Early childhood care and education policy intentions and the realities in rural areas

Abstract

Early Childhood Development (ECD) policies are primary determinants in the provision of quality early childhood development outcomes. Healthy and safe environments play a critical role in enhancing children’s care and development. This is even more critical for children living in marginalised communities to develop foundational knowledge and thrive beyond their primary years. However, ECD practitioners in rural areas are faced with a severe lack of basic health facilities, care and learning resources. Regardless of this, education and care at these rural ECD centres are expected to continue. Young children are progressed from these inadequate ECD centres to formal schooling for enrolment in Grade R with limited foundational knowledge. The study intended to look into ECD policies and challenges faced by the under-resourced ECD centres whose mandate is to provide quality learning opportunities for young children.

The research applied a qualitative approach within an interpretivist paradigm. Data were obtained through semi-structured interviews, writing field notes, observations and photographs. Three (3) education officials, two (2) ECD managers and four (4) practitioners were purposefully sampled. The study found that unregistered ECD centres in rural areas do not have the basic resources required to provide children with foundational knowledge. The findings recommend that ECD practitioners at these centres should be empowered and upskilled in the registration processes to access quality programmes, infrastructure, water and sanitation facilities. This will ensure that young children are provided with a safe and secure learning environment to enhance development opportunities.

Keywords: Early Childhood Care and Education, early childhood policies, infrastructure, registration

1. Introduction

1.1 Background

Early Childhood Development (ECD) policies are primary determinants in the development outcome of young children. Davids et al. (2015) highlight that young children in South Africa, especially in disadvantaged communities where there is inadequate infrastructure, water, sanitation
and trained practitioners have limited access to quality early care and learning opportunities. Currently, there is a significant gap between policy vision to ensure equitable access to ECD services and the realities at disadvantaged rural ECD centres with poor resources. Accordingly, Viviers, Biersteker & Moruane (2013) cites Gauge who confirms that the transformation agenda of these centres should entail a well-designed, funded and implemented system.

Similarly, the United Nations Convention on the Rights of the Child (UNCRC) advocates that governments should develop properly resourced, coherent and managed systems to ensure access to essential ECD services, particularly for disadvantaged children (Vargas-Barón & Diehl, 2018; Mbarathi, Mthembu & Diga, 2016). The South African Constitution of 1996, the Children’s Act (RSA, 2005) and ECD policies and frameworks are also aligned with the UNCRC on equitable access to quality, comprehensive ECD programmes and services, especially for low-income families. The National Development Plan (NDP) of South Africa further accentuates the need for an effective integrated approach to ensure that essential services are accessible to all children, especially those whose development is at risk (DSD, 2015).

Unfortunately, ECD programmes are still fragmented, particularly in disadvantaged communities. Young children in vulnerable communities have limited access to quality care and education (Viviers et al. 2013; Hoadley, 2013).

1.2 Problem of the study

Rural, unregistered ECD centres continuously lack a safe and secure environment, water and sanitation facilities and learning material required for the development of foundational knowledge for young children. Too often ECD practitioners indicate that they lack support from the Department of Social Development (DSD) and the Department of Basic Education (DBE) due to not meeting the registration requirements (Matjokana, 2021). Van der Walt, De Beer and Swart (2014) explain that access to ECD programmes is inequitable in South Africa due to the DSD registration requirements. Most ECD centres in rural communities are established in the backyards of private homes. Van der Walt, De Beer and Swart (2014) state that ECD centres on private land are required to be zoned appropriately. This can be costly and time-consuming and creates further barriers to registration, hindering access to funds. Most parents in rural communities are unemployed and cannot afford to pay for formally established ECD centres. As a result, ECD centres in rural areas generate very little income because they depend on parents paying school fees, which is not enough to manage these centres and pay practitioners’ stipends. The situation has been exacerbated by the advent of the coronavirus pandemic in 2019 (COVID-19) (Spaull & Van der Berg, 2020).

Given what has been said, practitioners are not retained at the ECD centres due to minimal income. As a result, young children’s development in rural communities is further compromised. Despite the substandard care and education provided, children still proceed to formal schooling without adequate social, emotional, physical and cognitive development. They enter formal schooling with minimal foundational knowledge and skills. This often leads to them having to repeat grades, and in a worst-case scenario, dropping out of school.

This reality contrasts sharply with the support that semi-urban ECD centres receive from the DSD and the DBE (Mbarathi et al. (2016). In these areas, practitioners’ salaries are consistently paid and the ECD centres have learning resources.
1.3 State of the art situation

Given that the government has identified ECD as a national priority, the challenge is to ensure that the key focus of policies and frameworks is translated into practical implementation at all levels – national, provincial, district offices and ECD centres.

The legislative basis of ECD finds expression in the South African Constitution of 1996, the Children’s Act (RSA, 2005) and several policies and plans that make various provisions for children to live in a safe and secure environment. The National Integrated Early Childhood Development Policy (RSA, 2015) aims to provide a multi-sectoral enabling framework for access to comprehensive, quality ECD programmes (Hall et al., 2017).

1.4 Research gap study and objectives

The aim of this article is to discuss and analyse the intention of ECD policies to ensure that essential services and quality ECD programmes are made accessible to all children, especially those in rural areas. The focus will be on whether these policy intentions are realised, and to understand the factors that impact the realisation of the policies or lack thereof. It is argued that despite intentions for the policies to grant access to quality ECD services and programmes for all children, these noble ideas are undermined by the rigid registration conditions which disqualify many poor ECD centres in rural areas from access to the available resources. In developing this argument the following issues will be explored: (i) funding norms and standards of ECD centres and challenges of access to funding; (ii) norms and standards regarding infrastructure and the state of infrastructure of many ECD centres in rural areas; (iii) norms and standards concerning quality learning programmes and the state of learning programmes at rural ECD centres; and (iv) resourcing of ECD centres in terms of practitioner’ training, leadership and management of ECD programmes.

1.5 Literature

The environment plays a critical role in enhancing quality teaching and learning. According to Jamieson, Berry and Lake (2017) and Sayre et al. (2015) structured learning activities as well as a healthy and safe environment promote quality learning environment. The researchers, Mbarathi et al. (2016), and DSD (2015) mention that many ECD centres, especially in rural areas, do not have resources for quality teaching and learning. In addition, Makhubele and Baloyi (2018) contend that the under-resourced ECD centres lack government support because they do not meet the required Department of Social Development (DSD) registration standards. For example, there is inadequate infrastructure, water, sanitation, electricity and nutrition at most rural ECD centres. Moreover, ECD managers and practitioners are not provided with quality training and adequate resources by the government to teach and care for young children. As a result, young children are at risk of not reaching their full potential at the unregistered ECD centres.

1.6 State of leadership in implementing ECD policies

The Sustainable Development Goals (SDG) echoes that no child should be left behind in accessing quality education (Jamieson et al., 2017). South Africa has taken an initiative for every child to access quality learning environment through the development of the National Integrated Plan for ECD (NIECD) (DSD, 2015) since 2005 (Davids et al., 2015). The intended purpose of NIECD policy framework was to bring a synergy of different programmes amongst
the DBE, Department of Health (DoH) and DSD (DSD, 2015). Hall et al. (2017) assert that a multi-sectoral framework was established to cater for the diverse socio-economic context to provide a comprehensive ECD services especially in the under sourced areas.

It is evident that there is a political commitment from the South African government to prioritise ECD from the national ECD policy plans and mitigate the challenges of children living in poverty. Recently, since April 2022, there was a function shift in the roles of ECD-responsible departments where the oversight of early childhood development has been transferred from the DSD to the DBE (DBE, 2021). The aforementioned migration of ECD has been a welcome move since it resonates with the DBE Action Plan of 2019, priority goal number eleven (11) to improve access to quality ECD (DBE, 2015).

1.7 Realities on registration and access to quality ECD service
The rigid ECD legislative framework on ECD infrastructure and inadequate distribution of funds across the South African provinces show an impact on ECD centres in the disadvantaged South African communities. Access to quality learning environments for young children seem almost impossible to achieve due to regulations and high standards set by the DSD and the South African Building Regulation (DTI, 2008) (Van der Walt et al., 2014). The Act requires that the proposed ECD facilities should be rezoned for that use and have fireproof, approved building plans, which further prejudices the ECD centres in the disadvantaged communities (Van der Walt et al., 2014).

Furthermore, the Children’s Act (RSA, 2005) also put stringent regulatory measures in place to protect children by regulating the registration of ECD facilities. The regulation of the Act is laid out in section 78(2)(b)(ii), which prescribes that ECD facilities must comply with safety health and safety regulation of the local municipalities. Regrettably, the requirements of the Acts seem impossible for the under-sourced communities who do not have basic services (Van der Walt et al., 2014).

The compliance with regulations and municipal bylaws requires higher infrastructural standards for registration of ECD centres, which is beyond the realities of impoverished ECD centres (Madyibi & Bayat, 2021). Lack of funding for infrastructural and start-up costs hampers the establishment of quality ECD programmes in the disadvantaged communities in South Africa (Mbarathi et al., 2016; Viviers et al. 2013).

Additionally, Madyibi and Bayat (2021) highlight the various responsibilities within the DSD, noting that the Member of the Executive Council (MEC) is in charge of carrying out the ECD strategy while the National Minister of DSD is in charge of establishing the norms and standards. In this regard, the Act enables the minister to set compliance standards for ECD registration and to assist a facility that does not comply with the requirements towards compliance (Van der Walt et al., 2014). However, the policy intention is not realised due to high regulatory standards set for impoverished ECD centres with no basic facilities or proper infrastructure.

The rigid compliance for ECD centres registration is noted in the National Building Regulations and Building Standard Act, no. 103 of 1977 (Van der Walt et al., 2014). The Act requires that the proposed ECD facilities should be rezoned for that use and have fireproof-approved building plans, which further prejudices the ECD centres in the marginalised communities (Van der Walt et al., 2014).
Unfortunately, this firm stance of policies and frameworks has an impact on ECD centres in poor communities that cannot access funding to secure adequate facilities. Most ECD centres are not registered due to not meeting the infrastructural requirements from DSD to qualify for funding (DSD, 2015). Young children continue to be deprived of a conducive learning environment to prepare them for formal schooling.

1.8 Theoretical framework

A theoretical framework provides an overview of a perspective of the research results (Imenda, 2014). This research was underpinned by Britto, Yoshikawa and Boller’s (2011) conceptual framework to provide an in-depth understanding and implementation of ECD policies aimed at improving the learning environment. According to the researchers, quality is a critical ingredient in strengthening the implementation of ECD policies and requires an understanding of the concept in the delivery of ECD services by ECD stakeholders (Britto et al., 2011). The aforesaid researchers reiterate that the implementation of ECD policies is determined by the social setting and level of stakeholders' interaction and dialogue in improving the development of young children. The researchers argue that since young children in South Africa live in diverse socio-economic settings there is a need for ECD role-players to understand the different contexts for the delivery of quality ECD programmes. Parasuraman, Zeithaml and Berry (1985) perceive that the social setting where ECD centres are located requires resources such as infrastructure, finances, human resources, and the registration of ECD centres.

2. Method

2.1 Type and design

This study adopted a qualitative interpretative approach. Participants' beliefs and daily practices that influence the care and education provided to young children were explored (Creswell & Poth, 2017; Maree, 2015). In addition, people's experiences are socially constructed and influenced by their environmental factors (Frohlich, 2012). For this reason, this study explored the in-depth views and lived experiences of participants from national, provincial and district offices as well as ECD managers and practitioners. They provided an insight into the challenges they faced in implementing the ECD policies.

2.2 Sampling

<table>
<thead>
<tr>
<th>Participant</th>
<th>ECD age category</th>
<th>Gender</th>
<th>Occupational position</th>
<th>Qualifications</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>National official</td>
<td>0-4 years</td>
<td>Female</td>
<td>Chief Education Specialist</td>
<td>BEd honours; Master’s degree in Public Administration</td>
<td>NO</td>
</tr>
<tr>
<td>Provincial official</td>
<td>0-4 years</td>
<td>Female</td>
<td>Deputy Education Specialist</td>
<td>BEd; MEd Psychology</td>
<td>PO</td>
</tr>
<tr>
<td>Department Official</td>
<td>0-4 years</td>
<td>Female</td>
<td>Deputy Education Specialist</td>
<td>PTC; BEd in Education</td>
<td>DO</td>
</tr>
<tr>
<td>EM 1</td>
<td>0-4 years</td>
<td>Female</td>
<td>ECD Manager</td>
<td>Grade 11/NQF Level 1 &amp; 4</td>
<td>EM 1</td>
</tr>
<tr>
<td>EM 2</td>
<td>0-4 years</td>
<td>Female</td>
<td>ECD Manager</td>
<td>NQF Level 5</td>
<td>EM 2</td>
</tr>
<tr>
<td>AT 1</td>
<td>2-3 years</td>
<td>Female</td>
<td>Practitioner</td>
<td>NQF ECD level 4</td>
<td>AT 1</td>
</tr>
<tr>
<td>AT2</td>
<td>4-5 years</td>
<td>Female</td>
<td>Practitioner</td>
<td>NQF level 4 &amp; 5</td>
<td>AT2</td>
</tr>
<tr>
<td>BT 1</td>
<td>3-4 years</td>
<td>Female</td>
<td>Practitioner</td>
<td>NQF ECD level 4</td>
<td>BT 1</td>
</tr>
<tr>
<td>BT 2</td>
<td>2-3 years</td>
<td>Female</td>
<td>Practitioner</td>
<td>NQF ECD level 4</td>
<td>BT 2</td>
</tr>
</tbody>
</table>
The researcher used purposive sampling. Participants who are knowledgeable and experienced in the care and development of young children were selected (Eitikan, Musa & Alkassim, 2016; Creswell, 2013). The participants at the ECD centres were conveniently chosen based on their geographic location in the Hammanskraal area, Mandela Village in the rural areas.

3. Data collection

3.1 Data collection technique

Semi-structured, open-ended interviews were conducted to explore and describe the participants’ experiences. Face-to-face interviews were conducted with the national, provincial and district officials and the ECD managers to obtain their honest views and opinions on implementing ECD policies. Further investigation of participants’ perceptions regarding the challenges faced when implementing ECD policies was made using focus-group interviews with ECD practitioners at their respective ECD centres. The interviews provided rich and detailed information from participants’ perspectives (Creswell & Poth, 2017; Mayo, 2013).

3.2 Data analysis

For analysis, multiple data sources were relied upon, such as reading the notes and grouping words into categories to help in generating a description of the setting (Creswell & Poth, 2017; Mayo, 2013). Data analysis was inductive and mainly acquired from reading interview transcripts (Maree, 2017). Themes and categories were generated from the verbatim quotes of participants’ experiences. The researcher further identified common themes from coding and finally interpreted the meaning of data across the research sites (Stenfors-Hayes, Hult & Dahlgren, 2013).

3.3 Ethical considerations

To meet the ethical code of conduct, participation was voluntary. Participants were assured of anonymity and confidentiality. Consent forms compiled according to the University of Pretoria’s ethical standards were clearly articulated to the participants. All participants completed and signed the consent forms (McNabb, 2015). Prior to the data collection, participants were also informed that all interviews would be recorded through observations, note taking and photographs to ensure consistency and reliability of the findings. The results of the collected data were portrayed anonymously using pseudonyms (Creswell, 2014). Ethics approval was also sought from the University of Pretoria.

4. Results

4.1 Analytical strategy

The following themes emerged:

- Funding norms and standards of ECD centres and challenges of access to funding;
- ECD infrastructural norms and standards;
- Practitioners’ training and learning programmes; and
- Leadership and management of ECD programmes.
4.2 Funding norms and standards of ECD centres and challenges of access to funding

As indicated, funding norms and standards are a crucial element in determining the intended policy outcomes for children to access ECD services. To elicit participants’ views about access to funding, the experiences of DOE officials and ECD managers and practitioners were explored in semi-structured interviews. These interviews revealed an inadequate distribution of funds at the unregistered ECD centres. The rural ECD centres’ chances of getting adequate facilities to implement ECD policies seemed unachievable due to a lack of funds. This has resulted in a poor quality of infrastructure (Atmore, Van Niekerk & Ashley-Cooper, 2012).

Most participants interviewed shared the same frustrations about access to funding.

The officials explained as follows:

*The Department of Public Works train practitioners but they leave and open their own preschool 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)

From the views of participants, NO and PO, poor remuneration affects the retention of practitioners. Trained practitioners open their own ECD centres for a better income. In this regard, young children at under-resourced ECD centres are provided with poor standards of care and development.

One of the participants, an ECD manager (EM 1), seemed despondent and said the following:

*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)

Similarly, the ECD manager from the rural ECD centre explained the challenges of financial limitations. 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 same challenges were shared by another ECD manager as follows:

*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)

The responses from ECD practitioners also revealed access to funding as a challenge by saying:

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

One of the participants showed concern 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)
Data revealed that provision of funds is limited at all the ECD centres. All the participants responded by stating that they received an irregular income from parents’ school fees to buy teaching and learning resources. ECD managers’ experiences demonstrate discrepancies in receiving funding. Participant EM 1 is funded and supported by the DSD, whereas participant EM 2 from an unregistered ECD centre completely depends on parents’ fees to pay stipends and for buying learning material. The responses of participants show that most families live in poverty and cannot afford to pay for ECD services at unregistered ECD centres (Mbarathi, Mthembu & Diga, 2016; Atmore, 2013). It can be argued that the effects of extreme poverty on children might have life-long consequences, including the possibility of stunted growth.

Conversely, the South African policies and legislative framework such as the South African Children’s Act (RSA, 2005) and the NIECD recognise the importance of inclusive and quality ECD programmes to optimise child development (DSD, 2015; Vorster et al., 2016) Given the legal and developmental imperative, the South African government has particularly prioritised funding and implementation of quality ECD programmes for disadvantaged young children to address the barriers of inequitable early learning opportunities (DSD, 2015). However, according to the participants’ responses, the lack of adequate funding hinders the full-scale roll-out of ECD services due to low income (Richter et al., 2019). Thus, children at the unregistered ECD centres might be at risk of inadequate cognitive, emotional, social and physical development to prepare them for formal schooling.

4.3 ECD infrastructural norms and standards

The second key theme of this study was to establish the infrastructural requirements as a determining factor for registering ECD centres. The ECD manager (EM 2) shared her experiences of having to care for young children at the back of her yard in a corrugated iron structure. She expressed her frustration of not being able to access funds due to the home-based ECD facility as follows:

\[
\text{Financially we need a sponsor, now re na le problem ya go kereya sponsor (we have a problem of getting a sponsor), re berekela ka mo jarateng… (we work from the yard…), we are busy looking for a stand re kgone go applayela di funds … if we can get the funds re godise mmereko and more training (we are busy looking for a place to work so that we can apply for funds, work will grow). (EM 2)}
\]

She added:

\[
\text{I will apply to DSD. (EM 2)}
\]

The participants’ responses revealed the challenges they faced at rural ECD centres in acquiring adequate infrastructure for young children to be cared for and learn in a safe and healthy environment. The field notes and photographs taken during the onsite visit support the participants’ views of infrastructure challenges. Structures are built directly on the ground from corrugated iron with limited space and ventilation. Most children sleep on the floor and are exposed to dust and infectious diseases. Data revealed that inadequate infrastructural registration requirements are a hindrance to providing young children in marginalised areas with a quality environment. Mathwasa and Shumba (2020) note that substandard shelter, sanitation, safe drinking water at unregistered ECD facilities is a national crisis. However, funding the delivery of the essential components of the comprehensive early childhood development programmes, especially for children living in poverty, is underpinned in the National Integrated Plan for ECD (NIPECD) as well as NIECD policies (DSD, 2015; Davids et
The aforesaid policies have provided a unifying framework for delivery and design of ECD services and dictates alignment of all sectoral policies, by-laws and strategies with it (DSD, 2015). Nevertheless, the care and development of young children attending under-resourced ECD facilities are compromised.

4.4 Practitioners’ training and learning programmes

The third key theme was used to explore the quality of training acquired by participants and learning programmes used at the ECD centres. The participants (DO; EM 1; AT 1) agree that there is an uneven distribution of resources to provide quality ECD programmes in disadvantaged areas, which currently limits young children from reaching their full potential in South Africa (Mbarathi et al., 2016).

Most participants agree that ECD programmes are not standardised. An official from the district office (DO) explained that ECD programmes at the centres are fragmented. Teachers lack training and guidance, particularly in rural areas. Participant DO state:

"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)

He added:

"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 at one centre ... the ones taking care of the 4–6 group follow CAPS, they are trained." (DO)

The participant further expressed that lack of access to standardised ECD programmes and practitioners’ training affects quality care and education.

"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 is not eating today, this one needs some extra medication ... It's got many challenges health side ... practitioners need training by someone well vested with thorough knowledge, someone experienced." (DO)

In agreement with this view of the district official (DO), the ECD practitioner from the rural ECD center (AT 2) reported on the lack of access to ECD programmes and training:

"Workshops are done by the DoE they don't include us, we must pay for our development, DSD provide minimal support unlike DoE." (AT 2)

EM 1 agreed that:

"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 DoE, some are not getting it." (EM 1)
The views of the participants revealed that children at the poor and unregistered ECD centres are deprived of quality care and learning and are faced with the challenge of missing the early learning opportunities needed for formal schooling. The review of South African legislation, the National Early Learning Development Standards (NELDS) (DBE, 2009) and the National Curriculum Framework for Children from birth to four years (CAPS) (DBE, 2015) clarify that practitioners should be provided with information and knowledge to ensure developmentally appropriate children’s early experiences (DBE, 2009). However, the participants expressed limited knowledge of ECD programmes in the disadvantaged areas.

4.5 Leadership and management of ECD programmes

A key theme for this research was to determine the quality of leadership and management of ECD programmes. The official from the national office’s (NO) response indicated that there is some level of collaboration between ECD stakeholders, the Department of Basic Education (DBE), the Department of Health (DoH) and the Department of Social Development (DSD).

Participant NO explained:

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

The participant continued:

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

The participant from the provincial office (PO) further expressed the importance of dialogue between stakeholders to implement ECD policies. Participant PO said:

There are challenges in integrating services partly. Sometimes officials go to ECD centre A, today I go there as an official from DoE, 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 at 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 go 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. (PO)

The responses from the participants reveal a lack of interaction and common vision amongst ECD stakeholders to create an enabling environment as required by the NIIECD policies (Vargas-Barón & Diehl, 2018).

5. Discussion

According to Britto et al. (2011), quality implementation of ECD policies takes different forms across different levels and dimensions. The quality of implementing care and education for young children is an important feature across all levels (national, provincial and district offices and ECD centres) and dimensions to generate the intended ECD policy outcomes.
The researchers emphasise that registration and access to ECD services do not ensure that quality care and education take place, particularly for vulnerable children (Britto et al., 2011). ECD centres need quality training for practitioners, sustainable remuneration, quality learning programmes, infrastructure facilities and accountable leaders.

The primary determinant of quality caregiving is determined by the immediate environment where children grow up; that is, at home and at ECD centres. Previous study show that 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). Quality caregiving and infrastructure are critical drivers for the early socio-emotional, physical and cognitive development of children. Biersteker (2012) explains 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. Moreover, the potential embedded in young children to perform maximally and achieve the desired learning outcome will be affected due to a lack of quality ECD facilities (Hoadley, 2013; Biersteker, 2012).

It is considered that at early learning centres the infrastructure should not merely be designed as spaces for playing, but should also develop the child cognitively, physically, socially and emotionally (Jamieson et al., 2017; Madyibi & Bayat, 2021). Under current realities, the findings revealed that most home-based ECD centres in marginalised communities are unsafe and limit the development opportunities and quality care of children. Data as posited by Jamieson et al. (2017) underpin this finding. Researchers Mbarathi et al. (2016) agree that under-resourced ECD centres' lack of basic facilities such as running water, access to electricity or suitable sanitation facilities compromises the full potential of children's development. The context of rural ECD centres is aggravated by not meeting the registration requirements to get funding from the DSD.

The South African government developed ECD policies and frameworks by prioritising 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 and the response from participants DO and EM 2 revealed that quality provision of adequate infrastructure in poor areas is of a low standard or even non-existent, mainly due to not meeting the registration requirements (DSD, 2015; Melariri et al., 2019; Hall et al., 2017).

The government’s White Paper on the new housing policy and strategy in South Africa aims to provide the society with access to private, permanent, safe and secure residential structures to ensure protection against the elements (DBE, 2015). However, it was evident from the responses of the EM 2 that ECD structures are established in private homes where the health and well-being of children are of low quality. The NIECD policy makes provision for national norms and standards for the distribution of resources; however, data showed discrepancies and inequality in the provision of resources (DSD, 2015). The rural unregistered ECD centres remain the same, where the quality of preschool care is deteriorating (Atmore et al., 2012; Jamieson et al., 2017). Researchers such as Mbarathi et al. (2017), Atmore et al. (2012) and Britto et al. (2012) also affirm that quality care and education for young children cannot be achieved without addressing inadequate education, healthcare and social services to maximise holistic development and lifelong learning.
The infrastructural development of ECD in poor communities in South Africa could be funded by local governments through municipal infrastructural grants (Viviers et al., 2013). However, compliance with regulations and municipal bylaws requires higher infrastructural standards for the registration of ECD centres, which is beyond the realities of impoverished ECD centres (Madyibi & Bayat, 2021). Lack of funding for infrastructural and start-up costs as expressed by EM2 hampers the establishment of quality ECD programmes in disadvantaged communities in South Africa (Mbarathi et al., 2016; Viviers et al., 2013). Inadequate provision of infrastructure at the ECD centres impedes the ECD practitioners’ capacity to provide care and meet the educational needs of young children, particularly in rural areas (Mbarathi et al., 2016).

The rigid ECD legislative framework on ECD infrastructure and the inadequate distribution of funds across the South African provinces show an impact on ECD centres in impoverished South African communities (Atmore et al., 2012). Access to quality learning environments for young children seems almost impossible to achieve due to the regulations and high standards set by the DSD and the South African Building Regulations (Van der Walt et al., 2014). The findings from the response of EM2,

\textit{re berekela ka mo jarateng \ldots (we work from the yard \ldots), we are busy looking for a stand re kgone go applayela di funds \ldots 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)},

revealed the restrained experienced by the manager. The Act requires that the proposed ECD facilities should be rezoned for that use and have fireproof-approved building plans which are not currently in place and further disadvantage the ECD centres in the marginalised communities (Van der Walt et al., 2014). Furthermore, the Children’s Act (RSA, 2005) also have stringent regulatory measures to protect children by regulating the registration of ECD facilities. The regulation of the Act is laid out in section 78(2)(b)(ii) which prescribes that ECD facilities must comply with the health and safety regulations of the local municipalities (Van der Walt et al., 2014). Regrettably, the requirements of the Act seem impossible for the under-sourced communities that do not have basic services (Van der Walt et al., 2014).

The findings are in line with Madyibi and Bayat (2021), who state that higher infrastructural compliance standards set by regulations and municipal bylaws for registering ECD centres are beyond the realities of impoverished ECD centres. Lack of funding for infrastructural and start-up costs hampers the establishment of quality ECD programmes in most disadvantaged communities in South Africa (Mbarathi et al., 2016; Viviers et al., 2013). Furthermore, Madyibi and Bayat (2021) note that the roles within the DSD, where the National Minister of the Social Development is responsible for setting the norms and standards, while the delivery of ECD strategy is the provincial responsibility under the Department of Social Development’s MEC, create challenges of articulation between the setting up of policy and implementation. In this regard, the Act enables the minister to set up regulations dealing with standards of ECD registration, whereas the provincial department is responsible for the delivery of ECD services and providing support in meeting the required standards (Van der Walt et al., 2014). Data showed that policy intention is undermined by high regulatory standards set for impoverished ECD centres with no basic facilities or proper infrastructure.
Currently, according to participant AT2 and DO, the curriculum is not implemented by all ECD centres because of lack of training. These findings indicate that there is an uneven distribution of resources to provide quality ECD programmes in disadvantaged areas which limits young children from reaching their full potential in South Africa (Ashley-Cooper, Niekerk & Atmore, 2019; Mbarathi et al., 2016). In order to mitigate these challenges, there is a need for ECD stakeholders to collaborate and have a dialogue with the aim to unblock factors hindering the provision of quality infrastructure in disadvantaged communities.

Teaching and learning require the retention of ECD practitioners who are adequately trained and remunerated to provide young children with sustainable quality education. The DSD provides training and pays a stipend to practitioners employed at registered ECD centres (Davids et al., 2015). Most rural ECD centres are not registered and therefore remain disadvantaged in providing resources for quality teaching and caring for young children. Remuneration and training pose a challenge in retaining disadvantaged practitioners in rural areas, as conveyed by the NO and PO participants. As such, young children continue to receive inadequate foundational knowledge (Biersteker, 2012; Atmore et al., 2012).

The Sustainable Development Goal (SDG) number 4’s call, i.e. that no child should be left behind in accessing quality education in South Africa, has taken the initiative since 2005 for every child to access a quality learning environment through the development of the National Integrated Plan for ECD (NIECD) (DSD, 2015; Davids et al., 2015). The intended purpose of the NIECD policy framework was to bring a synergy of different programmes between the DBE, the DoH and the DSD (DSD, 2015).

Hall et al. (2017) assert that a multi-sectoral framework was established to cater for the diverse socio-economic context to provide comprehensive ECD services, especially in under-resourced areas. There is evidence from the national ECD policy plans that there is a political commitment to prioritise ECD and mitigate the challenges of children living in poverty. Recently, since April 2022, there has been a function shift in the roles of departments responsible for ECD where the oversight of early childhood development has been transferred from the DSD to the Department of Basic Education (DBE, 2021). The aforementioned migration of ECD has been a welcomed move, since it resonates with priority goal eleven (11) of the DBE Action Plan 2019 to improve access to quality ECD (DBE, 2015). The extent to which South Africa is investing in the education and development of young children is the determining factor of their learning outcome and the success of the ECD policy’s intention, particularly in under-resourced communities.

According to Jamieson et al. (2017) and Sayre et al. (2015), 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. Currently, the different settings and contexts where children in South Africa grow up have birthed disparities in the provision of funding for quality ECD services and the level of training and infrastructural development of ECD varies provincially (Vorster et al., 2016).

The challenge is aggravated by ECD key stakeholders, i.e. the DSD, DoE and DoH, working in silos due to the multi-sectoral nature of the ECD sector in South Africa (Viviers et al., 2013; Atmore et al., 2012). The disintegrated provision of ECD services has been an obstacle derived by the DSD, DBE and the DoH, that are key stakeholders responsible for
ECD policies and services. These government departments often have competing priorities, hence the fragmented delivery of ECD services (Mahlangu, Goudge & Vearey 2019; Sayre, Devercelli, Neuman & Wodon, 2015). In this regard, children in vulnerable communities have limited access to quality education and learning environments due to inadequate ECD programmes, monitoring, management and leadership, infrastructure and funding (Jamieson et al., 2017; Vorster et al., 2016; Atmore et al., 2012).

6. Conclusion

6.1 Novelty and contribution

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, it is recommended that the DoE should have data on 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 a quality infrastructure and young children will have access to basic health services such as water and sanitation facilities. Furthermore, the social setting where young children will grow up will be a safe and healthy environment. The study also recommends that the ECD centres that are near primary schools should be merged with these 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 teachers will benefit young children and strengthen quality caregiving and education at the ECD centres.

6.2 Limitations of the study

The present study was conducted only with Department of Education officials, ECD centre managers and practitioners from the Gauteng province, South Africa. The findings in other provinces could be different. In that sense, it is recommended that further research be conducted in other districts across South Africa to compare results.

6.3 Implications and suggestions

ECD managers and practitioners need to be knowledgeable about ECD policies and the registration processes of ECD centres. The findings of this study can be taken forward focusing on the following:

• The development of incubation programmes to upskill ECD managers and practitioners.

• The DoE has to develop monitoring tools for the provincial and district officials to collaborate with and provide continuous guidance and support to ECD managers and practitioners in executing the ECD policies.
References


