcher also recorded information from the responses of

participants and took photographs to enrich and validate information (Creswell & Poth, 2017). The semi-structured interviews were used to investigate the research question and collect data on the ECD participants' experiences in implementing the ECD policies.

The main questions used in the interviews were extracted from the research questions:

- What processes are currently in place to strengthen the implementation of ECD policies to improve quality globally and nationally?
- What are the strategies for strengthening the implementation of ECD policies?
- What are the challenges experienced by ECD stakeholders in strengthening the implementation of the ECD policies at the centres?

A one-on-one interview format with the ECD officials, ECD managers as well as focused group interviews with the practitioners were used to collect data.

The researcher applied observation as one of the methods to gather data. The observation data collection method allowed the researcher to observe the actions of the participants and interpret the lived experiences of ECD officials, managers and practitioners in their natural setting when implementing the ECD policies. The researcher compiled field notes on-site to record the primary evidence for validity and reliability of data acquired. Photographs were one of the data collection methods the researcher used to capture the lived environment and experiences of young children at the selected ECD centres.

In the following section, data collection instruments are described in more detail.

3.5.2 Semi-structured interviews

According to Rowley (2012) interviews involve gathering information and facts that are relevant to the study. Jamshed (2014) states that interviews are the most frequently used qualitative method in collecting data and provide the researcher with an opportunity to interpret the experiences of participants. Semi-structured interviews have been proven to be a flexible data collection method (Kallio, Pietila, Johnson & Kangasniemi, 2016). Similarly, Kelly, Bourgeault and Dingwall (2010) state that the semi-structured interviews can be flexible; however, it depends on the purpose of the study. Therefore, the researcher used the versatile semi-structured interviews method

to explore the research questions by interviewing individuals, that is, and DBE officials, ECD centre managers and a group of ECD managers and practitioners. Galleta (2013) opines that semi-structured interview allow reciprocity between the interviewer and interviewee. In this regard, the researcher was able to interact with the participants using semi-structured interviews to pursue responses in more detail in strengthening the implementation of ECD policies for quality. The researcher used interview questions that are open-ended to avert imposing the interviewer's viewpoint on participants (Ranney et al., 2015).

Furthermore, the researcher used probing questions to generate further explanation from the participants during the interviews. Where necessary, the researcher altered the wording of questions to avoid ambiguity. In this regard, the participants were able to provide unexpected spontaneous insights that may not have been thought of as important (Farrel, 2016). Conversely, according to the aforesaid author, closed-ended questions restrict participant's responses, thereby making it hard to get an in-depth understanding of the topic under discussion.

During the interview, there was a time where the researcher paused and reflected on questions to confirm understating from the participants. Ranney et al. (2015) concur that it is important to allow participants time to be silent to guard against superficial data collection.

Semi-structured, face-to-face interviews with eight ECD practitioners in two ECD centres, two ECD centre managers in two ECD centres and individual district, PED and DBE officials were conducted. Each participant was interviewed for one hour to avoid lengthy discussions that might cause stress for participants and compromise the quality of data.

The study utilised focused group discussions as a method of collecting data. The focus group discussions involved two groups, consisting of two ECD practitioners per group, to discuss the research topic. This method enabled the researcher to bring like-minded people together within a forum of questioning and cross-checking individual opinions for full participation (Silverman, 2013). It is important to have interaction between individuals to stimulate creative thinking to bring strategies and solutions that might be required in the research. Participants within the focus groups introduced themselves

and the identified ECD centre which they represent to bring clarity to the data analysis process.

The researcher wrote notes for the validity of the findings. Participants were allowed to add information or questions where they deemed it relevant to the discussion in the focus groups. The researcher further explored the research question by conducting semi-structured interviews with the ECD district official, PED official and DBE official to provide an opportunity for detailed exploration and understanding of the phenomenon under investigation.

ECD practitioners were interviewed using semi-structured questions (see Appendix F). These questions were designed to reflect on the practitioners' experiences and knowledge in implementing ECD policies for the care and education of young children.

The semi-structured interview questions for the ECD managers (see Appendix E) were designed to understand how knowledgeable managers, responsible for the operations of the ECD centres, are about the ECD policies. Furthermore, the interview questions reflected on their experiences, training and support provided to strengthen the implementation of ECD policies.

Furthermore, a semi-structured interview session was held with the district official (see Appendix G). The interview questions reflected on the knowledge of the district official regarding ECD policies, training, monitoring and support provided to the ECD managers and practitioners in implementing ECD policies.

An official from the provincial education department was interviewed (see Appendix H). The questions were designed to reflect on the awareness of ECD policies as well as how the district officials are capacitated, supported and monitored in implementing ECD policies.

An interview discussion was held with the DBE official who is involved in the development of ECD policies (see Appendix I). The interview questions were designed to understand how ECD policies are communicated with the PED and ECD stakeholders as well as strategies employed to maintain inter sectoral coordination.

3.5.3 Field notes

Creswell (2013) explain that observation is an everyday activity to gather data. This means that when we are observing we take notes of what we hear and see. When we are observing we do not ask questions or communicate what we have observed, we record it by note-taking. Silverman (2013) suggests two practical rules for making field notes, namely, to record what the researcher sees as well as what is heard and expand the notes beyond immediate observation. During the interview, the researcher took field notes of any observed non-verbal cues displayed by each participant. I took notes regularly and promptly to obtain a comprehensive account of the participant, time, location, duration, events taking place, the actual discussions and my own perception and feelings as a researcher. This assisted me as the researcher to analyse the findings.

Field notes included programmes and photographs to capture what ECD managers and practitioners use in their practices to gain insight into how they are imparted to young children in the rural Tshwane North District. Notes were taken during the interviews with the district, PED and DBE officials on ECD policy implementation processes, training and monitoring of ECD centres. I collected supplementary data by including audio recordings which I later reviewed to add to my notes and add rigour to my data findings.

3.5.4 Observation

Observation was another method employed in the research design of the study to gather first-hand information in the data collection process. The aforesaid method provided the researcher with an opportunity to watch participants' behaviour, events and their physical characteristics in a natural setting (Leedey & Omrod, 2013). Furthermore, the aforesaid authors state that observation is not reporting on individuals' performance but discovering what kind of problems are being encountered in general (Leedey & Omrod, 2013). Therefore, in this study, using the observation method to gather data allowed the researcher to get first-hand information on the challenges that participants are facing in implementing ECD policies. Furthermore, the observed information was verified with participants during the interviews.

3.5.5 Document analysis

Document analysis is a valuable data collection method in that it allows the researcher to discover and describe individuals, groups and institutions under focus (Zorek & Raehl, 2013). The document analysis included daily programmes that ECD practitioners use in their practices to gain insight into how young children are cared for and educated.

3.6 Data analysis

According to Creswell and Poth (2017), data analysis entails the following steps: organising, preparation of data for analysis, reading through all the data, gaining a general sense of the information, reflecting on the overall meaning and conducting analysis based on the specific theoretical approach and method. Qualitative data analysis is an ongoing process and an interactive process. This process was conducted through reading the notes, grouping words into categories and themes emerging from data, generating a description of the setting or people and identifying themes from the coding, searching for theme connections and finally interpreting the meaning of data across the research sites (Stenfors-Hayes, Hult & Dahlgren, 2013).

The diagram in Figure 3.1 below depicts the steps of the data analysis.

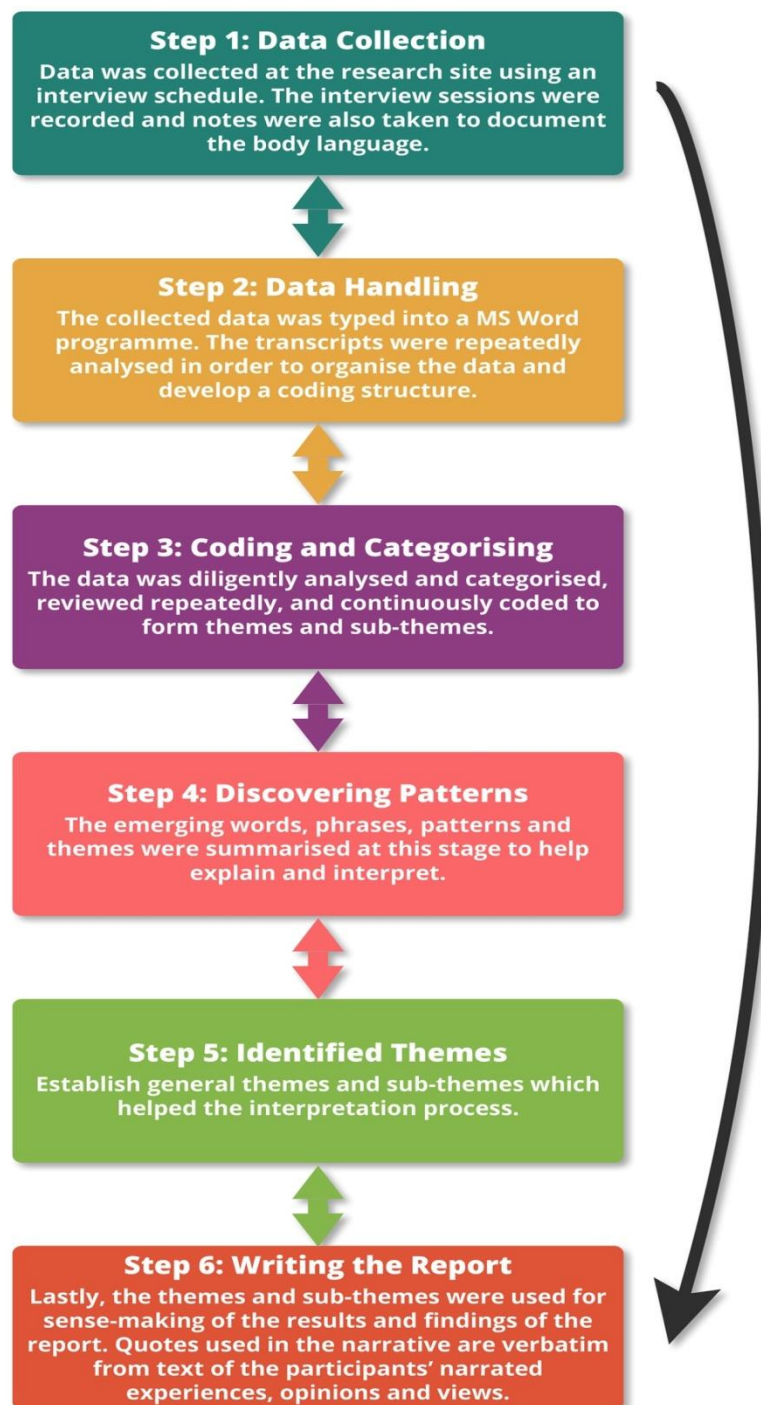


Figure 3.1: Steps of data analysis (Source: Adapted from Creswell and Poth (2017))

The data analysis process was done through reading interview transcripts from the interviews held with ECD officials, ECD managers and practitioners. It was an ongoing process using an inductive approach of participants' views in implementing the ECD policies and building themes (Creswell & Poth, 2017). Themes and categories were created from the quotes of participants' experiences in implementing the ECD policies (Creswell, 2013). Consequently, the authenticity of the study could be preserved, and prejudice of the data results was limited.

Furthermore, the obtained photographs which depicted the context of the ECD centres formed part of the themes. In addition, the observed participants' environments, experiences and the notes taken formed part of the themes. In this regard, the thematic analysis was used extensively where the researcher read information several times to verify the narratives from the emerged themes.

3.7 Trustworthiness

Pandey and Patnaik (2014) maintain that the credibility of qualitative research depends upon the ability and effort of the researcher. The aforesaid authors also state that it is critical to maximize trustworthiness of a qualitative research study to enhance its credibility. Thus, the trustworthiness of qualitative research work involves the following criterion: credibility, transferability, dependability and conformability (Noble & Smith, 2015). Consequently, the researcher employed the criteria of trustworthiness as a yardstick for quality in this study.

3.7.1 Credibility

Credibility refers to truthfulness, believability and confidence in the findings in qualitative research (Pandey & Patnaik, 2014).

Conversely, Noble and Smith (2015) maintain that qualitative data is criticised for lacking scientific rigour where there is a lack of transparency and subjectivity in the analysis of the findings. Consequently, the researcher employed credible qualitative research methods in the study to maintain transparency, consistency and to enhance

the truth in the findings. The researcher used multiple sources of evidence when collecting data such as interviews, documents, the taking of notes, audio recording and observation. Additionally, a diverse range of ECD centres was visited to compare the findings and photographs were utilised, to validate the findings (Maree, 2015). In this regard, the researcher was able to limit biases (Noble & Smith, 2015).

3.7.2 Dependability

Dependability refers to how stable, objective and consistent data is when repeated (Higgins, Trehan, MacGowan, Henry & Foss, 2015). In the study, dependability was ensured through the description of the evidence-based research context where the study was conducted. An audit trail of comprehensively transcribed interviews, photographs, field notes and document analysis on ECD programmes was used. Therefore, if the study can be conducted in the same context using similar participants, it will yield the same results.

3.7.3 Conformability

According to Pandey and Patnaik (2014), conformability refers to the degree of neutrality and objectivity of data. Therefore, in order to ensure conformability in the study, the researcher followed every step of data collection process and documented analysis during the pilot stage phase to ensure the findings are shaped by participants.

3.7.4 Transferability

Transferability refers to whether or not particular findings can be transferred to another similar context or situation, while still preserving meaning and inferences from the completed study (Pandey & Patnaik, 2014). This was accomplished through a detailed description of the research context where the study was conducted. In this regard, any interested researcher can conduct the same study and capitulate the same results. It means the study can be replicated in a similar context and yield the same findings.

3.7.5 Ethical consideration

The study was conducted according to the ethical regulations of the Faculty of Education at the University of Pretoria. A permission letter was requested from the ethical committee prior to the commencement of the fieldwork outlining the purpose of the research. All participants were informed to complete a consent form which was compiled according to the University of Pretoria's ethical standards. Voluntary participation, permission, anonymity and confidentiality of the participants were assured before participation in the study, as suggested by McNabb (2015).

3.7.6 Informed consent

Prior to the commencement of the study, the researcher obtained permission from the relevant parties. The researcher ensured that the required process to conduct the research was followed by obtaining permission and clearance from an ethics committee (Maree, 2015). The researcher applied for and received permission to research from the National and Provincial Departments of Education (see Appendix A). The researcher's application for permission to conduct the research outlined the following: The aim of the research, the process with respect to data collection methods and the time frame of the research. These aspects were established and accepted by the authority (see Appendix B).

Firstly, before conducting the research, potential participants were informed about the aim and process of the study, and they voluntarily chose to sign the letters of consent (see Appendix D). The researcher obtained written consent letters from participants – DBE, PED and district officials, also ECD managers and practitioners (see Appendix B, C, D). Prior to the commencement of the research in the field, I explained the consent verbally to the participants and permitted them to ask questions should the need arise.

3.7.7 Confidentiality

From the onset, prior to the collection of data for the study, principles of confidentiality and anonymity were applied. Participants voluntarily participated in the study and were assured that they could withdraw at any time without giving any reason (Silverman, 2013). According to researchers, DO and Song (2014), it is important to effect stricter protection and trust of participants to gain valuable insights. Consequently, participants were guaranteed that during data collection, anonymity and respect for personal information will be applied and that data will be treated as confidential. The results of the collected data were portrayed anonymously using pseudonyms. Prior to the collection of data, participants were informed about the data collection process and voluntarily signed letters of consent.

3.7.8 Protection from harm

During the data collection process, as a researcher, I guarded against participants being exposed to emotional, social and physical harm. When participants felt uncomfortable revealing any information they could withdraw at any time without consequences. Participants were approached with care to make sure they are protected from any harm during the study's time frame.

3.7.9 Trust

The principle of trust always guided the research process by remaining transparent and assuring anonymity and confidentiality. The principle of trust is in line with findings by Kaye, Whitely, Lund, Morrison, Teare, Melham and Lund (2015), who state that trust is important to gain the confidence and transparency of participants in narrating their stories. In this regard, the researcher built a relationship of trust with the participants throughout the research process to access authentic data.

3.8 The role of the researcher

The role of the researcher is considered to be instrumental in the data collection process (Sanjari, Bahramnezhad, Fomani, Shoghi & Cheraghi, 2014). In this regard, as the researcher, I played an integral part in the research process where I defined the concept to design the study (Sanjari et al., 2014). I also perceived my role in the research process as that of an active co-participant and an observer. As an active co-participant, I was able to engage with the ECD centre managers, practitioners, district facilitators and PED and DBE officials by conducting interviews. Periodically, the researcher stepped out of the process to be a non-active participant who observed the process and reflected on data in order to discover and interpret the meaning of events experienced by ECD managers, practitioners, facilitators and the PED and DBE officials. Participants' information and lived experiences were transcribed into words, analysed, verified during the data collection process and later categorised into themes (Sanjari et al., 2014).

Therefore, investigating the implementation of ECD policy for quality care and education is a process that needs to be understood by the researcher by adopting the role of an active co-participation and an observer. This process required the researcher to provide clarity by continuously engaging with ECD centre managers, practitioners and district, PED and DBE officials and explain the intended use of the research process. The researcher mitigated the aforesaid process using a participatory approach where research sites were visited at a convenient time, thus building a rapport of trust with the participants.

3.9 Conclusion

In this chapter, the research method and design were outlined. A multiple case study that was interpretative in nature was explained. The sample selection was also described in this chapter. A detailed account of the data collection method in line with the research question and the purpose of the study was provided. The researcher used diverse approaches to gather data, including semi-structured interviews,

observations and field notes. Audio recordings were used to maintain the reliability of participants' narratives.

CHAPTER 4: RESULTS OF THE STUDY

4.1 Introduction

In the previous chapter, I presented the paradigmatic perspectives and justified the methodological choices I made. I elaborated on the case study design I implemented, as well as the data collection and documentation techniques I used. I concluded the chapter by discussing the trustworthiness of the study and the ethical guidelines.

In this chapter, I present the themes and sub-themes that emerged following inductive thematic data analysis. I include the verbatim quotations from the transcripts. The transcripts were qualitatively analysed by reading notes and grouping words into categories and themes using thematic analysis (Stenfors-Hayes et al., 2013; Sanjari et al., 2014). Although thematic analysis was demanding, it was useful to ensure that the research topic was well explored and the essence of the phenomena was revealed (Stenfors-Hayes et al., 2013).

4.2 Analytical strategy

The primary question that guided the study, i.e. “How can implementation of ECD policies be strengthened to improve the quality?” brought the following themes to the fore:

- Processes of strengthening the implementation of ECD policies.
- Strategies for strengthening the implementation of ECD policies.
- Challenges experienced by ECD stakeholders in strengthening the implementation of the ECD policies at the ECD centres.

Data was collected by conducting semi-structured interviews with the ECD, DBE, PED and district officials as well as ECD managers and practitioners to gather important information and facts in each case. Furthermore, the study utilised multiple cases of two groups of participants from semi-urban and rural ECD centres from the Hammanskraal region in Gauteng Province, South Africa. This method enabled the study to derive unexpected spontaneous insights from ECD practitioners on their experiences in implementing ECD policies at the respective ECD centres (Wagenaar,

2011). Data was recorded during the interviews and notes taken regarding the experiences of participants in strengthening the implementation of ECD policies. Field notes were recorded to validate my own findings on the actual discussions in each case that took place.

Visual data on programmes used by ECD managers and practitioners in their practices to implement ECD policies at the centres were included in the field notes. The data was captured to check the quality of the education imparted to young children at the two ECD centres. Photographs of the infrastructure were taken to understand the contextual factors affecting the implementation of ECD policies at the ECD centres for quality care and education.

4.2.1 Demographic details

This section presents demographic details of participants. Table 4.1 provides a description of the various sites.

Table 4.1: Site area and description

Site	Area	Brief description
National Department	The City of Tshwane Metropolitan municipality, Pretoria	The department is responsible for developing educational policies such as NELDS and NCF for children from birth to four years, to ensure that all SA learners have access to quality care and education.
Provincial department	Johannesburg Metropolitan municipality	The provincial department is responsible for implementing the policies of the national department.
District	The City of Tshwane Metropolitan municipality, Wonderboom area	Provides an enabling environment and targeted support for schools within their jurisdiction in line with educational laws and policies.
Centre A	The City of Tshwane Metropolitan municipality, Hammanskraal region, Mandela village (semi-urban area)	The ECD Centre A is located in the semi-urban area of Mandela village in Hammanskraal. The ECD centre is built with bricks and mortar and serves young children whose families mostly reside in informal settlements. The ECD centre is located near a central business area where there are supermarkets and a taxi rank.
Centre B	City of Tshwane Metropolitan municipality, Hammanskraal region (rural area)	The ECD Centre B situated in a rural area and the structure is made of corrugated iron. Most young children's families at the centre live in informal settlements where poverty and unemployment are common.

Themes and sub-themes of the study are provided in Table 4.2 below:

Table 4.2: Themes and sub-themes of the study

Theme 1: Processes of strengthening ECD policies	
Sub-theme 1.1	Advocacy of the ECD policies
Sub-theme 1.2	Awareness campaign
Sub-theme 1.3	Training of ECD officials, managers, and practitioners
Sub-theme 1.4	Monitoring curriculum support and learning environments
Sub-theme 1.5	Professionalisation of the ECD sector
Theme 2: Strategies for strengthening the implementation of ECD policies	
Sub-theme 2.1	Consultation and collaboration with ECD forums and other COPs
Sub-theme 2.2	Management and leadership from the different levels of education departments
Sub-theme 2.3	Dialogue and negotiation between ECD stakeholders
Sub-theme 2.4	Training programmes of ECD practitioners
Theme 3: Challenges experienced by ECD stakeholders in strengthening the implementation of ECD policies at the centres	
Sub-theme 3.1	Financial management and funding of ECD centres
Sub-theme 3.2	Human resource / capacity of ECD officials

Sub-theme 3.3	Infrastructure: Inside the playroom/ outside the playroom
Sub-theme 3.4	Registration with DSD

4.3 Results of the study

The conceptual framework by Britto et al. (2011) provides an in-depth understanding of quality in strengthening the implementation of ECD policies for quality teaching. The authors also state that quality in implementing ECD policies contours itself across different levels and dimensions. Furthermore, Davids et al. (2015); Vorster et al. (2016) and Atmore (2013) assert that quality is based on the level of advocacy, training, funding, infrastructure, monitoring and support as well as leadership provided by ECD stakeholders at the ECD centres. The findings in this chapter highlight the levels and dimensions of strengthening implementation of ECD policies for quality care and education of young children by selected participants.

4.3.1 Theme 1: Processes of strengthening ECD policies

According to Vorster et al. (2016), South Africa is known to have progressive and comprehensive ECD policies that have short-term and long-term benefits for young children to develop holistically. Consequently, among other ECD policies, South Africa has taken an initiative to develop the National Integrated Plan for ECD (NIECD) (DSD, 2015), the National Early Learning Development Standards (NELDS) (DBE, 2009) and the National Curriculum Framework for Children from birth to four years (CAPS) (DBE, 2015) to strengthen quality ECD provision (Vorster et al., 2016). However, due to the different settings and contexts of the selected ECD centres, where there are disparities in the provision of ECD services, the level of advocacy and awareness of ECD policies also vary.

4.3.1.1 Sub-theme 1.1: Advocacy of the ECD policies

The first sub-theme identified was the advocacy of ECD policies, which is viewed to disseminate information towards strengthening the implementation of ECD policies.

Vorster et al. (2016) and Biersteker (2012) also affirmed that advocacy creates an enabling environment to strengthen ECD policies for quality teaching to take place at the ECD centres.

The face to face semi-structured interviews with participants who are ECD officials from the Department of Basic Education, Provincial Education Departments and Education district office were conducted. The ECD managers and practitioners from two focus groups were also interviewed. The interview question for participants NO and PO was: “How did you conduct advocacy on ECD policies?” The participant said:

“After the development of the ECD at Department of Basic Education (DBE), Provincial Education Department (PED) ECD directors were invited at DBE for the introduction..., advocating kind of the policy.” (NO)

She further added:

“PED officials went back and held a workshop with District officials who also introduced the policy to the circuits..., the policy was then introduced to ECD practitioners in all the circuits.” (NO)

The participant from PED said:

“The PED organised stakeholders like NGOs and national office were doing advocacy. There are people responsible for that.” (PO)

From the response of the participants, it seems there is a disjuncture between how advocacy has been conducted and what the intention of the advocacy was. Surprisingly, the responses of the participants show a lack of clarity on the roles and responsibilities at DBE and PED. However, the NIED policy aims at strengthening the roles and responsibilities of the government departments for the delivery of ECD services which is not evident from the responses of the participants.

4.3.1.2 Sub-theme 1.2: Awareness campaign

According to Davids et al. (2015), in 2012 an awareness campaign was conducted to further strengthen ECD policies through consultation with various stakeholders such as policymakers, donors, development agencies, faith-based organisations, civil society and government departments.

However, the interviews held with the ECD policy end users, who in this study are the district official, ECD managers and practitioners, revealed little knowledge and understanding of the ECD policies. One official who is directly responsible for ECD centres explicitly said she does not know of any ECD policies. She stated:

“We don’t have, it is still in the pipeline, they have not done any policy so far for 0-4.” (DO)

The ECD manager from the semi-urban area also seemed not to know any of the nationally developed ECD policies but shared her knowledge on the internal operational policies used to manage the ECD centre. When interviewed, she said:

“The first policy is admission policy so that parents can understand how I run the school, the second policy, finance policy, human resource and risk management policy, HIV policy and abuse policy.” (EM1)

By stating management policies as ECD policies, one could determine that she is aware of policies but not the ones that guide ECD curriculum at the centre.

The ECD manager from the rural area had no knowledge of ECD policies. She briefly said:

“I don’t have an idea.” (EM2)

It became apparent from the responses of the district official and ECD manager that perhaps there has never been an awareness campaign on ECD policies. If the district official did not have a clue of ECD policies, surely the ECD managers and practitioners would not be aware as well. As such, quality in the implementation process of ECD policies is compromised.

Focus group interview discussions were conducted with ECD practitioners. A two hour-long focus group interview session was held with ECD practitioners. The first two morning hours interviews were held with the two practitioners from the semi-urban area. Subsequently, practitioners in the rural area were interviewed at their centre. Most participants’ responses from both focus groups shared information on the ECD training they received rather than ECD policies, even so, their knowledge seemed fragmented. This is illustrated by the following comments:

“I received training on Safety policy.” (AT1)

A follow-up from another teacher:

“I received training on abuse, health, education policy.” (AT2)

Practitioners from the second focused group made the following comments:

“I was trained on balancing, behaviour, nutrition, drafting menu programmes from an NGO.” (BT1)

The second teacher indicated that:

“I was trained on motor skills, gross, cognitive, and emotional from an NGO.” (BT2)

One could note that the participants in both ECD centres were more aware of how to take care of young children’s emotional, intellectual, social, health and physical well-being in their playrooms than the policies that guide their daily practices. Data showed the district official, ECD managers and practitioners have no knowledge of ECD policies due to a lack of awareness from the ECD managers, NO and PO. However, Voogt and Roblin (2012) asserted that the policy implementers need to be knowledgeable about policies so that they can adhere to its guidelines and be competent in their daily practices. In this regard, quality education and care can be provided to lay a strong foundation for young children. However, in the discussion with the participants, data revealed little evidence of ECD policy awareness from the policy implementers.

4.3.1.3 Sub-theme 1.3: Training of ECD officials, managers and practitioners

According to Mbarathi et al. (2016), the training of key ECD officials from the National Department of Education and the provincial office form an integral part of strengthening the implementation of ECD policies. During the semi-structured interviews conducted, most participants indicated that they received ECD training through their own initiatives. The official from the national office stated that:

“I was trained on how to implement the NCF as an official.” (NO)

The provincial official said:

“We were trained on integrated policy, National Curriculum Framework, Inclusion policy and Children’s Act.” (PO)

The following findings reveal that information shared by the official was not cascaded to the district:

“I have not yet received training on ECD 0-4..., no specific policy, still under discussion but implementation of grade RR will only be from 2022.” (DO)

Based on the findings, there is a disjuncture in the acquisition of training. NO and PO have acquired training, but DO is not trained. This could be the reason for DO to lack an understanding of policies governing ECD centres as well as her lack of having adequate knowledge of training. Reflecting on the above findings, both NO and PO seem to not to have taken their responsibilities to strengthen the implementation of ECD policies for quality teaching to take place. However, Vorster et al. (2016) assert that dissemination of information to the ECD stakeholders is another approach to strengthen the implementation of ECD policies which seem to be lacking among ECD stakeholders.

The ECD managers and practitioners acknowledged that training is important and the majority of them received some form of training. However, most participants were trained on different programmes by various service providers. From the discussions held with ECD managers and practitioners, it appeared that the quality of the ECD programmes acquired is inequitable. The findings were as follows:

“I was trained on service-level agreement, monthly reports, constituting, auditing statement, AGM minutes of meeting, invoice and receipts.” (EM1) “Trained by NGO on Human resource and risk policies organised by DSD, workshops for practitioners, gardener, cook and principal are provided by DSD, DoH and NGO. DSD, and some NGO do come, the DSD give us a lot of support.” (EM 1)

In support of the training, the ECD manager at the semi-urban ECD centre acquired various training materials as illustrated in the photograph below. An example of a recording is depicted in photograph 4.1.



Photograph 4.1: Centre A (semi-urban area) – training material



Field notes: The ECD manager from the semi-urban area seems to have content knowledge of operating the ECD centre. It was evident in her explanation of the content of each file that she received adequate operational training for managing the ECD centre. The files were readily displayed with relevant information (see photograph 4.1).

The participant (EM1) confidently reiterated:

“We have quarterly reports, we report every quarter, business plan agreement between us and DSD.” (EM1)

She further explained:

“Service level agreement is the agreement between the school and DSD. Monthly reports are to say how many kids are at school, auditing statement is the statement..., the financial year then, AGM minute, we have the AGM..., every month we have meetings.” (EM1)

The ECD manager continuously and confidently explained the content and use of her files:

“Invoice and receipts in one file, six months report, after every after six months we take that quarterly report for two quarters and then we compile them and we

make six months report..., we submit to DSD. Labour department, that's money for teachers; Lottery we ask money from lottery and then chequebooks, returned cheques from the bank..., yes, we keep them there and staff contracts we keep them.” (EM1)

She added:

“Then from the DBE, there is a file..., we file when they bring the toys and each and everything, we write date ..., make the copy and file it” (EM1).

Studies have shown that the ECD managers are important in facilitating a conducive working and learning environment for quality care and education to take place (Hujala et al., 2016). Therefore, ECD centres need to be regulated through adequate administrative and management systems which are evident from the training received by participant EM1 from the registered ECD centre.



Field notes: The rural ECD centre had no evidence of files to show how the centre is managed. Contrary to the experience and training received by the semi-urban ECD manager, the manager from the unregistered ECD centre in the rural area's response indicated a lack of confidence, minimum and inadequate training. She was very brief in her response:

“I was trained on Early Child Development from an NGO.” (EM 2)

These findings affirm the findings in the literature (DBE; DSD; UNICEF, 2010; Mbarathi et al., 2016) that unregistered ECD centres in South Africa are less advantaged in being trained on financial management and governance than the registered ones. Therefore, quality and conducive working conditions to provide ECD services are compromised in the disadvantaged ECD centres.

The first teacher's response was as follows:

“Trained on abuse policy, health and safety policy.” (AT1)

The second teacher said:

“Disability course, DSD looked for school for training.” (AT2)

The practitioners from the second focus group explained as follows:

“I was trained on balancing, nutrition, observe behaviour from Dioka NGO” (BT1),
with a follow-up answer:

“I was trained on motor skills, gross, jumping, cognitive, emotional development from sunshine NGO.” (BT2)

The participants from the district said:

“We need training, practitioners need someone experienced.” (DO)

From the views of participants, it seems there is minimal acquisition of skills and knowledge to strengthen the implementation of ECD policies at the district office and respective ECD centres. In addition, inadequate skills and knowledge might compromise quality teaching to take place at the ECD centre level. During the interview, one participant exclaimed that:

“Some officials from DSD, especially Social Workers, go monitor curriculum and practitioners get confused sometimes.” (NO)

This is because social workers are not trained in ECD modules at universities, yet they are forced to train practitioners on how to care for young children. Furthermore, it seems social workers' roles are misplaced since they have limited knowledge of the ECD curriculum. The participant further expressed that training is important:

“For them to be able to monitor they must be trained first so that practitioners are not confused.” (NO)

It appeared there are discrepancies in the training of some key stakeholders and ECD practitioners in the disadvantaged communities which affect quality professional development. It also seems that key ECD stakeholders, i.e. the DBE and DSD officials, are working in silos since they do not impart the same information to the ECD practitioners. Adequate training on ECD policies at all levels is critical to ensure that young children receive quality care and education (Excell, 2016; Britto, 2011).

4.3.1.4 Sub-theme 1.4: Monitoring curriculum support and learning environments

The participant from the national department reported on the extent to which the department monitors implementation of ECD policy, and the limitations experienced in supporting and monitoring these centres:

“Only registered ones are monitored and supported by the province. As a Department of Education, we look at how Curriculum is implemented because we are not funded, we don’t go deeper to monitor funding as it is not received from our side.” (NO)

Participant NO says that due to lack of funding, they do not monitor the ECD centres. These findings indicate monitoring of ECD centres is limited by funding. In this regard, the quality of development of young children is jeopardised and remains poor. This statement by participant NO:

“National department develop policies; provinces implement those policies and district monitor policies in registered ECD centres.” (NO)

From the utterances of NO, policies are developed hierarchically and there is no evidence in the finding that ECD centres are monitored by the province and district officials. In addition, the participant explained how provinces are monitored and supported, saying:

“Provinces are provided with a budget to monitor and train districts, to train, ECD practitioners and improve ECD centres..., district send reports to provinces, and report in the interprovincial meetings” (NO)

She further explained challenges faced by the policy implementers:

“...districts lack capacity to implement policy. One ECD official will be responsible for 50 centres. Infrastructure is a challenge; there are erected shacks with children from different ages.” (NO).

The response from participant PO is as follows:

“District officials are employed to monitor Grade R. They only monitor ECD centres close to the schools but no intensive monitoring” (PO)

From these findings, it is revealed that participants NO and PO share different information. According to NO, the district lacks capacity to implement the ECD policies whereas PO says that the district partially monitors ECD sites close to them and is only responsible for Grade R. One wonders how a conducive learning environment can be created for young children where there is a lack of common understanding and clarity on the roles of key ECD stakeholders.

In the interview conducted with the participant from the district office, it was brought to light in the discussion that even though the officials are partly monitoring the ECD

centres, they are not trained on what to monitor. It seems officials at the district are only visiting the centres according to the following explanation:

“Officials should be trained on what to look for at the centres’..., we don’t have guidelines, an instrument for monitoring 0-4 years for these centres..., no guidelines on caring for them, feeding them or changing nappies. We just check how they take care of them.” (DO)

She further explained:

“Our responsibility is not for 0-4-year-old children, but for 5-6 years.” (DO)

This finding confirms the work of Atmore (2013) who states that there is a lack of monitoring and support to implement ECD policies for young children to receive quality teaching and learning at the centres. It seems ECD is a no man’s land; no one wants to take responsibility for the development of young children.

During the interview with the ECD managers on their experience in monitoring ECD practitioners, the experiences shared showed some discrepancies:

“In the afternoon when the kids are going home, teachers go to their classes, they put everything ready for tomorrow and prepare for tomorrow when I come in the morning, in the morning I arrive earlier and check if everything is ready before children arrive, check everything is in order, they start their work.”

The participant spoke about the guidance she received for monitoring her practitioners:

“I get guidance through the manuals for level 1 and 4..., I get them from Matthew Goniwe, it is the institution that trained us.” (EM 1)

Judging by the discussion and interview held with the manager from the ECD centre in the urban community, it appeared that the manager had a minimal engagement with practitioners when monitoring their work to create a conducive learning environment.

The manager explained:

“I make sure ba folowa the daily programmes and ba prephera di lesson (I make sure they are following the daily programmes and prepare their lessons), ke nna le bona mo fatshe, ke cheka mmereko, Ke finde out ba na le diproblems.” (I sit down with them, check the work and find out if they have problems.) (EM2)

The participant further explained about her challenges in monitoring practitioners:

“Sometimes gake bolela le bona ga ba followe mmereko, sometime ke bona gore they don’t do the work” (Sometimes when I talk to them, they don’t follow the work, I see they don’t do the work.) (EM2)

This shortcoming from the participant could be due to a lack of on-site support of practical demonstrations so that practitioners can put theory into practice. Data has revealed that there is limited support and accountability from the province and district officials in monitoring the curriculum at the ECD centres to create a quality learning environment, especially in the rural areas.

4.3.1.5 Sub-theme 1.5: Professionalisation of the ECD sector

The ECD practitioners’ perception of their career plays a major role in implementing the policies to ensure that quality teaching takes place at the ECD centres. According to Koster et al. (2014), the lack of structured and formalised training in South Africa devalues the work of ECD practitioners. The captured data reflects participants’ uncertainties in professionalising ECD qualifications.

During the interview, most participants indicated that they heard about the professionalisation of ECD qualifications. According to the participant:

“A policy is still being developed on qualification 0-4 years; degree qualifications is developed by universities though they are not ready.” (PO)

This is surprising because in 2017, the ECD policy became formalised. It shows that the policy was hierarchical in nature and the provincial official in ECD did not know about this. There seems to be a lack of synergy between the DHET, DBE and universities regarding professionalisation:

“There are practitioners trained for level 6.” (DO)

One of the participants explained:

“... I heard them talking about it, but I have never seen any document.” (EM 1), also *“Yes, I am aware, our crèche is going to grow and work will continue.”*

Some respondents felt strongly that professionalising ECD will help them gain status and be recognised as public servants:

“If ECD is professionalised it is going to strengthen us because people undermine us and our work, most people undermine us, it’s like we work for the principal”
(AT2)

Another participant contributed:

“We just heard about it..., we will be strengthened and take our work serious..., being professionalized will be taken seriously.” (AT1)

The participant from the rural areas expressed the following view:

“We hear about it..., as a professional teacher will go school and learn more.”
(BT1)

A concern from one participant was revealed as follows:

“We heard about it..., it will help but others are old and also breadwinners, maybe they won’t qualify.” (BT2)

Most participants seem uncertain about the professionalisation and career pathing of ECD qualifications. From the views of most participants, it appeared that information on professionalising ECD and career pathing is not concrete. Furthermore, data revealed that the ECD managers and practitioners from both focus groups are demotivated and do not feel that they are recognised as professionals.



Field notes: I detected low morale among practitioners during the interview because they feel their profession is of low status and is unrecognised. The major concern from these demoralised practitioners is the quality of supporting young children, with a low emphasis on training of these ECD practitioners by service providers due to the ECD profession being unrecognised.

The Minimum Requirements for Qualifications for Early Childhood Education (MRQECDE) (DHET, 2017) calls for ECD who are practitioners knowledgeable in the curriculum content as opposed to technical content which compromises quality teaching. As such, the level of teacher education needs to go beyond superficial content and decontextualised ECD practice tips. Therefore, to strengthen quality teaching in SA, it is important to have an ECD programme that enables practitioners

to gain deeper insight into the content to provide quality education and care for young children.

4.3.2 Theme 2: Strategies for strengthening implementation of ECD policies

According to Urban, Vandenbroek, Lazzari, Peeters & van Laere (2011), quality in the implementation of ECD policies requires collaboration between ECD stakeholders. The aforesaid researchers further state that quality in strengthening the implementation of ECD policy requires dialogue and systematic negotiation among ECD stakeholders. There has to be a common understanding and systematic evaluation by ECD stakeholders at all levels to create an enabling environment for young children's development (Black et al., 2017).

4.3.2.1 Sub-theme 2.1: Collaboration and Consultation with ECD forums and other COPS

One of the participants strongly emphasised collaboration as a means of bringing synergy and holistic implementation of ECD services by ECD stakeholders. During the interview, the officials mentioned that even though there are developed ECD policies, frameworks, and forums in place to bring collaboration with other departments there is no synergy in providing ECD services for quality. She emphasised the lack of collaboration between key stakeholders in other departments by saying:

“There are challenges in integrating services partly. Sometimes officials go to ECD centre A, today I go there as an official from DBE, tomorrow, so and so go as an official from DSD, tomorrow or the other date off from DoH. I think if possible, go there as one if possible, talk in one language, go with one thing in common. Problem is when going there differently in one ECD centre. How about going there collaboratively. Practitioners get confused but they say they are from the government; they do not have a platform to tell even anything about salaries. Whoever goes there is they accepted him and welcome. Communication is not strengthened; we should go there collaboratively. For example, when given funding, ECD centres, become difficult for all the departments to monitor how funding was used.” (NO)

The participant also made inputs on the support various stakeholders need to improve collaboration in strengthening the implementation of ECD policies:

“We need support to strengthen collaboration through National Interdepartmental Committee (NIDC) and Interdepartmental forums to take ECD forward, by being, trained on curriculum, funding, health care nutrition to improve our ECD centres..., having one information is important.” (NO)

4.3.2.2 Sub-theme 2.2: Management and leadership at different levels of education departments

When asked about the management role, the participant responsible for the development of the ECD policy explained, saying:

“Province do presentation in interprovincial meetings on quarterly basis..., National Strategy for Learner Achievement (NSLA) come to us in a form of reports on quarterly basis.., through this we are able to see a number of ECD practitioners trained in various levels, towards NQF Level 4 registered under SAQA. Through the NSLA we can see the number, how practitioners implement NCF and how provinces are strengthening collaboration with various departments. Province do presentation in interprovincial meetings on quarterly basis and we are able to see how provinces are implementing NCF and other policies.” (NO)

Judging by the response of the participant, even though it is reported that interprovincial meetings are held at national level, it seems there is disjuncture in the interaction between participants NO and DO. The participants said:

“There is lack of human resource. It is the mandate of the department to reorganise the sector on ECD.” (PO)

“We don’t have an instrument for monitoring 0-4 years.” (DO)

These findings revealed that participants who are at the management level in the provincial office and district require support to implement the national office plan in their leadership positions. This finding affirms the work of Britto et al. (2011) who state that quality contours itself across different leadership levels. Furthermore, quality leadership is a reciprocal relationship where stakeholders must interact to reach a common goal in strengthening the implementation of ECD policies (Britto et al., 2011).

In addition, quality leadership is based on the level of knowing and understanding the roles and responsibilities of ECD leaders, who in this study are participants PO and DO. However, from the findings, it seems that there is a lack of synergy between the national, provincial and district offices.

4.3.2.3 Sub-theme 2.3: Dialogue and negotiation between ECD stakeholders

During the interviews, most participants expressed the importance of dialogue and negotiations between stakeholders to strengthen ECD policies.

“NIECD policy is used to work with various departments through National Interdepartmental Committee (NIDC) where several departments meet quarterly. DSD, DoH, DSD meet quarterly...The National Curriculum Framework (NCF) from 0-4 years is used in collaboration with National Integrated Early Childhood Development (NIECD) policy, which was developed together with other departments. working with ECD, DoH and DSD shows responsibilities of the department.” (NO), also

“We share ideas on how to move the ECD forward for instance, DoH’s role is immunization or nutrition, DSD registers all ECD centres..., makes sure that children receive food and give practitioners a stipend.” (NO)

The participant brought to light information about the strategy in place where there are dialogue and negotiation among ECD key stakeholders to create an enabling environment at the centres. However, it seems that ECD stakeholders at the policy development level work in silos towards strengthening the implementation of ECD policies which affect the quality policy implementation. Seemingly, during these interdepartmental meetings, there are no shared responsibilities and continuous interaction to strengthen the implementation of ECD policies. This is evident from what the participant shared earlier in the discussion (see paragraph 4.3.2.2). No one knows what to do.

During the face-to-face semi-structured interview with the participants from the provincial office, the following was deliberated:

“We are guided by the Integrated ECD policy where our responsibility is to train practitioners on National Curriculum Framework policy.” (PO)

The purpose of the NIECD clearly states that the provincial department is compelled to ensure equitable access of ECD services which includes training on curriculum implementation for CAPS (DSD, 2015).

However, data show that implementation is hardly significant at the lower levels, i.e. the district office and ECD centres. Contrary to other officials, the official at the district who is the direct implementer of the ECD policy shared minimal input during the interview. From her response, it seems there is hardly any visitation taking place at the ECD centres. She said:

“We visited the ECD centre when the MEC for infrastructure was there, we checked how ECD centres operate, they have little ones of that age(0-4 years). They say they follow CAPS (National Curriculum and Assessment Policy Statement) but none so far.” (DO)

The mentioned CAPS policy is for Grades R to 12. It is evident from the response of the district official that she is clueless about the curriculum documents for birth to four years. Stating CAPS when dealing with the ECD sector, shows that the people responsible for monitoring and assessing the curriculum on the ground, do not even know the frameworks and policies. How can quality be achieved when officials do not know how to support the subordinates? Seemingly, there is no systematic flow of information from participants NO and PO to the policy implementers to provide quality ECD services. Participant DO added:

“I have one responsible official for the grade R who visited several of them because a service provider wanted to give a sponsor, train practitioners on ECD programmes and give them resources.” (DO)

It seems the service provider knows more than DO hence he was given the opportunity to train the ECD practitioners. The interview with the ECD manager brought to light the following:

“How can we make parents to be involved inside the school, parents just bring kids in the morning they are not involved and say as long as I pay, it’s a serious problem..., we need support to make team buildings for us, they can combine day cares and get support from outside, what I do here they can do it at Sunshine because we differ.” (EM 1)

Against the backdrop of these responses, it seems there is a lack of consultation and dialogue between parents and the school for the quality development of young children at ECD centres. Furthermore, the latter participant indicates that collaboration with other ECD centres can create an enabling environment where there are interaction and dialogue to share best practices for the development of young children. However, these findings revealed that even though the NIECD has been operating as a policy framework since 2005 to bring synergy between various ECD stakeholders, there is little evidence of interaction and dialogue at all levels (DSD, 2015). The intended ECD policy's outcomes to strengthen the implementation of ECD policy seem counterproductive.

4.3.2.4 Sub-theme 2.4: Training Programmes for ECD practitioners.

One participant, who is an official, described how fragmented the programmes of ECD policy are at the centres. More specifically, the participant explained that there is no guidance on programmes to be implemented by practitioners. She explained by saying:

“The challenge is that they don’t have a policy, they have their own structure, no one trained them..., they are following their own program, each have its own program..., have two levels, 0-4 age group and 4-6 age group in one centre..., the ones taking care of 4-6 follow CAPS, they are trained.” (DO)

The participant further emphasised that:

“The 0-4 follow their own structure..., the ones with CAPS policy know how many children they should take..., the ones from 0-4 should have their own quota, for example a teacher should have 5 children.”(DO)

In addition to this, the participant from semi-urban ECD centres explained how lack of access to standardised ECD programmes affects quality teaching in disadvantaged communities. She explained:

“Some are using curriculum some are not..., you find that when the kids go to school at the school there is no foundation and the same level of teaching, some are just teaching they don’t follow the curriculum. So if we can be combined.” (EM 1)

She further added:

“When I see the news, I can see that somewhere somehow, the black person kids are suffering. They can come up with a strategy to help us to say this is the curriculum because we get it from the DBE, some are not getting it.” (EM 1)

The participant from the district office shared insight in terms of her experience in the implementation of ECD programmes when visiting some ECD centres:

“...this one should have its own quota for a class and we don’t have it, maybe they would say twenty or less..., they don’t know but they are taking care of them (young children). They have their own programmes and may differ..., the other one may be uttering by saying we start by giving the food or the other will have its own way... even the programmes may differ obviously.” (DO)

The participant further indicated the challenges they are phasing in monitoring ECD centres, due to lack of structured programmes in place:

“Going there as an official you cannot say you are wrong or right here because you don’t have anything..., like if you look at the little ones obviously they need care more than the grown ones, so how do they care for them? Once you become aware there is child of maybe six months how do they feed them, when do they feed them?” (DO)

According to the participant, the lack of structured standardised programmes and trained ECD who are practitioners knowledgeable about caring for young children has an impact on the well-being of children:

“If the child is not well, do they have a way of noticing that because they don’t talk?” and “Will they have a way of noticing them, how do they care for them in terms of changing nappies, how frequent do they change those things?” (DO), and also “Nobody knows you know, is a serious challenge in terms of that one, even if they introduce it who is going to take care all those things, that is why I say the quote of a class they should start with it..., maybe a class should have five children so that one may take care of them. Ones they are many how are they going to take care of them..., they need to be given bottles” (DO)

The participant added:

“What structure do you follow as a practitioner to say this one is ok is well-fed, this one is not eating today, this one need some extra medication..., It’s got many

challenges health side..., practitioners need training by someone well vested with thorough knowledge, someone experienced.” (DO)

In support of this view, during the focus group discussions, one participant reported on a lack of access to ECD programmes. She stated:

“Workshops are done by the DBE they don’t include us, we must pay for our development, DSD provide minimal support unlike DBE.” (AT 2)

In support of the program followed at the semi-urban ECD centre, a daily schedule is depicted in photograph 4.2.



Photograph 4.2: Depiction of a daily timetable at the semi-urban ECD centre



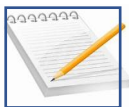
Field notes: The daily timetable depicted in photograph 4.2 looks visually attractive, more structured, and comprehensive for the age group 0 to 4 years. However, the teacher has titled it as a programme. Practitioners seem to follow the prescribed daily timetable to implement the scheduled programmes in their classrooms. It seems to some extent there is quality teaching taking place in the classrooms. However, some words are spelt incorrectly such as snax instead of snacks and the daily timetable seems to be misunderstood as a programme. This finding shows the quality of learning is compromised which affirms the work of Ebrahim (2014), stating that the level of qualification does not guarantee quality teaching. The

centre has funds to buy teaching and learning material from the DSD as explained by the ECD manager participant.

The photograph below depicts wall charts at the rural ECD centre. This confirms what was shared by the district official and ECD manager (semi-urban) that there are no standardised ECD programmes.



Photograph 4.3: Wallcharts at the rural ECD centre developed for the 3 to 4-year-old children



Field notes: The size and print of wall charts displayed in photograph 4.3 are small and put high up on the wall which makes it difficult for children to see. The picture display lack of resourcefulness and creativity on the part of the teacher. During lessons, young children sit on the floor and there is a repetition of the content from the wall charts displayed. My observation at both ECD centres is that the standard and quality of wall charts for different age groups are not the same. This finding revealed inadequate provision of ECD programmes, especially in the rural ECD centre. Photograph 4.3 shows that young children seem to be deprived of their cognitive development due to poor-quality programmes.

4.3.3 Theme 3: Challenges experienced by ECD players in strengthening the implementation of ECD policies at the centres

Theme 3 focuses on the challenges experienced by participants in the implementation of ECD policies. Participants expressed their heartfelt challenges in implementing the ECD policies such as: Human resources, financial resources, registration, and programmes.

4.3.3.1 Sub-theme 3.1: Financial management and funding of ECD centres

According to some officials, the involvement of various stakeholders makes it difficult to manage the finances of ECD centres. One of the officials elaborated:

“We are guided by the Integrated ECD policy where our responsibility is to train practitioners on NCF policy, they get a stipend from DSD, payment is the responsibility of the government.” (PO)

The official further gave clarity, stating that:

“Municipalities don’t employ and manage ECD centres, they are private.” (PO)

In support of the views, one of the participants also emphasised the challenges they face in managing the ECD funds due to lack of integrated services. The participant stated:

“...when given funding to ECD centres, it becomes difficult for all the departments to monitor how funding was used...,as a DBE we look at how curriculum is implemented because we are not funding...,we don’t go deeper to monitor funding as it not received from our side.” (NO)

For this participant, seemingly, the management and funding of the ECD centre in the semi-urban area are under the control and support of the DSD. The participant explained:

“They calculate everything for us, there is a breakdown of what to do with the money...this is for food, stipend, stationery, each and every cent they tell us how to use it.” (EM 1)

The participant further elaborated:

“We have an agreement with them they divide the money accordingly, we don’t just decide, they make the break down on how much is for food how much for the gardener, it covers everything.” (EM 1)

In support of what the participant reported on, I documented my observation in the field notes on the management of the ECD centre. The participant explained on following documents observed:

“Quarterly report is the money we use to report every quarter to Social Development, business plan is the agreement between us and the Social Development, Agreement level is the agreement that we agree, the school, governing body and DSD and sign that agreement and they give us the money for the year. Monthly report is the money that we claim how many kids were at school for that month. Auditing statement is the statement for the financial year. AGM minutes, we have the AGM every month, we have the meeting every year, invoice and receipts in one file. After six month we take that quarterly report for two quarters and then we compile the six months report and we submit to Social Development. Cheque books, returned cheque from the bank we keep them there and staff contract and everything from the DBE we file them, each and everything..., when they bring toys we make the copy and file them.” (EM 1)

Contrary to the experience of the semi-urban manager, the rural ECD manager’s experience is as follows:

“Fundraising from parents and monthly income from school fees to buy toys and outdoor equipment and stationery. Parents pay but not regularly.” (EM 2)

From the view of the latter participant, parents are the main sponsors in running the ECD centres with little funding, whereas the registered semi-urban ECD centres receive sponsorship from the DSD and guidelines in using the finances provided. The findings affirm the conceptual framework of Britto et al. (2011) that states that quality ECD implementation across different settings and interventions is provided differently due to discrepancy of funds. As such, the standards of providing care and learning resources remain inadequate and the rural area is mostly affected.

In all the group discussions and interviews, most participants shared the same sentiments about the financial difficulties they are experiencing. They reported that lack of sustainable income affects the daily operations of the ECD centres and their livelihood.

“Parents do pay school fees. Half pay, and some parents are not working, some depend on the grandparents, the toys are not enough, the child-teacher ratio has

to be 1:6 and one assistant, but teachers don't stay because of money” (EM1)
(Semi-urban manager).

Similarly, the manager from the rural ECD centre explained the financial limitations she is experiencing. She added:

“We fundraise mo (from) batsading (parents), monthly income ya bana (children’s monthly income), we buy toys outdoors and stationary, sometimes parents ga ba pay regularly (parents don’t pay regularly), sometime ke ba le problem ya go patella staff (sometimes I have a problem of paying the staff), money is not enough.” (EM 2)

The officials explained as follows:

“The Department of Public Works train practitioners but they leave and open their own pre-school due to poverty..., the department must pay them to retain them.
(NO)

“We give training, but implementation is difficult, trained practitioners go open their own ECD centres.” (PO)

During the focus group discussions and interviews with the teachers from the two centres in the semi-urban and rural areas, the participants spoke about the challenges affecting their livelihood due to the lack of financial sustainability. They also pointed out how parents are struggling to pay school fees. These practitioners shared the following:

“We receive stipend from DSD it delays, at times we stay for two months without stipend.” (AT1)

One participant from the semi-urban focused group added:

“We don’t have salaries or money to come to work, we meet a lot of problems if stipend is not paid.” (AT 2)

In support of this view, participants from the focus group in the rural area shared how they are affected by saying:

“Sometimes there are no salaries because parents are not paying.” (BT 1)

One of the participants added:

“The staff is not enough, for 0-2 we are supposed to have 1 teacher per 6 children and 1 assistant, for the 2-3-year-old 12 children per 1 teacher and 1 assistant, the stipend from DSD doesn’t pay the assistant and they leave.” (EM1)

One of the practitioners shared her sympathy for children by saying:

“Parents sometimes don’t pay, and there is no food for children, we think of children first before we can think of our salaries.” (BT 2)

In reflection on what participants shared from both focused groups, there is dissatisfaction with the stipend they receive each month. Most officials from national, provincial and district offices expressed a major concern on the lack of sustainable stipends for ECD practitioners:

“The DBE pay practitioners stipend through the Expanded Public works program when training the practitioners on NQF level 4.” (NO)

The official further explained:

“The Department of Public Works train practitioners but they leave and open their own preschool due to poverty...,the department must employ them to retain them rather than go to pre-schools and not pay them..., quality ECD will then be sustained.” (NO)

4.3.3.2 Sub-theme 3.2: Human resource management and capacity of ECD officials

Most participants who are officials articulated their challenges on the lack of capacity to train practitioners. There are not enough officials to cover many ECD centres. From the experiences of the participants, one of the major concerns is the retention of trained ECD practitioners. The participants explained:

“District lack capacity to implement policy..., one ECD official will be responsible for 50 centres..., the Department of Public Works train practitioners but they leave and open their own preschool due to poverty..., the department must employ them to retain them rather than go to pre-schools and not pay them..., quality ECD centres will then be sustained..., municipalities are not monitoring mushrooming centres.” (PO), also

“We give training, but implementation is difficult.” (NO) *“Trained practitioners go open their own ECD centres.”* (NO)

This challenge indicates that there cannot be follow up training and provision of monitoring or support since the trained leave practitioners their centres to open their own ECD facilities. It also shows that the district office does not show concern for the ECD centres by not employing more ECD officials for effective monitoring and support

of ECD centres. Therefore, strengthening the implementation of ECD policies for quality ECD services becomes difficult at the ECD centres.

During both focus group discussions, participants reported on a lack of support and parental involvement at the ECD centres:

“Workshops done by the DBE don’t include us, we must pay for our development..., DSD provide minimal support unlike DBE.” (AT 2)

All the practitioners seem to request funding for development.

4.3.3.3 Sub-theme 3.3: Physical resources: Inside the playroom/outside the playroom

ECD Manager’s experience working in an under-resourced area was audio recorded during the interview:

“Financially we need sponsor, now re na le problem ya go kereya sponsor (we have a problem of getting a sponsor), *re berekela ka mo jarateng...* (we work from the yard...), *we are busy looking for a stand re kgone go applayela di funds...if we can get the funds re godise mmereko and more training.*” (we are busy looking for a place to work so that we can apply for funds, work will grow.)

She added:

“I will apply to DSD.” (EM 2)

Furthermore, a photograph was taken as evidence of the infrastructure erected in the backyard (see photograph 4.4) below. The pictures depict corrugated iron structures of a classroom for the 0 to 3-year-old children of the selected rural area ECD centre in Hammanskraal.



Photograph 4.4: An outdoor environment at Centre B (rural area)



Field notes: The above photograph (4.4) depicts a corrugated iron classroom for the 0-3-year-old children and a play area. This structure does not reflect a conducive learning environment for quality teaching and learning to take place. The building is substandard; it is not erected on solid ground and poses safety risks for young children and their practitioners. The classroom has inadequate space and ventilation for young children who spend many hours in that environment. The building is very hot in summer and cold in winter which poses a health and safety hazard to children as most of them are bottle-fed. There is only one small bed in the building and most children sleep on the floor and are exposed to dust and all kinds of infections and diseases.

The play area is dusty and gloomy with few visually stimulating facilities for the holistic development of young children. The eroded play area exposes children to physical injuries and the ECD centres have no first aid facilities in case of any emergencies.



Photograph 4.5: An outdoor environment at Centre A (semi-urban area); registered ECD centre



Field notes: Photograph 4.5 shows the solid structure built by the Department of Public Works as explained by the ECD manager. In contrast to the rural centres, the environment looks conducive for the quality development of young children. The environment looks clean and safe for young children who need quality care and development. There are shaded areas for children to play away from the sun and fire extinguishers are visible in the corridors for the safety of the environment where children are cared for.



Photograph 4.6: Outdoor play environment at Centre A (semi-urban area)



Field notes: In photograph 4.6 the outdoor area looks colourful and age-appropriate. The area has a solid fence around it to ensure the health and safety of young children. The resources for the registered ECD centre are provided by the Department of Public Works. Access to the provision of resources is inequitable compared to the unregistered centres, as evident in photographs 4.4 and 4.6.



Photograph 4.7: Indoor environment at Centre B (rural area)

During the interview with a participant from the district office, some experiences shared resonate with my findings:

“I saw one cot in that centre, who is sleeping in one cot and who is not..., others were on the floor. In winter some few were on the floor..., do they need to be on the floor?” (DO)

Photograph 4.7 affirms participant DO’s explanation. There was only one bed as evident in the photograph. Most young children sleep on the floor and are exposed to indoor environmental pollutants such as dust which is detrimental to their health.



Photograph 4.8: Indoor environment at Centre A (semi-urban area)



Field notes: The registered ECD centre which is subsidised by the DSD has minimal facilities although the building is made of brick and mortar. There are only three cots in the 0-3-year-old classroom. The rest of the toddlers sleep on the floor where they are exposed to health and safety risks. Moreover, there was no evidence of a separate area for changing nappies. The ECD centre had a kitchen for cooking and preparing bottles for toddlers.



Photograph 4.9: Children's toilets and hand washing basins at Centre B (rural area)



Field notes: The above photograph (4.9) depict substandard ablution facilities for young children which does not meet the minimum health and safety standards stipulated in the South African Schools Act of 1996. Furthermore, the conditions at the ECD centre B also show a lack of quality sanitation facilities for vulnerable young children. These findings are in contrast with goal seven of the Millennium Development Goals (MDG) which was agreed upon by the SA government to ensure environmental sustainability (Jamieson et al., 2017; WHO, 2015).



Photograph 4.10: One tap of running water and containers at Centre B (rural area)



Photograph 4.10 shows a lack of basic services such as running water at the rural ECD centre. There is only one tap on the premises; water is kept in old bottles for children to drink. The delivery of ECD services differs according to different settings and contexts at the rural ECD centre and semi-urban centre. Access to quality ECD services remains inequitable according to the findings and vulnerable young children are mostly affected.

4.3.3.4 Sub-theme 3.4: Registration with DSD

Most participants shared their views on the disparities of registering the ECD centres, especially in impoverished communities. From the experiences of the participants, it seems most of the ECD centres do not meet the requirements of registering with the DSD. The findings concur with Viviers et al. (2013), that the stringent norms and standards set by the DSD make it difficult to meet the requirement for registering the ECD centres. One of the participants explained:

“ECD centres are private entities and procurement of resources is the responsibility of the DSD..., only registered ECD centres with DSD receive training..., only those with 30 children can be registered.” (PO)

In support of the view of registering ECD centres, two officials emphasised that:

“...only registered ones are monitored and supported by the province.” (NO)
“Proper training for registering centres is needed, enough subsidy and bringing quotes.” (DO)

During the semi-structured interview with an ECD manager from the rural area, experiences were shared on how her unregistered ECD centre is affected. She mentioned that the ECD centre is operating from someone's yard. She was code-switching during the interview, using her mother tongue which is Setswana and English. The participant explained her challenge as follows:

“Financially we need sponsor, now re na le problem ya go kereya sponsor, re berekela ka mo jarateng... (we need a sponsor because we work from the yard...) we are busy looking for a stand re kgone go applayela...di funds, if we can get the funds re godise mmereko and more training.” (we are busy looking for a place to work so that we can apply for funds, if we can get funds work will grow.)

During the discussion and interview with one official from the national office, information was shared on the registration rollout plan that is in place. The following information was shared:

“ECD is moved to DBE, we are in a process of registering all ECD centres..., get information on how many ECD centres in the country and plan before the end of the financial year.” (NO)

4.4 Conclusion

Chapter 4 presented collected data from interviews which were recorded and grouped into categories and themes. The process involved generating descriptions of participants and research sites through photographs and writing of notes. The findings revealed inadequacy in the implementation of ECD policies for quality care and education of young children in the selected ECD centres. Chapter 5 will present the interpretation of the findings.

CHAPTER 5: ANALYSIS OF FINDINGS

5.1 Introduction

In Chapter 5, I discuss the findings as derived from Chapter 4. The findings are guided by the research questions on how the implementation of ECD policies can be strengthened to improve the quality care and education of young children. Furthermore, the findings gave insight into the processes and strategies currently in place to strengthen the implementation of ECD policies.

Throughout this chapter, I compare the results obtained against the background of literature in Chapter 2 and the conceptual framework. Furthermore, I discuss the correlations (see Table 5.1), contradictions (see Table 5.2), as well as silences (see Table 5.3) in the study. I will draw conclusions of the study in Chapter 6 when addressing the research questions and conceptual framework and then give recommendations regarding the potential contribution of this study towards strengthening the implementation of ECD policies for quality.

5.2 Findings in support of existing literature

The next table (Table 5.1) provides a comparison between the research results and existing literature with an interpretive discussion.

Table 5.1: Comparing the results of the research to the existing literature

<i>Author and year</i>	<i>Existing Knowledge</i>	<i>Interpretive discussion</i>
Theme 1: Processes of strengthening ECD policies		
Sub-theme: 1.1: Advocacy of the ECD policies		
<ul style="list-style-type: none"> • Davids et al. (2015) 	<p>An awareness campaign was conducted to promote ECD policies in 2012. Various ECD stakeholders were consulted, including the government departments.</p>	<p>During the interview, participant NO explained that ECD directors received advocacy, however, participant PO's response indicated that advocacy is not carried out to the policy implementers at district level and ECD centres: <i>"ECD directors were invited at DBE for the introduction..., advocacy kind of the policy"</i> also <i>"PED officials went back and held a workshop with District officials who also introduced the policy to the circuits..., the policy was then introduced to ECD practitioners in all the circuits."</i> (NO)</p> <p>The response from PO: <i>"The PED organised stakeholders like NGOs and National office were doing advocacy. There are people responsible for that."</i> (PO)</p>
<ul style="list-style-type: none"> • Maunganidze et al. (2014) 	<p>Access to ECD provision is fragmented due to a lack of uniformity and accountability from the national office and the province.</p>	<p>These findings indicate that information from the officials responsible for executing the ECD policies does not flow to the policy implementers. As such access to quality information is inequitable in the disadvantaged ECD centres.</p>

Sub-theme 1.2: Awareness campaign

<ul style="list-style-type: none"> • Jamieson et al. (2017) • Vorster et al.(2016) • Biersteker (2012) 	<p>Most ECD practitioners and officials do not understand ECD policies due to insufficient advocacy and mediation.</p>	<p>Some participants in the study revealed a lack of knowledge of the ECD policies. The response from the participants who are key role players responsible for mediating ECD policies and developing ECD practitioners showed a lack of awareness regarding ECD policies. The district official as well as the practitioners at the ECD centres pointed out that they are not aware of any ECD policies (see 4.3.1.1, [DO] and [EM2] responses). For example: <i>“We don’t have, it is still in the pipeline, they have not done any policy so far for 0-4.”</i> (DO) Also, (EM2) stated: <i>“I don’t have an idea.”</i> Surprisingly, both participants are in leadership positions and need to support the educators. However, they knew the least about the policy implementation. Most practitioners also did not know of ECD policies but mentioned training courses they attended.</p>
<ul style="list-style-type: none"> • Theobald (2019) • Jamieson et al. (2017) • Atmore et al. (2012) 	<p>There is a disjuncture between policy intention and implementation due to a lack of knowledge and understanding by the policy end users.</p>	<p>The experiences of the participants reflect disjuncture in the awareness of ECD policies and as such compromises on the knowledge and understanding of policies by implementers (the practitioners).</p>

Sub-theme 1.3: Training of ECD officials, managers, and practitioners

<ul style="list-style-type: none"> • Vorster et al. (2016) • Mbarathi et al. (2016) • Viviers et al. (2013) 	<p>Studies indicate that there is inadequate training due to discrepancies in funding for ECD training, especially in rural areas.</p>	<p>The level of training received by officials showed some discrepancies. The district official mentioned that she never received ECD training: <i>“I have not yet received training on ECD 0-4...,no specific policy, still under discussion but the implementation of grade RR will only be from 2022.”</i> The other two officials received training on the National Curriculum Framework (NCF) (DBE, 2015) for children from birth to four years.</p>
<ul style="list-style-type: none"> • O’Carroll & Hickman, (2012) 	<p>Inadequate training limits quality teaching and learning practices at the ECD centres. Children’s development outcomes are often used to measure high-quality ECD practices.</p>	<p>Two ECD managers reported on different content knowledge acquired in their training. Participant EM1 received operational training in the management of the ECD centre whereas EM2 confirmed a minimum acquisition of operational skills.</p>

<ul style="list-style-type: none"> • DBE, DSD (2015) and UNICEF (2010) • Mbarathi et al. (2016) • Ebrahim et al. (2011) • Bose et al. (2012) 	<p>The unregistered ECD centres in South Africa are less advantaged because they are not trained in financial management.</p> <p>Most ECD practitioners are functionally illiterate because of inadequate training.</p> <p>The training of ECD teachers is controlled by private individual and organisations more than the government.</p>	<p>The findings reflect that participants who are ECD practitioners and the manager from the rural ECD centre were hesitant and lacked the confidence to talk about their acquired training. From these findings and my observation, these participants felt inadequately equipped to execute their duties, thus, the quality of teaching to these young children is compromised.</p> <p>The ECD practitioners also showed discrepancies regarding the content of the training received from different training providers in both ECD centres: <i>“I received training on Safety policy.”</i> (AT1) Another participant said, <i>“Disability course, the DSD looked for a school for training.”</i> (AT2)</p> <p>The second focus group’s participant explained: <i>“I was trained on balancing, behaviour, nutrition, drafting menu programmes from an NGO.”</i> (BT1)</p> <p>The second participant said: <i>“I was trained on motor skills (gross), jumping, cognitive, emotional development from sunshine NGO.”</i> (BT2) These findings also show a discrepancy in access to ECD training which compromises the quality of strengthening the implementation of ECD policies, especially at the disadvantaged ECD centre.</p>
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Sub-theme 1.4: Monitoring curriculum support and learning environments

<ul style="list-style-type: none"> • Hujala et al. (2016) 	<p>ECD managers and practitioners who receive inadequate monitoring and support for professional development have low job satisfaction and teaching is adversely affected.</p>	<p>From the interviews, some official participants reported on challenges in monitoring and supporting the ECD practitioners due to lack in capacity, poor retention of trained practitioners and a lack of monitoring guidelines.</p>
<ul style="list-style-type: none"> • Hujala et al. (2016) 	<p>The lack of quality teaching and lower job satisfaction is associated with inadequate monitoring and support for ECD practitioners.</p>	<p>One of the ECD practitioners showed dissatisfaction and low morale due to minimal development and support received from key stakeholders. This challenge might affect the quality of teaching at the ECD centres. The ECD managers and practitioners from both focus groups showed discrepancies in monitoring and supporting because of the difference in the quality of training acquired.</p>
<ul style="list-style-type: none"> • Fourie et al. (2014) 	<p>The less advantaged ECD centres lack adequate support in the management and administration of the ECD facilities, hence the quality learning environment is compromised at these centres.</p>	<p>The registered ECD manager received training from a formal training institution whereas the other manager acquired training from an NGO. This could be due to a lack of funding for the manager from the unregistered ECD centre.</p>

Sub-theme 1.5: Professionalisation of the ECD sector

<ul style="list-style-type: none"> • Hoadley (2013) 	<p>Lack of structured, formalised training affects professionalisation of ECD career pathing.</p>	<p>Most participants heard about ECD being professionalised (see 4.3.2.1.3 [EM1]). However, from the views of most participants it appeared that information on professionalisation and career pathing in an ECD qualification is not adequately advocated to the ECD stakeholders (see 4.3.2.1.2 [EM1]). Participant EM1 stated that nothing is documented informing them about professionalising ECD. Some officials know about the plan to professionalise ECD in S.A. but ECD practitioners displayed uncertainty about it and their career pathing.</p>
<p>Fourie (2013)</p>	<p>Studies that have been carried out indicated that ECD practitioners' motivation and morale are hampered by the lack of professional recognition.</p>	<p>The ECD practitioners also reported on the lack of recognition for their status: <i>“If ECD is professionalised it is going to strengthen us because people undermine us and our work, most people undermine us, it's like we work for the principal.”</i> (AT2) This challenge could be due to a lack of structured, formalised ECD training. It seems the professionalisation of ECD qualifications is not adequately communicated to the ECD stakeholders and seems to adversely affect the morale of ECD practitioners.</p>

Theme 2: Strategies for strengthening the implementation of ECD policies		
Sub-theme 2.1: Consultation and collaboration with ECD forums and other COPS		
<ul style="list-style-type: none"> • Mthethwa (2012) • Hujala et al. (2016) 	<p>According to research, quality leadership includes shared roles and responsibilities of all the role players in order to support professional development.</p>	<p>One of the participants from the national office echoed that there are consultations with ECD stakeholders to implement ECD policies .However, from these findings, there is little evidence of collaboration between the national and district offices on implementing ECD policies as claimed by the national officials. These findings raise a serious concern since the district officials are personally responsible for advocacy, training, monitoring, and supporting the ECD centres.</p>
<ul style="list-style-type: none"> • Excell (2016) 	<p>Research revealed that consultation among ECD stakeholders brings an opportunity for the development of ECD policies to be articulated. In this regard, all ECD stakeholders will have a common understanding of implementing ECD services for the development of young children.</p>	<p>Data revealed that there is a lack of communication on developed policies from the national office to the provincial and district offices. ECD policies cannot be implemented for quality teaching to take place.</p>

Sub-theme 2.2: Management and leadership at different levels in education departments

<ul style="list-style-type: none"> • Heikka et al., (2018) 	<p>There is a lack of coherence from the ECD stakeholders to strengthen the implementation of ECD policies.</p>	<p>The findings showed little coherence in sharing management roles to strengthen the implementation of ECD policies and quality leadership is compromised.</p>
<ul style="list-style-type: none"> • Britto et al. (2011) 	<p>Quality leadership requires continuous interaction to have a clear understanding of the roles and responsibilities of ECD leaders to reach a common goal in strengthening the implementation of ECD policies.</p>	<p>Data revealed that the national office has plans in place to share their management roles through developed committees. However, there is still no evidence of the intended outcomes of the plans. Participants PO and DO revealed a lack of understanding and support in their leadership roles to implement ECD policies.</p>

Sub-theme 2.3: Dialogue and negotiation between ECD stakeholders

<ul style="list-style-type: none"> • Hujala et al. (2016) • Heikka et al.(2018) 	<p>The provision of ECD services by key stakeholders is fragmented and decisions are made independently.</p>	<p>The participants from the national and provincial offices showed knowledge and understanding of the NIECD policy requirements. However, participant NO and the ECD manager expressed the dilemma of working in silos as departments and with parents (see 4.3.2.2 [NO] and 4.3.2.2 [EM1]). Furthermore, these findings from participant NO and manager EM2 highlight the importance of having ongoing dialogues and negotiations with ECD stakeholders to strengthen the implementation of ECD policies.</p>
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Sub-theme 2.4: Training programmes of ECD practitioners

<ul style="list-style-type: none"> • Ebrahim et al. (2011) • Aubrey (2017) 	<p>Researchers maintain that ECD services in South Africa do not have an integrated system but are serviced by community-based organisations (CBO), NGOs and other stakeholders hence strengthening the implementation of ECD policies is a challenge in rural areas.</p>	<p>Some participants emphasised the lack of standardised ECD programmes and guidance in implementing these programmes (see 4.3.2.3 [DO] and [EM1]).</p>
<ul style="list-style-type: none"> • Biersteker et al. (2016) 	<p>Children who attend high-quality programmes have better outcomes in their cognitive, language and communication development.</p>	<p>The participants further expressed the impact of unstandardised programmes on the foundational knowledge of young children in the disadvantaged ECD centres. Seemingly, access to quality programmes differ according to the economic setting.</p>

Theme 3: Challenges experienced by ECD players in strengthening the implementation of ECD policies at the centres

Sub-theme 3.1: Financial management and funding of ECD centres

<ul style="list-style-type: none"> • Atmore et al.,(2012) 	<p>Research shows that most families live in poverty and cannot afford to pay for ECD services.</p>	<p>Data revealed that there is inadequate provision of human, teaching and learning resources. Some official participants reported that funding for ECD centres is provided and managed by the DSD.</p> <p>Both ECD manager participants' experiences showed discrepancies in receiving funding. Manager EM2 receives irregular income from parents in terms of school fees to buy teaching and learning resources and pay a stipend, whereas EM2 is funded and supported by the DSD (refer to 4.3.3.1). As such, there is likely to be a difference in the quality of teaching and learning provided at these centres.</p>
<ul style="list-style-type: none"> • Biersteker (2012) 	<p>ECD practitioners are not recognised as public service workers and do not receive a standardised stipend.</p>	<p>During interaction with practitioners from both focus groups, most of them indicated their frustration with receiving an irregular income which leads to absenteeism at work due to a lack of transport fares (see 4.3.3.1.). Quality teaching is compromised due to frequently absent practitioners.</p>

Sub-theme 3.2: Human resource /Institutional capacity

<ul style="list-style-type: none"> • DSD (2015) • Atmore et al., (2012) • Viviers et al. (2013) 	<p>Researchers link positive care giving with physical characteristic of the environment like basic facilities such as running water, sanitation, and learning material. The quality provision of adequate infrastructure in most rural areas is of poor standards.</p> <p>Most ECD centres in the disadvantaged communities converted space in their homes to accommodate young children due to lack of community-based facilities.</p>	<p>The ECD centre physical structure in the rural area is made of corrugated iron and compromises on the health and safety of young children. However, the semi urban registered centre has solid building made of brick and mortar, running water and ablution facilities. The indoor area in both semi urban and rural area has inadequate resources such as sleeping areas.</p> <p>Young children sleep on the floor which can breed infectious diseases and compromise on the health of young children.</p> <p>The study findings revealed that equity in the provision of resources is inadequate due to the lack of access to DSD subsidies.</p>
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	Infrastructure prevents ECD centres in the disadvantaged communities from getting registered and accessing the DSD subsidy.	
Sub-theme 3.4: Registration with the DSD		
<ul style="list-style-type: none"> • Mbarati et al. (2016) 	Lack of funding to meet infrastructure requirements for registration creates a gap to strengthen ECD policy implementation, especially at the rural ECD centres.	Some ECD manager and official participants indicated that inadequate infrastructure hampers registration and access to ECD services: <i>“We are busy looking for a stand re kgone go applayela di funds because we can’t get funds.”</i> (EM2) <i>“We are looking for a place to work so that we can apply for funds.”</i> (EM2)
<ul style="list-style-type: none"> • Viviers et al. (2013) 	Funding at provincial level for registered ECD centres has increased but is not distributed to reach the poorest children.	An official from the province indicated that: <i>“Only registered ones are monitored and supported by the provinces.”</i> (PO)

<ul style="list-style-type: none"> • DBE, DSD (2015) and UNICEF (2010) 	<p>In the poorest areas, the ECD infrastructure is of a low standard. Most ECD centres are not registered due to not meeting the infrastructure requirements from DSD to qualify for funding.</p>	<p>Poor infrastructure and inadequate distribution of funds across the South African provinces showed an impact on the unregistered rural ECD centres to access funding. Chances of getting adequate facilities to implement ECD policies seem minimal in the rural areas due to poor quality of resources and accessibility.</p>
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5.3 Literature in contradiction of research results

The following table (Table 5.2) details findings of the study that contradict existing literature.

Table 5.2: Findings that contradicts existing literature

<i>Author and year</i>	<i>Existing knowledge</i>	<i>Contradiction</i>	<i>Interpretive discussion</i>
Theme 1: Processes of strengthening the implementation of ECD policies			
Sub-theme 1.1: Advocacy of the ECD policies			
<ul style="list-style-type: none"> DSD (2015) 	<p>The NIECD policy aims at strengthening the roles and responsibilities of the government departments for delivery of ECD services which is not evident from the data collected.</p>	<p>In contrast to literature, data revealed that the roles of participants NO and PO are not shared and mutually understood. There is little evidence of advocacy at the provincial and district levels.</p>	<p>One participant's response showed that advocacy is carried out at national level: <i>"After the development of the ECD at Department of Basic Education (DBE), Provincial Education Department (PED), ECD directors were invited at DBE for the introduction..., advocacy kind of the policy."</i> (NO)</p> <p>She further added: <i>"PED officials went back and held a workshop with District officials who also introduced the policy to the circuits..., the policy was then introduced to ECD practitioners in all the circuits."</i> (NO)</p>

<ul style="list-style-type: none"> • DSD (2010) 	<p>The DBE develops ECD policies and guides and directs the process of advocacy. The PED facilitates the implementation of the plan.</p>	<p>The NIECD policy clearly states the role and responsibilities of ECD officials.</p>	<p>The participant from PED said: <i>“The PED organised stakeholders like NGOs and National office were doing advocacy. There are people responsible for that.”</i> (PO)</p>
<ul style="list-style-type: none"> • Britto et al. (2011) • Hujala et al. (2016) 	<p>The implementation of ECD policies is determined by the quality of advocacy provided across all levels of leadership down to implementers, who are ECD practitioners.</p>	<p>There is no evidence from data that shows that information was shared with the district official, ECD managers and practitioners on ECD policies.</p>	<p>The official from the national office said: <i>“PED officials went back and held a workshop with District officials who also introduced the policy to the circuits..., the policy was then introduced to ECD practitioners in all the circuits.”</i> (NO)</p>
<p>Sub-theme 1.2: Awareness campaign</p>			
<ul style="list-style-type: none"> • Davids et al. (2015) 	<p>An awareness campaign was conducted to strengthen ECD in 2012 with various ECD</p>	<p>In contrast to literature data revealed that there is a gap in the awareness of ECD policies. The dissemination of information does not flow to the district</p>	<p>The district official as well as the ECD centre manager pointed out that they are not aware of any ECD policies: <i>“We don’t have, it is still in the pipeline, they have not done any policy so far for 0-4”</i> (DO) and <i>“I</i></p>

	stakeholders including government departments.	office and ECD centres, specifically in the rural area.	<i>don't have an idea.</i> " (EM2) The ECD manager from the semi-urban area reflected knowledge and insight of operational ECD policies (see 4.3.1.1) and photograph 4.1. These findings indicate that information from the officials responsible for executing the ECD policies does not flow to the policy implementers who are district officials and ECD practitioners.
Sub-theme 1.3: Training of ECD officials, managers, and practitioners			
• Vorster (2016)	Dissemination of information to the ECD stakeholders is another approach to strengthen ECD policy implementation.	DO lacks understanding of policies governing ECD centres due to adequate training.	The participant clearly stated that she has not been trained. As such the practitioners she is responsible for cannot be equipped to teach young children which compromise quality ECD policy implementation.
Sub-theme 1.4: Monitoring curriculum support and learning environments			
• DSD (2015)	The NIECD policy states that mentoring and support of ECD	The District official, who is responsible for ECD centres, is not equipped to	In contrast to these findings, the district official indicated that they only monitor

	<p>practitioners is important to ensure quality implementation of ECD policies.</p>	<p>support and monitor ECD centres to strengthen theoretical training.</p>	<p>Grade R and ECD centres close to the district office, although there is no intensive monitoring. In addition, they do not have guidelines or monitoring instruments for monitoring the children aged birth to four years. Based on these findings, it clearly indicates that participant DO was not trained on ECD policies which affect quality teaching at the ECD centres.</p> <p>The participant (EM1) shared that to some extent she has knowledge on how to monitor practitioners at the ECD centres (see 4.3.4.1.1 [EM1]). However, in contrast to the last findings the ECD practitioner from the rural area indicated exceptionally low levels of monitoring and support for practitioners (see 4.3.4.1.1 [EM2]). These findings are a contrast to the existing body of knowledge documented in the NIECD policy (DSD, 2015) stating that supervising and monitoring of ECD practitioners is</p>
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			important to strengthen the implementation of ECD policies.
Sub theme 1.5: Professionalisation of ECD sector			
<ul style="list-style-type: none"> DSD (2015) 	It is crucial to promote professionalisation and career pathing of ECD to provide an adequately conducive working environment for ECD centres.	From the findings in the study most participants have not received any concrete information on professionalising ECD. The career pathing of ECD practitioners is still hearsay for most participants.	The participants lack information on professionalising ECD: <i>“If ECD is professionalised it is going to strengthen us because people undermine us and our work, most people undermine us, it’s like we work for the principal.”</i> (AT1) Also: <i>“I hear they are talking about but not receive information.”</i> (EM 2)
Theme 2: Strategies of strengthening the implementation of ECD policies			
Sub-theme 2.3: Dialogue and negotiation between ECD stakeholders			
<ul style="list-style-type: none"> DSD (2015) 	The NIECD has been operating as a policy framework to bring synergy to the different	The officials participants and one of the ECD managers understood the	The ECD participant at the national office explained the dilemma of working in silos as departments. She expressed her frustration

<ul style="list-style-type: none"> • Viviers et al. (2013) • Hall et al. (2017) 	<p>programmes provided by the DBE, DOH and DSD (DSD, 2015).</p> <p>Both the NDP and NIECD policies (2015) place emphasise on an integrated system to ensure that the needs of vulnerable children are taken care of. The aim of these policies is to provide a multisectoral enabling framework for the provision of comprehensive ECD services.</p> <p>A diagnostic review was conducted to diagnose the gaps in strengthening the implementation of ECD policies. Subsequently, an awareness campaign was conducted with various</p>	<p>importance of collaborative work to strengthen ECD services.</p> <p>The officials explained that the National Interdepartmental Committee (NIDC) i.e. DSD, DBE and DoH is established. However, there is little evidence of the intended purpose of establishing that committee since the services provided at the ECD centres are disintegrated. The committee functions in silos.</p>	<p>about the lack of collaboration to provide comprehensive ECD services: <i>“I think if possible, go there as one if possible, talk in one language, go with one thing in common. Problem is when going there differently in one ECD centre A..., today I go there as an official from DBE, tomorrow, so and so go as an official from DSD, tomorrow or the other date official from DoH. How about going there collaboratively...”</i> Also: <i>“We need support to strengthen collaboration through NIDC and Interdepartmental forums to take ECD forward, by being, trained on curriculum, funding, health care nutrition to improve our ECD centres..., having one information is important.”</i> One participant ECD manager echoed that there is a need for team building with other ECD centres and to collaborate with parents to support ECD centres: <i>“they can combine day cares and get support from outside,</i></p>
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	stakeholders to strengthen effective collaboration with key ECD stakeholders.		<i>what I do here they can do it at Sunshine because we differ</i> ". In contrast to literature the experiences of the participants brought to light that there is no common vision in strengthening the implementation of ECD policies due to a lack of interdepartmental collaboration.
Sub-theme 2.4: Training Programmes of ECD practitioners			
<ul style="list-style-type: none"> • Excell (2016) • DBE, DSD (2015) and UNICEF, (2009) • DSD (2015) 	<p>South Africa has developed ECD curriculum standards and guidelines as documented in the National Early Learning Standards (NELDS) (DBE, 2009) for the developmental needs of young children.</p> <p>Furthermore, The South African National Curriculum Framework for children from birth to four (NCF) (DBE, 2015) is a framework designed to</p>	<p>The ECD practitioners in the rural area have limited knowledge and skills about ECD programmes and as a result, the quality implementation of ECD policies is compromised.</p> <p>Young children from rural areas have limited access to ECD programmes.</p>	<p>Contrary to the aim of the ECD policies and frameworks, a participant from the district office and the semi-urban manager emphasised that ECD practitioners are following their own programmes: <i>"The challenge is that they don't have a policy, they have their own structure, no one trained them..., they are following their own program, each have its own program"</i> (DO). In addition, the participant elaborated on how implementation of different programmes at the ECD centre will impact</p>

	assist in the development of activities that ECD practitioners can use for young children to acquire knowledge, skills, and attitude. The aim of the NIECD policy (2015) is for all children to have access to ECD programmes.		on the foundational knowledge of young children in the disadvantaged areas (refer to 4.3.3.1.4 [EM1]). <i>“Some are using curriculum some are not”</i> . There are no standardised programmes for ECD centres from what was eluded by participants. An ECD teacher participant from the rural area mentioned that there are minimal workshops on ECD programmes conducted by the DSD.
Theme 3: Challenges experienced by ECD role players in strengthening the implementation of ECD policies at the centres			
Sub theme 3 3: Physical resources: Inside the playroom/ outside the playroom			
<ul style="list-style-type: none"> Jamieson et al. (2017) 	One of the MDG agreed on at the United Nation Millennium Summit in 2000 with members of states including SA, was to	The vulnerable community could have been prioritised in the provision of adequate infrastructure. However, the status quo remains the same. The	In the current era since the ratification of the MDG in 2000 and recognition of neglected young children as stated in the Children’s Act no 38 of 2005, one would have expected

<ul style="list-style-type: none"> • DSD (2015) 	<p>create an enabling environment of policies and programmes that will provide young children, especially in the vulnerable communities, with adequate infrastructure, water and sanitation.</p> <p>The SA constitution states that everyone has the right to adequate water and a healthy environment. In addition, the NIECD policy has set national norms and standards for infrastructure provision, irrespective of young children's geographical location.</p>	<p>rural ECD centres lack basic services such as running water and adequate sanitation facilities.</p> <p>Quality provision of a healthy and safe environment for young children is compromised.</p>	<p>to see access to basic services such as adequate infrastructure, water and sanitation in the rural ECD centres.</p> <p>However, from my observation and the photographs taken there were no evidence of this. To the contrary (see photograph 4.3) the infrastructure in the rural ECD centre is made of corrugated iron which is unsafe for young children and not conducive to learning. Young children are using bucket system (see photograph 4.7) which is in contrast with the objectives of the MDG, SA constitution and NIECD policy to protect the health and safety of young children, especially in poor areas. Water provision and washing facilities in the rural area ECD</p>
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			<p>centre compromises the hygiene and safety of young children (see photograph 4.8). There are inadequate indoor sleeping facilities. Young children are at risk of infectious diseases due to exposure to dust on the floor. In contrast, the quality provision of basic resources as mentioned in the policies is not evident at the rural ECD centre.</p>
<p>Sub-theme 3.4: Registration with DSD</p>			
<ul style="list-style-type: none"> • DSD (2015) • Biersteker (2012) 	<p>The NIECD aims to provide funding for the most vulnerable children.</p> <p>Both the South African Children's Act of No. 38 of 2008 and the NIECD aim to prioritise funding especially for vulnerable young children in South Africa.</p>	<p>There is little evidence in the findings on the implementation of the policies to cater for the registration requirement needs of young children to access quality ECD services in the rural areas. Children from rural areas have less access to funding due to the centres not being able to meet the infrastructure requirements of the</p>	<p>Most participants shared their frustration regarding the limitations of unregistered ECD centres in that they do not receive funding, training, monitoring and support from the DSD. Therefore, due to the lack of these services, inadequate provision of ECD services will continue to recur at these centres. The livelihood of the most vulnerable young children will continue to be compromised.</p>

		DSD. The aim of the South African Children's Act of No. 38 of 2008 and the NIECD policy counteracts its intended purpose as the rural ECD centres remain disadvantaged in accessing funds.	
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5.4 Silences in data compared to literature

Silences in the data which are mentioned in the literature

Table 5.3 presents the findings of the study that are inconsistent to the current literature.

Table 5.3: Comparing the silences of data to literature

Author	Trend	Interpretative discussion
<ul style="list-style-type: none"> DSD (2015) 	<p>South Africa has developed ECD policies such as NIECD to bring synergy and coordination among government departments i.e., the DBE, DSD, DoH and other stakeholders such as NGOs, practitioners, and parents in implementing quality ECD services.</p>	<p>It was evident in the findings from data collected that awareness and implementation of ECD policies vary in the different settings and contexts of the levels of participants NO, PO, DO and practitioners at ECD centres. Again, it was evident from the interviews and observations that to some extent advocacy, training, funding, monitoring, support, infrastructure as well as leadership has been provided. However, quality in the provision of these services is not realised. It seems the lack of synergy at the aforesaid levels has affected the quality delivery of ECD services. Therefore, quality teaching is compromised.</p>

5.5 Conclusion

In this chapter I reported on the interpreted results of the study in comparison to the existing literature. The contradictions and silences of data were discussed against literature. Furthermore, the experiences and perceptions of ECD participants in implementing ECD policies at various levels of the national, provincial, district offices and ECD centres were interpreted against literature. The five themes were discussed relating to the different levels and dimensions of participants' experiences in strengthening the implementation of ECD policies for quality teaching to take place at the ECD centres. I regarded the selected participants as primary sources of the study and presented their voices throughout the discussion to validate the findings.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

In Chapter 5, I presented the findings of my study against the background of the existing literature, relating to the context of the implementation of ECD policies for quality teaching. Throughout, I indicated areas where the findings correlated with and contradicted the existing literature. Also, where applicable, the silences in the data were identified.

In Chapter 6, the framework on quality implementation of ECD policies in the context of the study is presented. The research questions that guided the study are answered. Thereafter, the new insights are discussed and then the conclusion follows. Lastly, recommendations to strengthen the implementation of ECD policies to improve quality teaching as well as further research are proposed.

6.2 Overview of preceding chapters

Chapter 1 served as an orientation and background to the study. I introduced the research problem statement and the rationale to bring forth the significance of the study. In this chapter, the research questions guiding the investigation were formulated. The definition of key concepts underlying the study was explained.

In Chapter 2, I reviewed the literature study by exploring the processes of implementing ECD policies in a wider context both globally and nationally. An overview of the conceptual framework was also discussed in this chapter.

Chapter 3 provided a description of the research methodology and phenomenon of implementing ECD policies. Furthermore, the sampling procedure and data collection methods were discussed. In conclusion, the ethical considerations, validity, and verification of data were explained.

In Chapter 4, I reported on the result of the study and its major findings through thematic analysis. In addition, extracts of raw data were included to validate and support the findings.

Chapter 5 presented a discussion on the results of the study on implementing ECD policies in relation to the existing literature. I discussed the correlations and contradictions of the study with reference to the existing literature. I also discussed the findings in regard to the conceptual framework underlying the study in order to reach a conclusion and the objective of the study.

6.3 Conclusions in terms of the research questions

I position my discussion in this chapter according to the themes that emerged from the study and utilise the discussions to address the research questions. Figure 6.1 provides an outline of the manner in which the identified themes relate to the research questions.

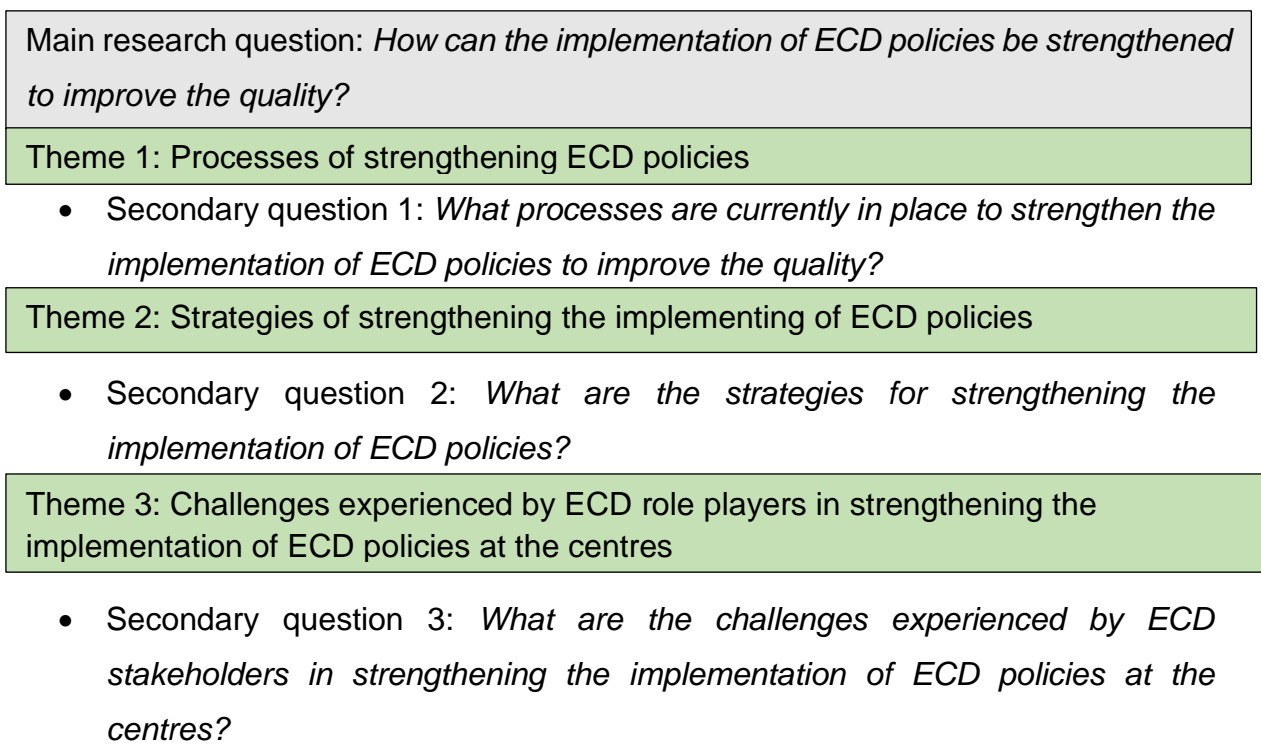


Figure 6.1: Research themes related to the secondary questions

6.3.1 Secondary research question 1: What processes are currently in place to strengthen the implementation of ECD policies to improve the quality?

Evidence from data answers the research question on current processes that are in place to strengthen the implementation of ECD policies. From the findings, data showed that there is inconsistent information on awareness regarding ECD policies from national, provincial and district officials.

The participant from the national office (DBE) explained that they have developed ECD policies and shared information regarding these policies with the provincial office (PED). However, there are conflicting views about the shared information from the national and provincial officials. For the provincial office, they only organise ECD stakeholders to attend advocacy meetings whereas the national office would conduct it. From the aforesaid discussion, it was evident that the processes of implementing ECD policies are in place, however, there is disjuncture in understanding the roles and responsibilities of the national and provincial officials.

In addition, the contradiction in the findings revealed that there is no clear directive from the national official (NO) in guiding the provincial official (PO) on how to go about informing ECD stakeholders; hence the district official ECD managers are also not aware of the ECD policies. These findings further revealed inconsistency in the roles and responsibilities of key ECD stakeholders, namely the national and provincial officials. It seems that the expectations of the national office on creating awareness and advocacy of ECD policies to the implementers are not clear. In this regard, information on ECD policies is not rolled out to the district office and ECD centres to strengthen the quality care and education of young children.

Contrarily, the provincial and district officials are supposed to be accountable for implementing ECD policies, but the information is not effectively disseminated from the national office to create ECD policy awareness at the provincial level. As such, the implementation processes of ECD policies cannot be done uniformly across all levels, which are the district office and ECD centres, to enable young children to receive quality care and education. Adequate advocacy and awareness could enable ECD stakeholders to uniformly understand the concept of ECD policies and their guidelines in order to put them into practice for quality care and education. The conceptual framework of Britto et al. (2011) has further proven that quality implementation of ECD policies is reciprocal; it requires a competent system across all policy implementation levels. However, the findings revealed disjuncture and a lack of meaningful

relationship between the national, provincial and district offices to ensure implementation of ECD policies.

Also, from the views of most participants – that is NO, PO, ECD managers and practitioners – it is evident that they have been trained on some of the ECD policies. However, the district official who is responsible for training the ECD practitioners indicated that she is not trained on ECD policies. These findings revealed that there is no mutual sharing of knowledge between participants NO, PO and DO to strengthen the quality care and development of children. In this regard, the district official is not knowledgeable about the ECD policies to train managers and practitioners in interpreting and implementing ECD policies to provide young children with quality care and education.

In addition, the study showed that there are discrepancies in the operational training acquired by ECD managers to facilitate a conducive working and learning environment at the ECD centres. Participant EM1 received training in operating the ECD centre which includes administration and management to contribute to the quality environment for children's development. However, EM2 seem to have received minimal training which compromise on the quality care and education for young children in the rural ECD centre (see section 4.4.1.3). From the accounts of the ECD practitioners, they received training from various service providers. The findings revealed that the training acquired by these practitioners is not standardised and equitable; hence they are unable to provide young children with quality foundational knowledge.

Regarding the monitoring of the implementation of ECD programmes at the ECD centres, there are conflicting views from participants NO, PO and DO. The process of implementing ECD policies has commenced, according to the national official, but PO's and DO's responses showed no proof that the ECD centres are being monitored. This finding show that the national office's monitoring plan is not effectively communicated to the provincial land district offices. Furthermore, information is not cascaded to the ECD managers and practitioners for quality education, care and development of children to take place. The experiences of the ECD managers showed a vast difference in monitoring the practitioners in their respective centres.

EM2 showed minimum interaction with the ECD practitioners to support them in their daily caregiving practices due to lack of monitoring and support from NO, PO and DO to execute the ECD policies. These findings as noted in the study revealed a lack of uniformity and accountability in the monitoring process across all levels of policy implementation for quality delivery of ECD services. The national office's monitoring plans are not aligned at the province and district offices hence ECD centres are affected in delivering children's quality care and development. It means there is disjuncture in the monitoring processes of ECD policies across all levels – that is national, provincial, district offices and ECD centres. The study revealed that policies are developed hierarchically at the national office with little evidence of implementation at the lower levels –that is the provincial, district and ECD centres. The expectations of the national office regarding the monitoring of the implementation of ECD policies are not known to the stakeholders – that is the PO and DO. Therefore, it is evident that ECD stakeholders work in silos; the learning environment and daily teaching practices are not strengthened for quality teaching and learning to take place (see section 4.4.1.4).

The ECD managers and practitioners' utterances showed a lack of confidence in their profession due to a lack of recognition of ECD as a profession. In addition, information on professionalising ECD is not adequately disseminated to ECD practitioners (see field notes 4.4.1.5). Consequently, the delivery of quality teaching is affected. This study showed that although policies and plans are in place at the national level, there is a need to strengthen the implementation process by providing quality advocacy, awareness, training and monitoring across all levels to improve the quality of early childhood care and education.

6.3.2 Secondary research question 2: *What are the strategies for strengthening the implementation of ECD policies?*

Britto et al. (2011) conceptual framework has confirmed that quality in strengthening the implementation of ECD policy is a reciprocal action that requires continuous collaboration. In addition, dialogue and systematic negotiation among ECD stakeholders create an enabling environment to uniformly implement the policies for quality teaching and learning to take place (Britto et al., 2011). The aforesaid

statement concurs with the DSD (2015), that ECD policies are designed to bring common understanding and regulate daily practices to ensure equitable access to ECD services. However, participants indicated that there is disjuncture to reach a common goal when visiting the ECD centres. The findings revealed that ECD stakeholders provide disintegrated services with conflicting interests at the ECD centres. Conversely, the intended purpose of strengthening the implementation of ECD policies cannot be fulfilled for quality care, education and holistic development of young children, especially in disadvantaged areas.

Participant NO indicated that there are strategies in place, i.e. the National Strategy for Learner Achievement (NSLA) for interaction every quarter. Furthermore, there is a clear indication that a collaboration strategy is in place at the national level with other departments through the National Interdepartmental Committee (NIDC). However, the aforesaid participant acknowledged that there is no synergy among these departments due to a lack of consultation and dialogue. Sayre et al. (2015) concur that the implementation of ECD policies must be systematically evaluated and documented through continuous consultation and negotiations with all stakeholders.

Furthermore, the experiences of participants in leadership and management positions – PO, DO and ECD managers – showed a lack of shared responsibilities and interaction among themselves to implement ECD policies. NO explained about the officials' plans to visits the ECD centres are unrelated due to lack of communication and collaboration. Consequently, practitioners at the centres get confused and the intended purpose to strengthen the implementation of ECD policies becomes watershed. In spite of the fact that participant PO knows the requirements of the NIECD policy to support the district office in implementing ECD policies, there is no evidence of consultation with the provincial official. The study revealed that DO would at times get a chance to be at the ECD centres when there are visitations from other stakeholders. This study revealed that ECD stakeholders work in silos and that there is a disintegrated approach in strengthening the implementation of ECD policies. Furthermore, in the study, EM1 shared that there is a lack of dialogue and consultation with other ECD centres and parents to strengthen ECD policy implementation. In this regard, the intended purpose of developing ECD policies is not realised.

The study clearly shows that consultation is lacking among ECD stakeholders. Consequently, there has to be consultation among stakeholders to enhance meaningful dialogues and ensure coherent practices from the national, provincial and district offices as well as ECD centres. Furthermore, uniform standards can be created in decision-making among ECD leaders at all levels to strengthening the implementation of ECD policies for the provision of quality ECD services.

The study has highlighted that there are various ECD programmes provided by the ECD centres. Although these programmes are available, DO and EM1 expressed their heartfelt frustrations caused by the lack of standardisation of programmes at the ECD centres. The participants explained that the fragmented programmes affect the foundational knowledge that young children receive at the ECD centres. From my observation (see photographs 4.9 and 4.10) I realised that there are no standardised ECD programmes at the ECD centres and that young children in the marginalised areas continue to lack access to quality learning opportunities. Therefore, this study provides the ECD stakeholders with an opportunity to improve the strategies of strengthening the implementing ECD policies for the quality provision of ECD services.

6.3.3 Secondary research question 3: What are the challenges experienced by ECD stakeholders in strengthening the implementation of the ECD policies at the centres?

The study revealed challenges in the provision of infrastructure. From my observation (see field notes on 4.4.3.3) and participants' experiences, there are discrepancies in funding the ECD centres. Data showed inadequate provision of infrastructures such as ablution and sanitation facilities and indoor and outdoor learning environments (see photographs 4.2 to 4.7). ECD Centre B lacks basic facilities; young children are accommodated in a sub-standard corrugated iron structure with no suitable sanitation. The findings revealed a discrepancy between the two centres that could be a consequence of the DSD registration requirements that affected Centre B in the rural area. It means that the rights of young children to grow up in a healthy and safe environment continue to be compromised in the rural area due to the ECD centre not meeting the DSD registration requirements. The environment plays a critical role in enhancing quality teaching and learning. Young children need to be visually stimulated

in a healthy and safe environment to learn effectively and thrive. However, the learning environment at rural ECD centre deprives children of such and young children continue to have inadequate access to basic ECD services (see photographs 4.3, 4.4, 4.7 and 4.9).

The national and provincial officials expressed their frustration in retaining and supporting trained practitioners due to disparity in remuneration. There is unreliable remuneration of practitioners. The better-trained practitioners open their own ECD centres for better remuneration which compromise the quality caregiving and development of children at the ECD centres (see 4.4.3.2 [NO and PO]). From the views of NO and PO, poor remuneration affects human resources – that is the retention of ECD practitioners – hence it is difficult to provide support for ECD centres to strengthen implementation of ECD policies. The ECD practitioners also shared the same challenges of irregular remuneration. Sometimes, they do not receive salaries and cannot travel to work. Therefore, young children are not regularly attended to because practitioners are not regularly coming to work. As a result, quality care for these children is compromised.

The study found varying levels of support at ECD centres. In Centre A the DSD provided guidelines on the budget and financial reporting for all the expenses at the ECD centre. The expenditure included food, stipends and stationery. Conversely, Centre B relies on irregular parent's school fees and fundraising to remunerate practitioners, buy toys, food and stationery. EM2 further indicated that she needs a sponsor to buy a stand for the centre to qualify for the DSD registration. This finding revealed again that the registration requirements to comply with the norms and standards of the DSD prejudices the rural ECD centre to receive funding. As such, it shows that the lack of support in providing quality ECD services is mostly affecting young children who grow up in rural areas.

Britto et al.'s (2011) conceptual framework confirms that the quality of implementing ECD policies is determined by the social setting and level of stakeholders' interaction to provide development of young children. To further affirm these authors, Parasuraman et al. (1985) perceive the social setting where ECD centres are located as technical in nature – it requires resources such as infrastructure, finances, human resources and registration of ECD centres.

6.4 Main research question

How can the implementation of ECD policies be strengthened to improve the quality?

The unique findings of the study add to the growing body of quality ECD knowledge, more specifically to understand how the implementation of ECD policies can be strengthened to improve the quality. In the study, the experiences of ECD officials, managers and practitioners who are implementing the ECD policies in their respective areas broadened the existing knowledge base to inform future practice on strategies for the implementation of ECD policies.

This study has proven that the implementation of ECD policies contours across various levels and dimensions and requires a competent system for the provision of quality ECD services. Throughout the study, the experiences of participants have shown a close link to Britto et al.'s (2011) conceptual framework in that quality requires shared understanding and agreement between ECD role players through continuous negotiation and interaction. This framework is an effective means of aligning the practices of officials, ECD managers and practitioners for quality provision of ECD services to strengthen the implementation of ECD policies. Data has proven that the level of competence of ECD role players and their interaction has an impact on the quality of care and education of young children. Therefore, my study contributes to the knowledge base and future practice of those concerned with ECD policies, scholars and educators.

6.5 Contributions of the study

In this section, I present the theoretical contribution of the study. Furthermore, the conceptualisation of quality as a framework has been used as a lens for an in-depth understanding of how to strengthen ECD policies in this study. The main research question is also addressed, namely, ***How can the implementation of ECD policies be strengthened to improve the quality?*** This study incorporated Britto, Yoshikawa and Bolla's (2011) conceptual framework to investigate how the implementation of ECD policies can be strengthened. As such, it broadens the existing knowledge base

as well as informing future practice in strengthening the implementation of ECD policies.

According to Britto et al. (2011), the dimensions of quality in implementing ECD policies are revealed in the level that officials, managers, and practitioners are implementing the ECD policies. Throughout the interviews, data showed that the experiences of these ECD stakeholders are influenced by different contexts and the level of interaction among stakeholders in implementing ECD policies. Participants' experiences, perceptions and my observations noted in field notes revealed the quality of implementing ECD policies in various dimensions – that is, advocacy and awareness, training and monitoring, training programmes, dialogue and negotiation, infrastructure, registration of ECD centres, collaboration, management and funding.

Furthermore, the findings showed that quality provision of ECD services is adversely affected by the socio-economic setting where young children grow up. For example, the quality provision of infrastructure and funding in the rural ECD centre is jeopardised by the fact that it does not meet the infrastructure requirements of the DSD. These findings are aligned with Britto et al.'s (2011) conceptual framework that maintains that quality is a critical ingredient in strengthening the implementation of ECD policies, especially in the diverse socio-economic setting in South Africa; it requires an understanding of the concept of quality in the delivery of ECD services by ECD stakeholders. However, the responses of participants showed disjuncture in understanding their roles and responsibilities due to the lack of collaboration at the level of national, provincial and district offices for quality implementation of ECD services. The response of the national official, who is at the top level of developing policies, showed that there are structures in place to enhance interaction; however, consultation and dialogue among stakeholders are missing to create an enabling environment for the development of young children. Consequently, quality early childhood care is compromised at the implementation level – that is ECD centres.

The complex nature of quality in the delivery of ECD services which was explained in the previous chapters requires insight and thorough knowledge to be studied. Therefore, this study brings an understanding of how the concept quality can be used in the various dimensions and levels to strengthen the implementation of ECD policies,

especially in the diverse socio-economic setting where children grow up in South Africa.

The figure below illustrates my unique contribution to describe conceptualisation of the quality in implementing ECD policies (see Figure 6.2).

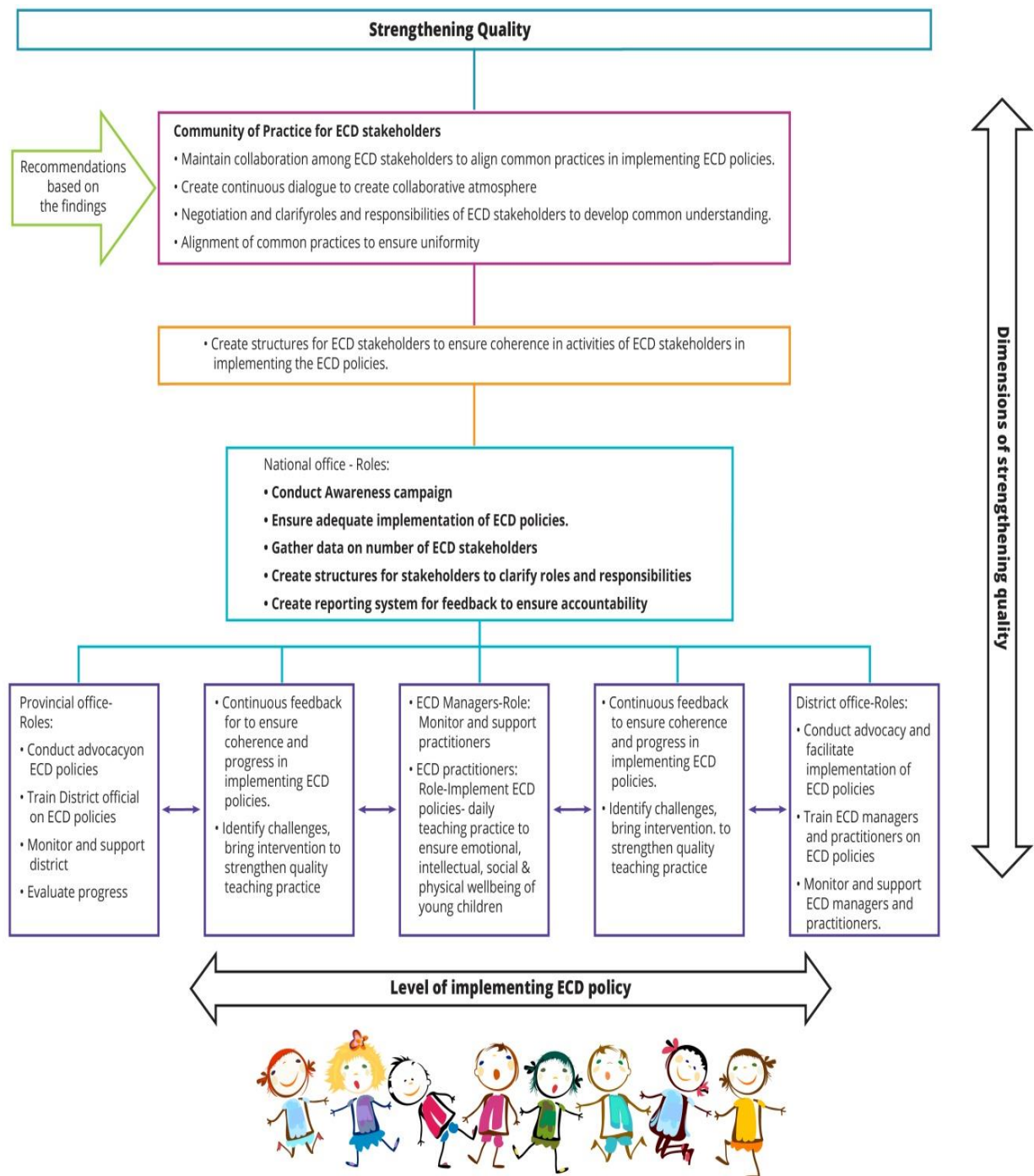


Figure 6.2: Matjokana framework for quality in implementing ECD policies (Source: Adapted from Britto, Yoshikawa and Boller (2011))

Furthermore, the conceptual framework of Britto et al. (2011) emphasise measuring the quality of the implementation of ECD policies on the physical surroundings where young children are supposed to be provided with resources such as water and sanitation facilities. Also, quality provision of ECD policies is explained by the aforesaid authors through the holistic development of young children's emotional, intellectual, and social development. The emphasis on the quality provision of ECD services is again said to be determined by the level of provision across the national, provincial and district offices as well as ECD centres.

The responses of participants showed that there is limited collaboration between participants at all levels in the provision of advocacy, creating awareness, training, and management. The district official, ECD managers and practitioners who implemented ECD policies revealed limited knowledge of the ECD policies which affected the quality of care and development of young children in the provision of advocacy, creating awareness, training and monitoring practitioners, management, and leadership.

The holistic development of young children requires a competent system at the policy development level to strengthen the implementation of ECD policies for the quality provision of ECD services. The findings of the study also revealed that strengthening the implementation of ECD policies requires quality ECD services across all levels – provincial, district and ECD centres.

6.6 Strengths and limitations of the study

By selecting the qualitative interpretative approach in the study, I was able to gain in-depth understanding of participants' experiences – that is ECD managers and practitioners, district, PED and DBE officials – in implementing the ECD policies. Capturing participants' lived experiences in their natural context at the ECD centres allowed me to have a meaningful interpretation of the environment where young children grow up. In addition, this approach strengthens the validity of my study. Furthermore, the strength of my study lies in the fact that I involved the individual officials at national, provincial and district offices. This approach enabled me to engage

with each one of them personally and have a holistic perspective from the custodian of ECD policies to the implementers.

Due to time constraints, this study was limited to two rural ECD centres and individual participants at national (DBE), provincial (PDE) and district offices without exploring other ECD stakeholders. The study was limited to participants who were informed about the topic within a specific context (ECD) to gain insight into a specific phenomenon (policy implementation in ECD). In this regard the focus of the research was narrowed to avoid generalisation.

6.7 Recommendations

6.7.1 Recommendations regarding research question 1

The national and provincial office should plan and strategies on how to create awareness of ECD policies. Data can be gathered about the number of ECD stakeholders who have not received advocacy on ECD policies. The province should create structures to clarify the roles and responsibilities of those conducting advocacy. There should be ongoing reporting to evaluate the progress where advocacy has been conducted across all levels– national, provincial, district and ECD centres– for quality implementation of policies. Also, continuous feedback can ensure coherence among ECD stakeholders across all levels for quality ECD policy implementation.

A system of reporting with a scheduled time frame is important to identify gaps and ensure progress in providing advocacy on ECD policies across all levels. The national, provincial and district officials should develop a reporting system to ensure advocacy of ECD policies is conducted effectively and efficiently at all levels. All the stakeholders, officials, ECD managers and practitioners need to be part of information-sharing sessions on ECD policies to have a common knowledge and understanding of ECD policies.

The reviewed national and provincial strategy should include the training of all stakeholders. Practitioners should be trained uniformly on the curriculum content for quality care and education to take place. Training can be done in manageable chunks over a period to strengthen practitioners' competency and confidence for the benefit

of young children. The province should monitor the district to ensure continuous onsite support by guiding practitioners in their daily care and education practices. Monthly meetings should be set to ensure that the quality of implementing ECD policies, responsive teaching and providing developmentally appropriate resources in the ECD centres could be enhanced.

6.7.2 Recommendations regarding research question 2

The findings showed a lack of synergy in the roles and responsibilities of NO, PO and DO. The process of implementing ECD policies should be known by the ECD key stakeholders. I recommend that leaders at national, provincial and district level should have a deep understanding and knowledge about their roles and responsibilities for the quality implementation of ECD policies. There should be clearly stated roles and responsibilities and interaction across all levels between national, provincial, district and ECD managers.

The ECD managers at national and provincial offices should collaborate with the district official and ECD managers on a quarterly basis to ensure uniformity and accountability in their management roles. The development of a Community of Practice (CoP) can enable the ECD role players across all levels to actively engage and negotiate their roles and responsibilities as leaders in a meaningful way (Wenger, 2012). In this regard the ECD role players in their respective terrains– that is the national, provincial and district offices – will be able to explore common issues of concern in strengthening the implementation of ECD policies.

I also recommend that ECD centres should be paired to share best practices. Within the establishment of CoPs, the ECD managers and practitioners can interact, engage in joint activities, and share information on their best practices. As such, reciprocal relationships can be built that would enable ECD managers and practitioners to learn from each other and strengthen the implementation of ECD policies for quality (Wenger, 2012).

In this way, there can be an alignment of common practices from national, provincial and district offices and ECD centres to strengthening the implementation of ECD

policies for young children's quality care and education so that they are able to enter school ready to learn.

Britto et al. (2011) maintain that quality is a key feature in the implementation of ECD policies; it requires a common understanding by all stakeholders. In order to achieve that, I propose continuous dialogue and systematic negotiation between ECD stakeholders to create a collaborative and supportive atmosphere to strengthen the implementation of ECD policies for quality caregiving and early learning opportunities.

6.7.3 Recommendations regarding research question 3

Given the fact that there is inequity in the financial management and funding between the semi-urban and rural ECD centres to provide adequate ECD services, funding of ECD services should be reviewed. Firstly, I propose that the DoE should have data of ECD centres especially those in the rural areas and implement a plan to empower and upskill the ECD centres regarding the registration processes so that the disadvantaged ECD centres will be able to get registered and have access to funds. In this way, they will acquire quality infrastructure, where young children will have access to basic health services such as water and sanitation facilities. Furthermore, the social setting where young children will grow will be a safe and healthy environment. I also recommend that the ECD centres that are near primary schools should be merged with the schools. In this way, they will be in a well-resourced environment where they can be managed better. In addition, this approach can enable the ECD centres and schools to have a succession of young children based at the schools moving from Grade R to higher grades. Consequently, the foundational knowledge that young children acquire will be strengthened. Furthermore, the failure and dropout rates at the schools will be reduced. The DBE should remunerate the ECD practitioners adequately to retain them, in this way, the training provided to practitioners will benefit young children and strengthen quality caregiving and education at the ECD centres.

6.7.4 Recommendations regarding the main research question

This study recommends the continuous evaluation of the implementation of ECD policies across all levels from national, provincial, district offices, and ECD centres to

identify gaps and review implementation strategies to unblock blockages. The national office (DBE) and the province (PED) should have a plan (checklist) and a strategy in place by organising seminars where they can collaborate and share information on issues at hand. In this regard, they would address challenges that emerge and create uniformity across all levels as they continuously negotiate and interact with each other. Detailed expectations on the roles and responsibilities of ECD stakeholders should be shared and agreed upon to ensure coherent activities and decision-making in implementing the ECD policies. The national office should develop a reporting system with time frames for the province, district and ECD centres to discuss progress and barriers in implementing ECD policies. The interaction and communication among stakeholders across all levels should be reciprocal to enhance uniformity in providing ECD services to strengthen the implementation of ECD policies for quality.

I recommend that the processes and principles of the national, provincial, district officials, ECD managers and practitioners' communication should be incorporated into monitoring and supporting child care and development. Uniform standards of monitoring and reporting daily practices of ECD practitioners and their challenges can be monitored by using tools to strengthen child care, education and the environment where children live. The recommended monitoring tools (cf. Appendix K; L; M; N and O) will provide clear guidelines on the specific areas that require support to strengthen the implementation of ECD policies at the ECD centres for quality care, learning and development to take place. In this regard, providing tools with clear guidelines to national, provincial, district officials, ECD managers and practitioners on the expected roles and responsibilities may enhance reciprocal relationship and dialogue among stakeholders.

6.7.5 Recommendations for future research

Future research studies should be considered for the following focus areas:

- Advocacy and awareness campaigns for the implementation of quality ECCE in South Africa.

- The role and responsibilities of officials in the Department of Basic Education in supporting ECCE practitioners to improve the quality of care and education for young children.
- Support and monitoring of the implementation of quality ECCE at all levels in the education system.
- An evaluation of the intervention strategies and programmes provided by the DBE to implement the ECD Policies.
- The role of the government in ECD policy implementation and improvement of the working conditions of ECD practitioners. Bridging the divide between the advantaged and disadvantaged ECD centres.

6.8 Final thoughts

South Africa has developed comprehensive policies to address challenges experienced by the most vulnerable young children in accessing ECD services. For example, the South African Constitution 1996 (Act No. 108 of 1996) provides a directive that all children should have access to quality ECD services (DSD, 2015). It is on this basis that many other policies have been developed. The NIECD policy was developed to ensure that marginalised young children, regardless of their socio-economic status, have equitable access to quality ECD services (DSD, 2015). The NIP of ECD intends to integrate the roles and responsibilities of stakeholders working with young children for the quality implementation of ECD policies.

Despite the great strides that the government has taken to improve ECD services, research conducted in this study indicated that children in the Hammanskraal ECD centres do not have access to quality childhood care and education. In addition, the findings of the study showed that there is a lack of common understanding in the delivery of ECD services among ECD stakeholders in strengthening the implementation of ECD policies due to a lack of collaboration. The stakeholders work in silos and this defeats their mandate of implementing ECD policies to provide quality ECD services for young children to develop holistically. It can be concluded that uniformity and interaction among ECD stakeholders across all levels – that is, national,

provincial, district offices and ECD centres – is of paramount importance to strengthen the implementation of ECD services for quality care and education.

CHAPTER 7: A SERIES OF SMART TOOLS FOR STRENGTHENING THE IMPLEMENTATION OF ECD POLICY IN SOUTH AFRICA

7.1 Introduction

The previous chapter presented an overview of this study, a synthesis of significant findings and recommendations, limitations of the study, suggestions for further research, and concluding comments. One of the secondary research questions of this study has been: What are the strategies for strengthening the implementation of ECD policies? In response to this question, I have designed a series of smart tool for supporting and monitoring ECD centres and the quality of ECD delivery.

7.2 Series of smart tools designed from the findings of my study

The tools attached are the unique contribution of my study. They are designed to ensure the implementation of ECD policy toward quality education. These tools can be used to enforce standardised practices and changes could be made as deemed necessary by the department concerned. However, these tools would enhance the quality of ECD education in SA.

The dimensions considered in the design of these six tools are the basis for policy implementation in ECD centres and are underpinned by the conceptual framework that informed the study: The conceptual framework on quality adopted from Britto, Yoshikawa and Boller (2011). This framework provided an in-depth understanding of strengthening the implementation of ECD policies by ECD officials, managers and practitioners.

The new “Matjokana framework for quality in implementing ECD policies” as described in Figure 6.2 (page 156), is grounded on the premise that quality ECD programmes and practices are likely to generate the intended early childhood care and education outcomes. In this regard, the designed tools are aimed at providing a strategy for ECD officials, managers and practitioners to interact and work collaboratively in strengthening the implementation of ECD policies to improve quality care and education.

The study suggests that provincial and district office control and monitoring are extremely important with regard to strengthening the implementation of ECD policies and concerning working with the ECD managers and practitioners.

It is clear that education departments need to conduct awareness campaigns and build the capacity of ECD managers and practitioners to improve quality early childhood care and education of young children. Therefore, in order to achieve quality developmental outcomes in young children, the tools incorporated the National Curriculum Framework for Children from Birth to Four (NCF) (DBE, 2015) policy which builds a strong foundation for young children's care and lifelong learning (see Appendix K, L, M, N and O).

The tools also incorporated early learning development standards (ELDAS) which promote the integrated approach laid out in The National Early Development Standards for children from Birth to Four (NELDS) (DBE, 2009) policy (DBE, 2015). Thus, focused monitoring and interventions by ECD officials will be in line with the requirements of the ECD policies to strengthen the implementation of quality early development needs of children.

Young children need quality care, thus it is important for managers and practitioners to reflect on their daily practices for children's physical, cognitive, social and mental well-being. (See Appendix K, L, M, N and O on monitoring practitioners' daily activities to ensure quality care and development of young children.)

Furthermore, it is important for the ECD stakeholders to understand the ECD policies, thus, quality training is required. In this regard, the recommended monitoring tools provide guidance on the training acquired by those responsible for implementing the policies (see Appendix O).

The National Integrated Early Childhood Development Policy NIECD (DSD, 2015) policy emphasise on the importance of ensuring quality infrastructure provision and basic services such as water and sanitation for the developmental needs of young children (DSD, 2015). Therefore, it is important for the national, provincial and district officials to work collaboratively in monitoring and supporting the provision of basic ECD services. In this regard, the monitoring tool for supporting quality ECD infrastructure by the NO, PO and DO at the ECD centres is provided (see Appendix O).

7.2.1 List of smart tools for the implementation of ECD policy for quality

Appendix K: Tool 1: Monitoring report: care and development of babies and toddlers: Age 0 -18 months

Appendix L: Tool 2: Monitoring report: care and development of babies and toddlers: Age 18 - 36 months

Appendix M: Tool 3: Monitoring report: care and development of babies and toddlers: Age 36 - 48 months

Appendix N: Tool 4: Monitoring report: ECD Manager

Appendix O: Tool 5: Monitoring and supporting ECD centres

7.3 Conclusion

This study has provided evidence that ECD policies are developed in South Africa particularly to ensure quality care of young children. However, these ECD policies provide a general framework for operational planning without a strategy and detailed action plan that specify the activities of the implementers. Furthermore, the study has proven that ECD stakeholders work in silos with no guidance to provide integrated ECD services. In this regard, the implementation of ECD policies remains weak and poor quality care for young children recurs in South Africa. Therefore, the developed tools have provided a strategy with detailed activities where ECD stakeholders can work collaboratively to strengthen the implementation of ECD policies and improve the quality of care and education in South Africa.

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APPENDICES

Appendix A: GDE research approval letter



GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	31 January 2020
Validity of Research Approval:	04 February 2020 – 30 September 2020 2019/381
Name of Researcher:	Matjokana T
Address of Researcher:	7No 50 Silver Acres Ouklipmuur Street Willow Park Manor, 0153
Telephone Number:	078 717 2714
Email address:	Tuelo.matjokana@gmail.com
Research Topic:	At the completion of the research certain recommendations and guidelines will be provided to the DBE for focused intervention towards implementation of ECD policies to enhance the quality teaching and learning.
Type of qualification	PHD
Number and type of schools:	All ECD sites
District/s/HO	Tshwane North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za

1. Letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
4. A letter / document that outline the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



Mr Gumani Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 31/01/2020

2

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gqa.gov.za

Appendix B: GDE research request form

For admin use only:

Ref. no.:



GAUTENG PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

7.3.12019 GDE RESEARCH REQUEST FORM

REQUEST TO CONDUCT RESEARCH IN INSTITUTIONS AND/OR OFFICES OF THE GAUTENG DEPARTMENT OF EDUCATION

1. PARTICULARS OF THE RESEARCHER

1.1	Details of the Researcher	
a) Surname and Initials:	Matjokana	
b) First Name/s:	Tuelo	
c) Title (Prof/Dr/Mr/Mrs/Ms):	Mrs	
d) Student Number:	26265304	
e) SA ID Number:	6409121109083	
f) Work permit no. (If not SA citizen)		

1.2	Private Contact Details	
a. Home Address	c. Postal Address (if different)	
No 50 Silver Acres	P.O. Box 1129 Wingate Park	

Ouklipmuur Street	
Willow park Manor	
b. Postal Code: 0184	d. Postal Code: 0153
e. Tel:	f. Cell: 078 7172714
g. Fax:	h. E-mail: tuelo.matjokana@gmail.com

2. PURPOSE & DETAILS OF THE PROPOSED RESEARCH

2.1	<i>Purpose of the Research (Place a cross where appropriate)</i>	
	Undergraduate Study – Self	
	Postgraduate Study – Self	X
	Private Company/Agency – Commissioned by Provincial Government or Department	
	Private Research by Independent Researcher	X
	Non-Governmental Organisation	
	National Department of Education	
	Commissions and Committees	
	Independent Research Agencies	
	Statutory Research Agencies	
	Higher Education Institutions only	
2.2	<i>Full title of Thesis / Dissertation / Research Project</i>	
	STRENGTHENING IMPLEMENTATION OF EARLY CHILDHOOD CARE EDUCATION POLICIES TO IMPROVE THE QUALITY OF TEACHING AND LEARNING	
2.3	Value of the Research to Education (Attach Research Proposal)	

At the completion of the research certain recommendations and guidelines will be provided to the DBE for focused intervention towards implementation of ECD policies to enhance the quality teaching and learning.	
2.4	Date
a. <u>Estimated</u> date of completion of research in GDE Institutions	31 January 2020
b. <u>Estimated</u> date of submission of Research Report /Thesis/Dissertation and Research Summary to GDE:	30 October 2020
2.5	Student and Postgraduate Enrolment Particulars
a. Name of institution where enrolled:	University of Pretoria
b. Degree / Qualification:	PHD
c. Faculty and Discipline / Area of Study:	Early Childhood Education
d. Name of Supervisor / Promoter:	Dr Keshni Bipath

2.6	Employer (or state Unemployed / or a Full Time Student) :
a. Name of Organisation:	Department of Basic Education
b. Position in Organisation:	School Improvement Support Coordinator
c. Head of Organisation:	Ms Mamelu Fuzile
d. Street Address:	222 Struben Street
	Pretoria
e. Postal Code:	0200
f. Telephone Number (Code + Ext):	012 357 4154
g. Fax Number:	
h. E-mail address:	tuelo.matjokana@gmail.com

2.7	PERSAL Number (GDE employees only)
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9	0	1	8	4	3	9	4
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3. PROPOSED RESEARCH METHOD/S

(Please indicate by placing a cross in the appropriate block whether the following modes would be adopted)

3.1 Questionnaire/s (If Yes, supply copies of each to be used)

YES		NO X	
-----	--	------	--

3.2 Interview/s (If Yes, provide copies of each schedule)

YES X		NO	
-------	--	----	--

3.3 Use of official documents

YES		NO X	
<i>If Yes, please specify the document/s:</i>			

3.4 Workshop/s / Group Discussions (If Yes, Supply details)

YES X		NO	
Focused group discussion will be held with ECD practitioners at the ECD centres.			

3.5 Standardised Tests (e.g. Psychometric Tests)

YES		NO X	
<i>If Yes, please specify the test/s to be used and provide a copy/ies</i>			

4. INSTITUTIONS TO BE INVOLVED IN THE RESEARCH

4.1 ***TYPE and NUMBER of Institutions (Please indicate by placing a cross alongside all types of institutions to be researched)***

INSTITUTIONS	Write NUMBER here
<i>Primary Schools</i>	
Secondary Schools	
ABET Centres	
ECD Sites	X
LSEN Schools	
Further Education & Training Institutions	
Districts and / or Head Office	X

4.2 **Name/s of institutions to be approached for research (Please complete on a separate sheet if space is found to be insufficient).**

Name/s of Institution/s
Department of Basic Education; Provincial Department of Education;
Tshwane North District

4.3 **District/s where the study is to be conducted. (Please indicate by placing a cross alongside the relevant district/s)**

District/s

<i>Ekurhuleni North</i>		<i>Ekurhuleni South</i>	
<i>Gauteng East</i>		<i>Gauteng North</i>	
<i>Gauteng West</i>		<i>Johannesburg Central</i>	
<i>Johannesburg East</i>		<i>Johannesburg North</i>	
<i>Johannesburg South</i>		<i>Johannesburg West</i>	
<i>Sedibeng East</i>		<i>Sedibeng West</i>	
<i>Tshwane North</i>	X	<i>Tshwane South</i>	
<i>Tshwane West</i>			

If Head Office/s (Please indicate Directorate/s)
Early Childhood Development

4.4 Approximate number of learners to be involved per school (Please indicate the number by gender: M- Male and F- Female)

Grade	1		2		3		4		5		6	
Gender	M	F	M	F	M	F	M	F	M	F	M	F
Number												

Grade	7		8		9		10		11		12	
Gender	M	F	M	F	M	F	M	F	M	F	M	F
Number												

4.5 Approximate number of educators/officials involved in the study (Please indicate the number in the relevant column)

Type of staff	Educators/ Practitioners	HODs	Deputy Principals	Principal/ ECD managers	Lecturers	Office Based Officials
	14			2		2

4.6 Letters of Consent (Attach copies of Consent letters to be used for Principal, Interview SGB and all participants. For learners also include parental consent letter)

4.7 Are the participants to be involved in groups or individually?

<i>Groups Ten ECD practitioners</i>	x	<i>Individually. One PED Official; One District Official; 2 ECD Managers</i>	x
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4.8 Average period of time each participant will be involved in the test or other research activities (Please indicate time in minutes for ALL participants)

Participant/s	Activity	Time
PED Official	Interview	2 hours
District Official	Interview	2 hours
ECD Managers	Interview	2 hours
ECD Practitioners	Interview	2 hours

4.9 Time of day that you propose to conduct your research.

<u>Before</u> school hours		During school hours (for <u>limited</u> observation only)	<u>X</u>	<u>After</u> School Hours	<u>X</u>
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SEE Condition 5.4 on Page 7

4.10 School term/s during which the research would be undertaken

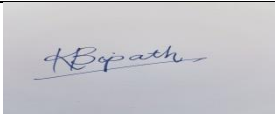
First Term	X	Second Term		Third Term	
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5. *CONDITIONS FOR CONDUCTING RESEARCH IN GDE*

Permission may be granted to proceed with the above study subject to the conditions listed below being met and permission may be withdrawn should any of these conditions be flouted:

- 5.1** *The District/Head Office Senior Manager/s concerned, the Principal/s and the chairperson/s of the School Governing Body (SGB.) must be presented with a copy of this letter.*
- 5.2** *The Researcher will make every effort to obtain the goodwill and co-operation of the GDE District officials, principals, SGBs, teachers, parents and learners involved. Participation is voluntary and additional remuneration will not be paid;*
- 5.3** *Research may only commence from the second week of February and must be concluded by the end of the **THIRD** quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
- 5.4** *Research may only be conducted BEFORE or AFTER school hours so that the normal school program is not interrupted. The Principal and/or Director must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
- 5.5** *Items 3 and 4 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and paid for by the Gauteng Department of Education.*
- 5.6** *It is the researcher's responsibility to obtain written consent from the SGB/s; principal/s, educator/s, parents and learners, as applicable, before commencing with research.*
- 5.7** *The researcher is responsible for supplying and utilizing his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institution/s, staff and/or the office/s visited for supplying such resources.*
- 5.8** *All research conducted in GDE Institutions is anonymous. The names and personal details of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may neither be asked nor appear in the research title, report / thesis/ dissertation or GDE Research Summary.*
- 5.9** *On successful completion of the study the researcher must supply the Director: Education Research and Knowledge Management, with electronic copies of the Research Report, Thesis, Dissertation as well as a Research Summary (on the GDE Summary template). Failure to submit these documents may result in future permission being withheld, or a fine imposed for **BOTH** the Researcher and the Supervisor.*
- 5.10** *Should the researcher have been involved with research at a school and/or a district/head office level, the Director/s and school/s concerned must also be supplied with a GDE Summary.*
- 5.11** *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned;*

6. DECLARATION BY THE RESEARCHER	
6.1 I declare that all statements made by myself in this application are true and accurate.	
6.2 I have read, understand and accept ALL the conditions associated with the granting of approval to conduct research in GDE Institutions and I undertake to abide by them. I understand that failure to comply may result in permission being withdrawn, further permission being withheld, a fine imposed and legal action may be taken against me. This agreement is binding.	
6.3 I promise once I have successfully completed my studies, (before graduation) or on successful project completion, to submit electronic copies of my Research Report / Thesis / Dissertation as well a GDE Summary on the GDE template sent to me with my approval letter or found on www.education.gpg.gov.za	
Signature:	
Date:	12 December 2019
7. DECLARATION BY SUPERVISOR / LECTURER / PROMOTER	
7.1 I declare that: (Name of <u>Researcher</u>) Tuelo Matjokana	
7.2 is enrolled at the institution / employed by the organisation to which the undersigned is attached.	
7.3 The questionnaires / structured interviews / tests meet the criteria of: <ul style="list-style-type: none"> • Educational Accountability. • Proper Research Design. • Sensitivity towards Participants. • Correct Content and Terminology. 	

<ul style="list-style-type: none"> • Acceptable Grammar. • Absence of Non-essential / Superfluous items; • Ethical clearance 	
7.4 The student / researcher has agreed to ALL the conditions of conducting research in GDE Institutions and will abide by them.	
7.5 I will ensure that after success completion of the research degree / project / study an electronic copy of the Research Report / Thesis / Dissertation and a Research Summary (on the GDE template) will be sent to the GDE. Failure to submit the Research Report, Thesis, Dissertation and Research Summary may result in: permission being withheld from BOTH the student and the Supervisor in future and a fine may be imposed.	
7.6 Surname:	Bipath
7.7 First Name/s:	Keshni
7.8 Title:	Dr
7.9 Institution / Organisation:	University of Pretoria
7.10 Faculty / Department:	Early Childhood Development
7.11 Telephone:	012 420 3663
7.12 E-mail address:	keshni.bipath@up.ac.za
7.13 Signature:	
7.14 Date:	12 December 2019

ANNEXURE A: GROUP RESEARCH

This information must be completed by every researcher/ student / field worker who will be visiting GDE Institutions for research purposes, besides the main researcher who applied and the Supervisor/ lecturer / Promoter of the research.

By signing this declaration, the researcher / students / fieldworker accepts the conditions associated with the granting of approval to conduct research in GDE Institutions and undertakes to abide by them.

Supervisor/ Promoter / Lecturer’s Surname and Name...

Dr Keshni Bipath.....

DECLARATION BY RESEARCHERS / STUDENTS:

Surname & Initials	Name	Tel	Cell	Email address	Signature
Matjokana	Tuelo		078 7172714	tuelo.matjokana@gmail.com	

N.B. This form (and all other relevant documentation where available) may be completed and forwarded electronically to Gumani.Mukatuni@gauteng.gov.za, please copy (cc) ResearchInfo@gauteng.gov.za. The last 2 pages of this document must however have the original signatures of both the researcher and his/her supervisor or promoter. It should be scanned and emailed, posted or hand delivered (in a sealed envelope) to Gumani Mukatuni, 7th Floor Marshal Street, Johannesburg. All enquiries pertaining to the status of research requests can be directed to Gumani Mukatuni and/or Dineo Kgetsane on tel. no. 011 355 0775/0336.

Other Information:

- i) On receipt of all emails, confirmation of receipt will be sent to the researcher. The researcher will be contacted via email if any documents are missing or if any additional information is needed.

- ii) If the GDE Research request submitted is approved, a GDE Research Approval letter will be sent by email to the researcher as well as the Supervisor / Lecturer / Promoter. Please ensure that your email address is correct.

- iii) After successful completion of your research, please send your Research Reports / Thesis / Dissertations and GDE Research Summaries (on the template provided to both the Researcher and the Supervisor with the GDE Research Approval letter) to the same addresses as the GDE Research Request documents were sent to, namely:
Gumani.Mukatuni@gauteng.gov.za, Dineo.Kgetsane@gauteng.gov.za

and copy Faith.Tshabalala@gauteng.gov.za and
ResearchInfo@gauteng.gov.za.

Appendix C: Letter of consent to the DBE, PED, District officials, ECD Managers and Practitioner

Strengthening the implementation of Early Childhood Care and Education policy to improve quality

Dear Participant

- I am Tuelo Nelly Maita Matjokana, a PHD student at the University of Pretoria in the Department of Early Childhood Education. The title of my study towards PHD is ***“Strengthening the implementation of Early Childhood Care and Education policy to improve quality.”*** The aim of the study is to explore strategies that can ensure proper implementation of ECD policies. for quality teaching and learning.
- I am working under the supervision of Dr Bipath from the Department of Early Childhood at the University of Pretoria.
- I kindly invite you to participation in this study. **Participation is voluntary and identity will be anonymous and confidential.** Data for this research will be collected from September to November 2019 as per your availability during this period. Data will be collected using (semi structured interviews, document analysis and field notes).
- The estimated time for the interview is two hours including the time of analysis of relevant research ECD documents. All data collected will only be used for academic purpose.
- You may ask questions for any clarity. The transcription of the interviews will be made accessible when required.
- Should you wish to participate in the study, please sign declaration of your informed consent and that you are willing to participate in the research.

Kind regards



Tuelo Matjokana

Supervisor :Dr Keshni Bipath

E-mail address :keshni.bipath@up.co.za

**Appendix D: Participants interview consent letter (DBE, PED,
District officials, ECD managers and Practitioners)**

PERMISSION FOR RESEARCH

I, _____, hereby give permission to Tuelo Matjokana to include me in her research **on Strengthening the implementation of Early Childhood Care and Education (ECCE) policy to improve quality.**

Signature: _____

Date: _____

Appendix E: ECD MANAGER INTERVIEW QUESTIONS

ECD MANAGER INTERVIEW QUESTIONS:

1. Which ECD policies are you aware of?
2. What kind of training and development did you receive to implement ECD policies for children from birth to four years?
2. Which measures do you employ to ensure that ECD centres are provided with human and physical resources to strengthen implementation of ECD policies?
3. What are your challenges in providing the necessary resources to strengthen implementation of ECD policies?
4. How do you monitor implementation of ECD policies at the ECD centres?
5. Are you aware of the plans to professionalize the ECD sector from (0-4)? How will professionalization of the ECD strengthen implementing ECD policies?
6. How did you support practitioners in implementing ECD policies?
7. What are the challenges you encounter in implementing ECD policies at the centres?
8. What kind of support do you need to strengthen implementation of the ECD policies?

Appendix F: ECD PRACTITIONERS INTERVIEW QUESTIONS

ECD PRACTITIONERS INTERVIEW QUESTIONS:

1. Which ECD policies are you aware of?
2. What kind of training and development did you receive to implement ECD policies for children from birth to four years?
3. Which measures do you employ to ensure that ECD centres are provided with human and physical resources to strengthen implementation of ECD policies?
4. What are your challenges in providing the necessary resources to strengthen implementation of ECD policies?
5. How do you monitor implementation of ECD policies at the ECD centres?
6. Are you aware of the plans to professionalize the ECD sector from (0-4)? How will professionalization of the ECD strengthen implementing ECD policies?
7. What are the challenges you encounter in implementing ECD policies at the centres?
8. What kind of support do you need to strengthen implementation of the ECD policies?

Appendix G: ECD DISTRICT OFFICIAL INTERVIEW QUESTIONS

ECD DISTRICT OFFICIAL INTERVIEW QUESTIONS:

1. Which ECD policies are you aware of?
2. What kind of training and development did you receive to implement ECD policies for children from birth to four years?
3. Which measures do you employ to ensure that ECD centres are provided with human and physical resources to strengthen implementation of ECD policies?
4. What are your challenges in providing the necessary resources to strengthen implementation of ECD policies?
5. How do you monitor implementation of ECD policies at the ECD centres?
6. Are you aware of the plans to professionalize the ECD sector from (0-4)? How will professionalization of the ECD strengthen implementing ECD policies?
7. How did you develop the ECD managers and practitioners on ECD policies?
8. What are the challenges you encounter in monitoring and supporting the ECD managers and officials in the implementation of ECD policies at the centres?
9. What kind of support do you need to strengthen implementation of the ECD policies?

Appendix H: ECD PROVINCIAL OFFICIAL INTERVIEW QUESTIONS

ECD PROVINCIAL OFFICIAL INTERVIEW QUESTIONS:

1. Which ECD policies are you aware of?
2. What kind of training and development did you receive to implement ECD policies for children from birth to four years?
3. Which measures do you employ to ensure that ECD centres are provided with human and physical resources to strengthen implementation of ECD policies?
4. What are your challenges in providing the necessary resources to strengthen implementation of ECD policies?
5. How do you monitor implementation of ECD policies at the ECD centres?
6. Are you aware of the plans to professionalize the ECD sector from (0-4)? How will professionalization of the ECD strengthen implementing ECD policies?
7. How did you develop the district officials ECD managers and practitioners on ECD policies?
8. What are the challenges you encounter in monitoring and supporting the District officials in the implementation of ECD policies at the centres?
9. What kind of support do you need to strengthen implementation of the ECD policies?

Appendix I: ECD DBE OFFICIAL INTERVIEW QUESTIONS

ECD DBE OFFICIAL INTERVIEW QUESTIONS:

1. Which ECD policies are you aware of?
2. What kind of training and development did you receive to implement ECD policies for children from birth to four years?
3. How do you work with people from other Departments to implement ECD policy?
4. Which measures do you employ to ensure that ECD centres are provided with human and physical resources to strengthen implementation of ECD policies?
5. How do you monitor implementation of ECD policies at the ECD centres?
6. Are you aware of the plans to professionalize the ECD sector from (0-4)? How will professionalization of the ECD strengthen implementing ECD policies?
7. How did you develop the District officials on ECD policies?
8. What are the challenges you encounter in monitoring and supporting the District officials in the implementation of ECD policies at the centres
9. How will the DBE ensure that ECD policies are implemented?
10. What kind of support do you need to strengthen implementation of the ECD policies?

Appendix J: Ethics application approval letter



Faculty of Education

Ethics Committee

26 November 2019

Ms Tuelo Majokane

Dear Ms Majokane

REFERENCE: EC 19/10/04

This letter serves to confirm that your application was carefully considered by the Faculty of Education Ethics Committee. The final decision of the Ethics Committee is that your application has been **approved** and you may now start with your data collection. The decision covers the entire research process and not only the days that data will be collected. The approval is valid for two years for a Masters and three for Doctorate.

The approval by the Ethics Committee is subject to the following conditions being met:

1. The research will be conducted as stipulated on the application form submitted to the Ethics Committee with the supporting documents.
2. Proof of how you adhered to the Department of Basic Education (DBE) policy for research must be submitted where relevant.
3. In the event that the research protocol changed for whatever reason the Ethics Committee must be notified thereof by submitting an amendment to the application (Section E), together with all the supporting documentation that will be used for data collection namely; questionnaires, interview schedules and observation schedules, for further approval before data can be collected. **Non-compliance implies that the Committee's approval is null and void.** The changes may include the following but are not limited to:
 - Change of investigator,
 - Research methods any other aspect therefore and,
 - Participants
 - Sites

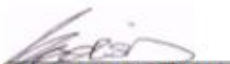
The Ethics Committee of the Faculty of Education does not accept any liability for research misconduct, of whatsoever nature, committed by the researcher(s) in the implementation of the approved protocol.

Upon completion of your research you will need to submit the following documentations to the Ethics Committee for your Clearance Certificate:

- Integrated Declaration Form (Form D08),
- Initial Ethics Approval letter and,
- Approval of Title.

Please quote the reference number **EC 19/10/04** in any communication with the Ethics Committee.

Best wishes



Prof Liesel Ebersöhn
Chair: Ethics Committee
Faculty of Education

Appendix K: Monitoring Report: Care and development of babies and toddlers: Age 0- 18

Monitoring Report : Care and development of babies and toddlers : Age 0- 18

SECTION A: GENERAL INFORMATION

Date of visit		District	
Name of ECD centre			
ECD Manager		Physical Address	
Email address		Total no. of practitioners	
Tel/Cell no		Total no. of children	
E-mail			

Outputs: Health and nutrition; Physical; Cognitive; Language; Emotional & Social development

SECTION B:

Critical areas	Findings	Support needed
<p>Adequate nutrition:</p> <ul style="list-style-type: none"> ▪ Balance food groups intake (grains, vegetables, fruits, dairy, meat and oil). 		
<p>Identity & belonging</p> <ul style="list-style-type: none"> ▪ Awareness of self ▪ Build relationships with other children and adults. ▪ Develop strong sense of care. 		
<p>Enjoy communication</p> <ul style="list-style-type: none"> ▪ Develop speaking and listening. 		

<ul style="list-style-type: none"> ▪ Develop language and vocabulary. 		
<p>Exploring mathematics concepts</p> <ul style="list-style-type: none"> ▪ Number awareness and counting (sorting and classifying shapes). 		
<p>Physically/ Cognitive development:</p> <ul style="list-style-type: none"> ▪ Develop strong muscles and coordination. ▪ Gross motor activities (cutting and pasting, play with clay, sand or mud). 		
<p>Safe and secure environment</p>		

<ul style="list-style-type: none">▪ Washing of hand and sanitation of utensils e.g., plates, cups.▪ Use of age appropriate safe, nontoxic toys and play equipment indoor and outdoor.		
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SECTION C:

OVERALL REMARKS AND RECOMMENDATIONS BY NO/PO/DO

Remarks	Recommendations

SIGNATURES

Name of officials	Designation	Signature	Date

Stamp

Appendix L: Monitoring Report: Care and development of babies and toddlers: Age 18-36 months

Monitoring Report : Care and development of babies and toddlers : Age 18-36 months

SECTION A: GENERAL INFORMATION

Date of visit		District	
Name of ECD centre			
ECD Manager		Physical Address	
Email address		Total no. of practitioners	
Tel/Cell no		Total no. of children	
E-mail			

Outputs: Health and nutrition; Physical; Cognitive; Language; Emotional & Social development

SECTION B

Critical areas	Finding	Support needed
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<p>Adequate nutrition:</p> <ul style="list-style-type: none"> ▪ Balance food groups intake (grains, vegetables, fruits, dairy, meat and oil). 		
<p>Identity & belonging</p> <ul style="list-style-type: none"> ▪ Awareness of self. ▪ Build relationships with other children and adults. ▪ Develop strong sense of care. 		
<p>Enjoy communication</p> <ul style="list-style-type: none"> ▪ Develop speaking and listening. ▪ Develop language and vocabulary. 		
<p>Exploring mathematics concepts</p> <ul style="list-style-type: none"> ▪ Number awareness and counting (sorting and classifying shapes). 		

<p>Creativity</p> <ul style="list-style-type: none"> ▪ Singing rhymes and songs. 		
<p>Physically/ Cognitive development:</p> <ul style="list-style-type: none"> ▪ Develop strong muscles and coordination. ▪ Gross motor activities (cutting and pasting, play with clay, sand or mud). 		
<p>Safe and secure environment</p> <ul style="list-style-type: none"> ▪ Washing of hand and sanitation of utensils e.g., plates, cups. ▪ Use of age appropriate safe, nontoxic toys and play equipment's indoor and outdoor. 		

SECTION C:

OVERALL REMARKS AND RECOMMENDATIONS BY NO/PO/DO

Remarks		Recommendations
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SIGNATURES

Name of official	Designation	Signature	Date
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Appendix M: Monitoring Report: Care and development of babies and toddlers: Age 36 - 48 months

Monitoring Report : Care and development of babies and toddlers : Age 36 -48 months

SECTION A: GENERAL INFORMATION

Date of visit		District	
Name of ECD centre			
ECD Manager		Physical Address	
Email address		Total no. of practitioners	
Tel/Cell no		Total no. of children	
E-mail			

Outputs: Health and nutrition; Physical; Cognitive; Language; Emotional & Social development

SECTION B:

CRITICAL AREAS	Finding	Support needed
<p>Adequate nutrition:</p> <ul style="list-style-type: none"> ▪ Balance food groups intake (grains, vegetables, fruits, dairy, meat and oil). 		
<p>Identity & belonging</p> <ul style="list-style-type: none"> ▪ Know their names and surnames, parents' names and address. ▪ Describe where they live. ▪ Build relationships with other children and adults. ▪ Develop strong sense of care. 		

<p>Enjoy communication.</p> <ul style="list-style-type: none"> ▪ Understand basic classroom rules and safety rules. ▪ Develop strong language skills and vocabulary. ▪ Follow simple instructions. 		
<p>Exploring mathematics concepts</p> <ul style="list-style-type: none"> ▪ Number awareness and counting (sorting and classifying shapes). ▪ Point simple symbols e.g., stop signs. Safety symbols e.g., poison. 		
<p>Creativity</p>		

<ul style="list-style-type: none"> ▪ Tell about incidents and stories. ▪ Singing rhymes and songs. 		
<p>Physically/ Cognitive development:</p> <ul style="list-style-type: none"> ▪ Develop strong muscles and coordination. ▪ Moving up simple stairs, climbing, hopping, and jumping ▪ Gross motor activities (writing, cutting, and pasting, play with clay, sand or water). 		
<p>Safe and secure environment</p> <ul style="list-style-type: none"> ▪ Washing of hands independently. 		

<p>Sanitation of utensils e.g., plates, cups.</p> <ul style="list-style-type: none"> ▪ Use of age appropriate safe, nontoxic toys and play equipment indoor and outdoor. 		
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SECTION C:

OVERALL REMARKS AND RECOMMENDATIONS BY NO/PO/DO

Remarks	Recommendations

SIGNATURES

Name of official	Designation	Signature	Date
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Stamp

Appendix N: Monitoring Report: ECD Managers

Monitoring Report: ECD Managers

Daily Activities: Age: **0 – 18**

Time	Key Activities	Indicators: Place indicator in the right column ✓ or X
7-8:00 am	Parents check in and reporting	
8-9:00 am	Breakfast /Morning snack	
9 -10:00 am	Stimulation time/movements	
10-11:00 am	Floor activities/ grasp, shake toys	
11- 11:30 am	Story time and prepare for nap	
11:30-1:00 pm	Nap time	
1:00-14:00 pm	Sensory time/ Playing	
14-00- 14:30	Meal time	

14:30- 15:00	Floor time/ Music	
15:00-15:30	Nap time	
15:30 -16:00	Music singing	

OVERALL REMARKS/SUPPORT NEEDED AND RECOMMENDATIONS BY NO/PO/DO

Remarks	Support needed	Recommendations

Daily Activities: Age: 18- 36

Time	Key Activities	Indicators: Place indicator in the right column ✓ or X
7-8:00 am	Parents check in and reporting	

8-9:00 am	Breakfast /Clean up	
9 -10:00 am	Group time: Conversation, songs and games	
10-11:00 am	Outdoor time: Weather, gross motor activities	
11- 11:30 am	Story time	
11:30-1:00 pm	Lunch time/ clean up	
1:00-14:00 pm	Quite time/Nap time	
14-00- 14:30	Free motor skills activities (e.g. .blocks, cutting pasting)	
14:30- 15:00	Floor time/ Music	
15:00-15:30	Nap time	
15:30 -16:00	Music singing	
17:30	Parents reporting and pick up	

OVERALL REMARKS/SUPPORT NEEDED AND RECOMMENDATIONS BY NO/PO/DO

Remarks	Support needed	Recommendations
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Daily Activities Age: **36-48**

Time	Key Activities	Indicators: Place indicator in the right column ✓ or X
7-8:00 am	Parents check in and reporting	
8-9:00 am	Breakfast /Clean up	
9 -10 :00 am	Group good morning and activities (Singing and stories)	

10-11:00 am	Outdoor time (weather, season discussion)	
11- 11:30 am	Individual and gross motor activities(Books, puzzles & blocks)	
11:30-1:00 pm	Lunch time/ clean up	
1:00-14:00 pm	Nap time	
14:00- 14:30 pm	Fine motor activities (e.g. .hand writing, coloring & counting)	
14:30- 15:00 pm	Free choice activities	
15:00-15:30 pm	Snack time	
15:30 -16:00 pm	Story, music & singing	
17:30 pm	Parents reporting and pick up	

OVERALL REMARKS/SUPPORT NEEDED AND RECOMMENDATIONS BY NO/PO/DO

Remarks	Support needed	Recommendations

SIGNATURES

Name of officials	Designation	Signature	Date

Stamp

Appendix O: MONITORING AND SUPPORTING ECD CENTRES BY: NO/PO/DO

MONITORING AND SUPPORTING ECD CENTRES BY: NO/PO/DO

SECTION A: GENERAL INFORMATION

Date of visit		District	
Name of ECD centre			
ECD Manager		Physical Address	
Email address		Total no. of practitioners	
Tel/Cell no		Total no. of children	
E-mail			

SECTION B

Age categories	Total	ECD Practitioner's level of qualification (e.g., NQF level 1 or 2), etc.	Total	Development /Training needed	Proposed action	Time frame
Babies 0-18						
Toddlers 18- 36						
Young Children 36-48						

Infrastructure:		
Questions	Findings	Comments/Support needed

What is the source of water supply and condition?		
Does the ECD centre have the functional sanitation facilities?		
What type of toilets does the ECD centre have?		
How many toilets are required?		
What type of washing basins does the ECD centre have?		
How many washing basins are required		
What is the total number classrooms?		
How many classrooms are required?		
Indoor environment		
What type of cots does the ECD centre have?		
How many are required		

Does the ECD centre have chairs and tables for children?		
How many are required?		
Outdoor environment		
Is the outdoor play equipment's adequate for children?		
How many are needed per age group?		
Financial Management and funding		
Questions		
Findings		Comments/Support
Where does the ECD centre receive funding?		
How is funding ECD managed?		

OVERALL REMARKS/SUPPORT NEEDED AND RECOMMENDATIONS BY NO/PO/DO

Remarks	Support needed	Recommendations

SIGNATURES

Name of officials	Designation	Signature	Date

Stamp

