



**An exploration of Cape Town's Early Childhood Development sector
in the face of the Covid-19 pandemic: Challenges, experiences, and
opportunities for social support**

CLAIRE PEARCE

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ABSTRACT

The early childhood development (ECD) sector, already vulnerable and inequality-ridden, has been hit hard by the Covid-19 pandemic, subsequent regulations, and implications. The Disaster Management Act, No. 57 of 2002, as amended in March 2020, imposed lockdown regulations to combat the spread of Covid-19. ECD programmes were closed by government from 18 March 2020; and only reopened from 6 July 2020 following ECD-sector litigation. This exacerbated existing, and posed new, socioeconomic challenges. To survive, the ECD sector adapted and sought social support, although the experiences thereof were varied. International research continuously emphasises the importance of quality ECD as critical for lifelong development and a nation's socioeconomic development (UNICEF, 2014); thus, a crippled ECD sector is of great concern in South Africa.

This study explored Cape Town's ECD sector challenges and experiences in the face of the Covid-19 pandemic as well as the experiences of social support offered and opportunities for enhancing effective social support in the future. Undertaking a qualitative exploratory research design, 15 ECD-centre principals and five ECD non-profit staff participated in semi-structured interviews.

The research found that Covid-19 regulations triggered a snowball effect of socioeconomic challenges. Among these include unemployment, income loss, difficulties in ECD-sector reopening, hunger, malnutrition, limited child stimulation, child abuse, gender-based violence, drug and alcohol abuse, gangsterism and other criminal activity, as well as mental-health challenges affecting children, families and communities, including the ECD workforce. ECD centres were found to be a source of social support for the ECD workforce and serve as safe spaces for young children. Families, too, were found to provide critical support for children's development. During the pandemic, ECD NPOs have provided social support through information provision and capacity building. Government support included local government support, and grants and subsidies – yet, the study found that rather than support, these proved problematic with overly-cumbersome requirements, significant delays, and non-payment. The research study showed ECD-sector social support following the onset of the Covid-19 pandemic through communities and intersectoral collaboration, including food relief, ECD forums and activism. Opportunities for effective ECD-sector support that emerged from the data, and were highlighted by ECD principals and ECD non-profit staff, included recognition of ECD and the ECD sector, empowering families and communities, scaling NPO support, and ECD workforce skills development and capacity building.

Recommendations provided were for families and communities to enhance their understanding of and take collective responsibility for ECD; for upskilling the ECD workforce; and for scaling effective ECD NPO programmes. This research study recommends for government to gain grassroots understanding of ECD, that will translate into budget prioritisation, appropriate policy change and implementation, coordination, planning, accountability and fulfilling its mandate, including paying funding due. Overall, intersectoral collaboration is recommended for awareness, understanding and effective action. Finally, further research is recommended into the role of ECD activism, the ECD workforce, and the ECD function shift across government departments.

In summary, this study raises key issues currently facing the ECD sector, particularly following the onset of the Covid-19 pandemic, while offering opportunities for effective support as raised by the sector itself.

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DEDICATION

For the voices of ECD who deserve to be heard, be ‘The Forgotten Sector’ battling the silent pandemic no more.

Viva ECD Viva!

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CHAPTER ONE: INTRODUCTION

1.1 Introduction

Chapter One introduces the study by outlining the problem context and statement. The research rationale, topic, questions, objectives, and assumptions are then provided. Finally, key definitions are given, and ethical considerations addressed.

1.2 Problem context

The study context recognises the importance of early childhood development (ECD) for a child and a nation, and is located within the South African context.

1.2.1 The importance of early childhood development

ECD refers to the holistic cognitive, emotional, physical, sensory, moral and spiritual, and social and communication development of a child, from conception until the child enters formal schooling (Republic of South Africa [RSA], 2015). The importance of ECD is well-researched. Two decades ago, Education White Paper 5 on ECD (Department of Education [DoE], 2001) highlighted that gestation and the first seven years after birth are characterised by rapid development: by age five, the brain has grown to 90% of its adult weight, and our early experiences have lifelong implications. Quality ECD provisioning contributes to gains in cognition, language development, communication, literacy, numeracy, perception-motor skills, and problem-solving skills (DoE, 2001; Ashley-Cooper, van Niekerk & Atmore, 2019).

Undoubtedly, quality early stimulation, nutrition and nurturing are critical to a child's development. Interestingly, investing in quality ECD significantly contributes to long-term positive socioeconomic performance and societal benefits. International evidence shows that quality, appropriate ECD allows children to reach their full potential, linked to increased primary-school enrolment and school performance, decreased school drop-out and repetition rates, and reduced need for costly remedial interventions to address developmental lags later in life (DoE, 2001; Heckman, 2008; Atmore, 2019). Children are, thus, likely to be more productive as adults, enabling cost savings and a positive return on investment (DoE, 2001; Heckman, 2008). As such, there are significant social and economic benefits to investing in ECD.

Education White Paper 5 on ECD concurs, and comments on the unquantifiable benefits of ECD, recognising the early years as “the ideal phase for the transmission of the values that are essential for a peaceful, prosperous, and democratic society. These values include respect for human rights, appreciation of diversity, tolerance, and justice” (DoE, 2001:ss1.2.3.6). South Africa’s (SA) ECD policies thus recognise ECD as fundamental for nation-building and social justice.

1.2.2 The case for early childhood development in South Africa

There is a significant need for quality ECD provision in SA. According to Hall et al. (2019), there are 6,978,000 children under age six in SA, 65% of whom live in poor households and 35% in food-poor households. Despite its classification by the World Bank (2014) as an upper-middle-income country, SA is one of the world’s most unequal countries. Inequitable access to quality ECD is evident in terms of child age, race, gender, disability, socioeconomic status, home language and location (Ashley-Cooper, van Niekerk & Atmore, 2019).

Vulnerable communities have the greatest difficulty accessing quality ECD yet would benefit the most (Aubrey, 2017). In SA, 60% of early-learning programmes (ELPs) are unregistered and 67% do not receive the ECD subsidy, largely because these cannot meet registration requirements (Department of Basic Education [DBE], 2022a). The corresponding lack of quality ECD poses serious long-term implications for a child’s development (Dawes et al., 2016, in Ashley-Cooper, van Niekerk & Atmore, 2019). Tragically, recent findings show that 57% of children attending an ELP nationally fail to ‘thrive by five’, meaning they have cognitive and/or physical development delays and face barriers to reaching their full potential (DBE, 2022b).

1.3 Problem statement

The ECD sector, already vulnerable, has been hit hard by the Covid-19 pandemic and subsequent regulations and implications. Despite post-apartheid progress and progressive policy, inequitable access to quality, affordable ECD programmes persists (RSA, 2015; Ashley-Cooper, van Niekerk & Atmore, 2019). Thus, the onset of the Covid-19 pandemic exacerbated existing, and posed novel, challenges to the sector. Covid-19, the infectious disease that became a global health crisis and pandemic (World Health Organisation, n.d.), has led to unprecedented change; the disease itself and global response thereafter have had significant socioeconomic repercussions across all sectors, particularly the ECD sector.

SA's Disaster Management Act, No. 57 of 2002 was amended in March 2020, imposing lockdown regulations to combat the spread of Covid-19. ECD programmes were closed from 18 March 2020; only reopening on 6 July 2020 (Wills, Kotzé & Kika-Mistry, 2020). ECD centres have struggled to reopen and continue operating since then, due to underfunding and prohibitive costs (Jeffery, 2020). The mainly-female ECD workforce, children, families, and communities have faced issues around significant job and income loss and social problems including gender-based violence (GBV) (van der Berg & Spaul, 2020). ECD-centre child attendance has suffered, with extreme drops to rates last seen 20 years ago (Wills, Kotzé & Kika-Mistry, 2020), with resulting risks of children not getting critical nutrition – ECD-centre meals are often a child's main daily meal – and stimulation, affecting their development and wellbeing (van der Berg, Zuze & Bridgman, 2020; Cleary, 2020).

International research continuously emphasises quality early care, stimulation, education, safety and nutrition as critical for one's lifelong development, as well as a country's socioeconomic development (UNICEF, 2014). It is therefore of great concern that SA's ECD sector has been challenged so significantly in the wake of the Covid-19 pandemic.

Faced with multifaceted challenges, the ECD sector had to adapt. Stakeholders offered social support, although the experiences thereof have been varied and contentious. Families and communities have been a source of support, but also conflict, particularly during lockdown. SA's government expanded its social protection system (Köhler & Bhorat, 2020). Child and ECD-targeted support include the Child Support Grant (CSG), ECD subsidy and ECD Employment Stimulus Relief Fund (ECDSRF) supported by the Presidential Employment Stimulus (Wills & Kika-Mistry, 2021). However, government support is criticised as insufficient, delayed, confusing and not reaching those most in need (Vorster, 2020; Gontsana, 2021a; SABC News, 2021). Meanwhile, non-profit organisations (NPOs) seek to bridge gaps in ECD support, yet lack capacity and face uncertainty themselves (Kruger, 2021). Thus, the issue of social support as experienced by the ECD sector merits further study.

1.4 Research rationale and significance

The rationale for this study is that the experiences of the ECD sector following the onset of the Covid-19 pandemic deserve academic exploration. There have been waves of media attention highlighting ECD-sector issues and academic research on ECD pre-Covid-19 and the Covid-19 impact on schools. Yet, research around the pandemic and ECD sector is limited, particularly in low and middle-income countries (Wills & Kika-Mistry, 2021), highlighting a research gap. Indeed, the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM), which is reviewed in Chapter

Two, sheds light, yet is quantitative, revealing a qualitative research gap. The complex ongoing crisis requires a qualitative approach to understand on-the-ground ECD-sector experiences during the pandemic, especially considering the importance of ECD. This study has undertaken qualitative research into the challenges facing the ECD sector following the pandemic, the experiences and perceptions of social support, and opportunities for effective ECD support.

This study is significant as it fills a gap in qualitative Covid-19 ECD research and updates the ECD literature by telling the stories of ECD stakeholders, namely ECD-centre principals and ECD NPO employees, in the wake of the Covid-19 pandemic. Exploring on-the-ground ECD experiences is critical to unpacking sector challenges and advocating for systems to enhance sector support (Ebrahim, Martin & Excell, 2021). In exploring grassroots experiences, the study aims to draw attention to ECD needs, sources of social support and the challenges thereof. Moreover, ECD-centre principals and ECD NPO employees can uniquely offer realistic opportunities for effective on-the-ground ECD support. In doing so, this study advocates appropriate opportunities and recommendations for stakeholders to rectify the weaknesses and challenges, ultimately to benefit ECD centres and the children who could attend them. After all, the ECD sector needs to not merely ‘recover’ to pre-pandemic levels, but rather to advance well beyond that.

1.5 Research topic

The research topic is an exploration of Cape Town’s Early Childhood Development sector in the face of the Covid-19 pandemic: Challenges, experiences, and opportunities for social support.

1.6 Research questions

This study’s four research questions are:

1. What are the challenges facing the ECD sector due to the Covid-19 pandemic as experienced/observed by ECD-centre principals?
2. What are the challenges facing the ECD sector due to the Covid-19 pandemic as experienced/observed by ECD NPO employees?
3. What forms/sources of social support are available to the ECD sector and how do ECD-centre principals and ECD NPO employees perceive ECD social support?
4. What are the opportunities for ECD-sector support, as perceived by ECD-centre principals and ECD NPO employees?

1.7 Research objectives

This study aimed to explore Cape Town's ECD sector in the context of the Covid-19 pandemic, focusing on ECD-sector challenges, experiences with social support and opportunities for effective social support. This aim was shaped by the following four key research objectives:

1. To explore the challenges facing/observed by ECD-centre principals due to the Covid-19 pandemic.
2. To explore the challenges facing/observed by ECD NPO employees due to Covid-19 pandemic.
3. To identify and assess ECD social support forms/sources as experienced by ECD-centre principals and ECD NPO employees.
4. To explore the opportunities for effective ECD-sector support, as perceived by ECD-centre principals and ECD NPO employees.

1.8 Main assumptions

This study's underpinning assumptions are that:

- Pre-pandemic ECD-sector challenges have been exacerbated by the Covid-19 pandemic and subsequent regulations.
- Children, ECD workers, households and communities are experiencing ECD challenges as a consequence of the Covid-19 pandemic.
- There are diverse sources of support for children, caregivers and ECD workers, including households, communities, NPOs and government, yet each poses its own challenges.
- Government ECD support, including subsidies and grants, is inaccessible to those most vulnerable.
- The ECD sector demands state recognition and support, including appropriate funding.

1.9 Term clarification

This section defines key terms used in this report.

Early childhood development (ECD): as per the Children's Amendment Act, No. 41 of 2007, refers to the holistic cognitive, emotional, physical, sensory, moral, spiritual, social and communication development of children. Ages vary internationally. In SA, ECD is from conception until children enter formal schooling (RSA, 2015).

ECD centre: a partial-care facility providing an ECD programme for children from birth until the year before they enter formal school (RSA, 2015).

ECD workforce: those employed in providing ECD services through centre- and non-centre-based ECD programmes, including teachers, principals, playgroup facilitators, as well as cooks and others who also take care of young children (RSA, 2015). Also referred to as ECD workers and ECD practitioners.

Social support: support for social wellbeing; comes from ‘institutions’, including kinship, religion, workplace, the market, civil society, and government; and in various forms, including care, nutrition provision, policies, and financial grants and subsidies (Gilbert & Terrell, 2013).

ECD sector: broadly encompasses stakeholders who care for, are responsible for, or provide services or support to children who have not yet entered formal schooling (RSA, 2015). For this study, the ECD sector refers to the ECD workforce and families with children aged six and under; additional stakeholders including ECD NPOs, faith-based organisations (FBOs), and government departments affiliated with ECD are referred to specifically.

Lockdown: following the Covid-19 pandemic onset, SA implemented a national lockdown by amending the Disaster Management Act, No. 57 of 2002, with five key alert levels. Alert level 5 saw the strictest national ‘hard lockdown’ from 27 March until 30 April 2020 whereby all but essential movement, travel and in-person work were restricted; followed by a series of adjusted alert levels (RSA, n.d.). This study refers to ‘lockdown’ as the period of ‘ECD lockdown’ in which ECD centres were forced to remain closed: 18 March to 6 July 2020.

Non-profit organisation (NPO): as defined by the Nonprofit Organisations Act, No. 71 of 1997, an NPO is a trust, company or group founded for a public purpose, beyond the interests of its members, where the income is not distributable among members other than for fair remuneration.

1.10 Ethical considerations

Research must conform to ethical standards – widely accepted moral principles that establish rules and expectations for ‘correct’ conduct (de Vos et al., 2005). This research abided by the standards set by the Research Ethics Committee at the University of Cape Town (see Appendix 1).

1.10.1 Avoidance of harm

Researchers are responsible for protecting participants against physical and/or emotional harm, though the latter may be difficult to determine (de Vos et al., 2005). Researchers must identify and guard against potential dangers (Babbie, 2011). This study asked respondents about experiences which could have raised sensitive issues leading to emotional discomfort. De Vos et al. (2005) noted that the discomfort of sharing information may be minimal compared with that of the actual experiences. Nevertheless, I navigated the process to avoid and minimise the discomfort, by ensuring respondents were fully informed about the research topic, purpose, expectations, consent, and the right to withdraw. Respondents gave consent to participate and could prepare for the interview.

1.10.2 Voluntary participation

Respondents consented and volunteered to participate, free from coercion (Babbie, 2011). Purposive, volunteer sampling ensured this as respondents self-selected if they wished to participate. The consent form (Appendix 2) detailed this and their right to withdraw at any point.

1.10.3 Informed consent and debriefing

Participants must be adequately informed about the research for which they volunteer, including the aim, procedure, possible benefits and dangers, and the competence of the researcher (de Vos et al., 2005). The consent form detailed the research topic and rights of the participant. No deception was involved; all information was openly given. Respondents could ask questions at any point. After the interview, respondents were debriefed, re-informed on how their interview was to be used, and their privacy protected.

1.10.4 Privacy, anonymity, and confidentiality

Researchers must, by all possible means, protect respondents' privacy – the extent to which they are identifiable (de Vos et al., 2005). Anonymity guarantees that respondents cannot be traced by the readers or researchers; while confidentiality means that researchers can identify respondents but guarantee to not do so publicly (Babbie, 2011). This research asked for respondent names and gender but guaranteed confidentiality in that linking details such as their and their respective organisation's names were excluded from the transcripts and report. Instead, coded identifiers were used (see 4.2). Additionally, respondents were asked to be voice recorded; these recordings were safely stored as per the Data Management Plan and transcribed, but not publicly shared. Extra efforts were taken to ensure

the privacy of participants through the sampling procedure: potential participants were selected first through a gatekeeper who only referred individuals who consented to share their contact details (see 3.3.4). Thereafter, all interviews, but one, were conducted telephonically or online. This allowed both researcher and respondent to be in a separate private, comfortable space of their choice to minimise disruption. Online interviews enabled participants to decide on showing their faces, adding another layer of confidentiality as I did not see these participants' faces to be able to identify them.

1.10.5 Researcher competence

Researchers must be sufficiently skilled to undertake research, especially when sensitive information is shared, from methodology and sampling to data collection and analysis (de Vos et al., 2005). I was supervised throughout the research process. De Vos et al. (2005) also emphasise competence across cultural boundaries and that researchers must not place value judgements on the culture of respondents. As such, I continuously engaged in reflexivity to check in with myself and any value judgements I may have.

1.10.6 Publication of findings

The publication of findings must meet ethical standards. Data and literature must be rigorously analysed and reported truthfully, emphasising honesty and openness (Babbie, 2011). Data must be conveyed clearly, not manipulated, or plagiarised; human errors must be admitted (de Vos et al., 2005). I did this through extensive re-reading of transcripts and literature, and helpful and careful supervision. Moreover, the publication of this study allows the sharing of findings with the ECD sector, including research participants. While this research did not seek to directly enhance the lived experiences of those in the ECD sector, the availability of and access to this information will serve as a valuable learning resource, with the potential to benefit the participants and the broader ECD sector.

1.11 Summary

This chapter introduced the problem context, statement, and rationale. It specified the topic, unpacked by research questions, objectives, and assumptions. Key terms are then clarified, and ethical considerations addressed.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter provides the theory, policy and literature that frame this study. Three theoretical frameworks that underpin this study are outlined and applied. Key policies and legislation are introduced and unpacked, and existing relevant literature is reviewed.

2.2 Theoretical frameworks

Three theoretical frameworks, detailed below, underpinned this research. First, Bronfenbrenner's (1979) socioecological model provided a blueprint to understand challenges, experiences and opportunities from micro to macro level. Second, the social institutions for social welfare created a framework for the sources of social support. Third, the institutional and residual approaches to social-welfare policy provided an understanding of South Africa's approach to ECD policy and practice. All three frameworks were drawn from throughout the research.

2.2.1 Bronfenbrenner's (1979) socioecological model

Bronfenbrenner (1979) explained the ecology of human development as interactions between individual and environment: the individual at the core of nested interdependent structures, surrounded by a micro, then meso, exo, and finally macrosystem.

A *microsystem* is the “pattern of activities, roles, and interpersonal relations” in one's immediate setting (Bronfenbrenner, 1979:22). For a child, it may be immediate family and the ECD centre. The *mesosystem* comprises interrelations between two or more microsystems, such as when family members interact with ECD teachers (Bronfenbrenner, 1979). The surrounding *exosystem* comprises settings without one's direct, active participation, yet which affect and/or are affected by the developing individual, such as local government or parental workplace (Bronfenbrenner, 1979). For example, parental job loss due to Covid-19 affects a child, as there is less income to afford food, leading to hunger and malnutrition (Katz et al., 2020; Adebisi et al., 2021).

Finally, the *macrosystem* is the overarching pattern of ideologies embedded in every system, forming a cultural blueprint (Bronfenbrenner, 1979). This blueprint demonstrates how each setting or system affects and is affected by each other; given this dynamic, the blueprint can change and create change (Bronfenbrenner, 1979). Covid-19 prompted macrosystem change with international and national

responses, including lockdown regulations, which had ripple effects on all the systems within. Regulations to prevent the spread of Covid-19 impacted exosystems such as caregivers' workplaces transitioning online or closing altogether. At mesosystem level, caregivers lost their jobs which limited their financial capacity to pay ECD fees, meaning ECD programmes also faced reduced income. This then affected a child's microenvironment. During lockdown, a child could not attend an ECD centre, so they stayed home; their caregivers were also at home, implying their ability to take care of the child. However, caregivers with reduced income likely experienced stress, mental-health problems, lower capacity to afford food, and they maybe lacked knowledge and resources to stimulate their child from home. Indeed, the child themselves may cause stress to the caregivers and household, such as due to the burden of care.

This study applied this model to pandemic-related challenges, as well as social support, in that both challenges and support can come from all systems and their interactions. An illustrative study is that of Draper et al. (2022), who, based on their findings, developed a thematic framework of the socioecological factors influencing ECD, considering the contexts of the child, family and home, preschool/school, community, social policy, and historical context (see Appendix 3). The following theoretical frameworks further frame how this study unpacked and conceptualised the sources of social support.

2.2.2 Social institutions for social welfare

The institutional perspective on social welfare highlights six fundamental social institutions around which key functions are formed: kinship, religion, workplace, the market, civil society, and government (Gilbert & Terrell, 2013). Each institution can be a source of support and/or challenges, takes various forms, and carries out, sometimes sharing, primary and social-welfare functions (see Appendix 4) (Gilbert & Terrell, 2013). Examples include familial care through kinship, faith-based social services through religion, and health insurance through the workplace (Gilbert & Terrell, 2013). The market offers commercial social services, while civil society offers social services through voluntary groups, unions, and social agencies (Gilbert & Terrell, 2013). Lastly, governments may provide social, health and education services (Gilbert & Terrell, 2013).

Gilbert and Terrell (2013) stated that some social-welfare functions overlap, but are not evenly distributed across institutions. Applying this to ECD in SA, the National Integrated Early Childhood Development Policy (NIECDP) states the critical responsibility of parents as primary caregivers for creating a nurturing, safe, healthy, loving and stimulating environment for ECD (RSA, 2015). Yet, the

reality of socioeconomic conditions sees 65% of children under six years living in poor households (Hall et al., 2019) where such an environment is but an ideal. As such, additional institutions must play a role. The NIECDP emphasises the role of government in supporting ECD, across multiple departments from DBE, Department of Social Development (DSD) and Department of Health to the Department of Water and Sanitation, the Presidency, and others (RSA, 2015). However, reality paints a less-than-ideal picture with a lack of policy implementation (Atmore, 2019).

While the institutions serve social-welfare functions (offering support), they can equally be a source of social problems. For example, kinship offers childcare, but may also be a source of child abuse. While the workplace may offer employee benefits, not all jobs do; for SA's ECD workforce, it is not uncommon to earn below minimum wage let alone not receive additional benefits (Atmore, 2022a), and as such, the workplace may be a source of stress rather than support. Moreover, market-based social-welfare goods and services may be unaffordable for many. While civil-society organisations may step in, their reach is also often limited. When it comes to government, there are often failures in providing support where it is needed most (Atmore, 2022a).

The framework that the social institutions can be both a source of support and social problems has guided the main research questions. This is to say that, in response to the problems facing the ECD sector following the Covid-19 pandemic, there have been various forms of social support, but none are perfect, and some are ridden with problems in themselves.

2.2.3 Institutional versus residual approach to social-welfare policy

The institutional approach to social welfare contrasts the residual approach. The residual approach is traditional of governments that offer short-term support as 'safety nets' to catch people already facing challenges who cannot obtain support elsewhere (Gilbert & Terrell, 2013). Residual support is reactive, only available when other institutions fail, stops once needs can be met through other means, and places the burden on individuals to meet their needs (Gilbert & Terrell, 2013). Conversely, the institutional approach views social welfare as a first-line function in society, occurring through organised universal welfare systems and services; welfare is recognised as a right and entitlement, enabling a preventative approach (Gilbert & Terrell, 2013).

SA engages both residual and institutional approaches to social welfare. SA offers social insurance, including the Unemployment Insurance Fund (UIF), and various safety nets and social assistance including the CSG, while expanding social protection in response to the pandemic to offer the ECDSRF (Köhler & Bhorat, 2020; Wills & Kika-Mistry, 2021). There are also public health and

education systems. However, while the NIECDP recognises ECD as a universal right and public good (RSA, 2015), only 40% of ELPs are registered or conditionally registered with DSD, while only 33% of ELPs receive the state ECD subsidy (DBE, 2022a). This shows that ECD is not recognised as a universal right in practice, as the current approach to social welfare is a residual one. This view is supported by Ebrahim, Martin and Excell (2021) who point out that there is an economic mismatch between ECD-sector funding strategies and infrastructure required to meet the objectives of the NIECDP. Provided the largely residual approach to ECD, when the Covid-19 pandemic struck, the government response was reactive, and thus significant gaps were exposed in government capacity to respond during crisis, including constructing an effective action plan to reach those most in need (SABC News, 2021). Through this social-welfare policy approach lens, gaps are, therefore, exposed between ECD policy and action.

2.3 Policy and legislation

Among the major policies underpinning this research are the Children's Act, the NIECDP of 2015, and the 2020 Disaster Management Act amendments. These policies are situated within the international context and the post-apartheid trajectory for ECD policy.

2.3.1 International early childhood development instruments

Numerous instruments addressing childhood and ECD exist on international and regional levels, in accordance with global research and an emphasis on human rights. Among the prominent instruments which shape and complement ECD policies worldwide, and SA in particular, include:

- the United Nations (UN) Convention on the Rights of the Child (CRC), established in 1989, and ratified by SA in 1995;
- the African Charter on the Rights and Welfare of the Child (ACRWC), adopted by the Organisation of African Unity (OAU), now African Union (AU), in 1990, and ratified by SA in 2000;
- the UN Millennium Development Goals (MDGs), adopted in 2000; and
- the UN Sustainable Development Goals (SDGs), adopted in 2015 (RSA, 2015).

2.3.2 Post-apartheid early childhood development policy

In SA, ECD policy has undergone major transformation. Pre-1994, there was no clear government policy which supported all children equally. On the contrary, apartheid policy blatantly denied the human rights of black Africans, actively excluding black Africans from social, political, economic, and physical settings, while discriminating in favour of the white minority (Atmore, 2019). Apartheid policy was the architect of injustice and inequality, and the legacy of this was felt by the post-apartheid government in 1994.

Truth and reconciliation became a priority for democratic SA, and social policy and legislation were regarded as tools to effect change and address inequality, which is expressed in post-1994 ECD policies. For example, the vision of democratic SA's first ECD policy, the Interim Policy for Early Childhood Development recognised the importance of ECD for lifelong learning as well as a fundamental pillar for "attitudinal and psychological healing, reconciliation and [...] nation building" (DoE, 1996:12). Together with Education White Paper 5 on ECD in 2001, ECD was put on the national agenda, particularly regarding a reception year (Atmore, 2019).

The main and most recent policies and legislation concerning ECD include the Children's Act, No. 38 of 2005 and Children's Amendment Act, No. 41 of 2007, and the NIECDP of 2015.

2.3.3 Children's Act

The Children's Act, No. 38 of 2005 sought to give effect to and legislate children's constitutional rights. This act was amended by the Children's Amendment Act, No. 41 of 2007 to specify provisions for ECD and partial care, among other amendments, importantly providing that ECD centres must meet certain norms and standards to become eligible for registration as a partial-care facility. Being registered and meeting certain criteria enables eligible ECD centres to access the government ECD subsidy, presently R17 per qualifying child per day (Atmore, 2022a). This subsidy is a form of ECD social support recognised throughout this study.

2.3.4 National Integrated Early Childhood Development Policy of 2015

The NIECDP, approved by cabinet in December 2015, establishes a comprehensive approach to ECD service delivery (RSA, 2015). The main policy purpose is to: provide an overarching multi-sectoral framework; define a national comprehensive ECD programme; identify role players and respective responsibilities; and create a national integrated leadership and co-ordinating structure for ECD (RSA, 2015). The policy emphasises human and children's rights, recognising ECD "as a fundamental and

universal human right to which all young children are equally entitled without discrimination” (RSA, 2015:22). This policy is institutional in its social-welfare approach, recognising young children’s right to ECD.

While previous policies understood ECD as a period from birth to age nine, or school-going age, the NIECDP views ECD from conception until school-going age (age six, or for children with disabilities, age seven) (RSA, 2015). This draws attention to the importance of the prenatal period, recommending interventions accordingly.

Aligned with SA’s National Development Plan 2030, the policy sets a long-term goal by 2030 of a comprehensive quality ECD programme available and accessible to all young children and caregivers (RSA, 2015). This is supported by a short- and medium-term goal by 2017 and 2024, respectively (RSA, 2015:49):

***Short-term goal:** By 2017, the Government of South Africa has established the necessary legal framework(s), established the organisational structures and institutional arrangements, undertaken the planning, and put in place the financing mechanisms necessary to support and realise its commitments to ensure universal availability of, and equitable access to, early childhood development services.*

***Medium-term goal:** By 2024, age and developmental stage appropriate essential components of the comprehensive quality early childhood development programmes are available and accessible to all infants and young children and their caregivers.*

***Long-term goal:** By 2030, a full comprehensive age and developmental stage appropriate quality early childhood development programme is available and accessible to all infants and young children and their caregivers.*

Despite the NIECDP’s holistic understanding of ECD and appropriate interventions, at the time of writing, the 2017 goal has not been achieved, potentially delaying the achievement of the medium- and long-term goals. There is no guiding ‘plan’ to implement the policy, a limited attempt at costing the implementation of the policy, and no on-the-ground implementation from the government side. Most of the effort appears to be weighted on the communities themselves and the non-profit sector, with criticisms of little or no political will of the government (Atmore, 2022a). The poor implementation of what otherwise has been heralded as a comprehensive policy has left the ECD sector ‘high and dry’, and particularly vulnerable in the face of the Covid-19 pandemic. The response from

the ECD community has included advocating for itself as ‘#TheForgottenSector’ and for ECD to be forgotten no more (Mndende, 2021; Gontsana, 2021b).

2.3.5 Disaster Management Act

The Disaster Management Act, No. 57 of 2002 serves as an integrated policy to prevent, reduce, and mitigate major disasters, as well as addressing effective post-disaster recovery. When the Covid-19 pandemic reached SA, this act was amended, titled: Regulations to address, prevent and combat the spread of Coronavirus COVID-19: Amendment, with five key alert levels (Appendix 5). The SA government declared a state of disaster, with a strict level-5 national lockdown from 27 March until 30 April 2020 restricting the movement of people and goods, prohibiting public transport, and closing all but essential services (Parker, Morris & Hofmeyr, 2020). ECD centres had already been instructed to close on 18 March 2020 (Wills, Kotzé & Kika-Mistry, 2020). Alert level 4 took place from 1 to 31 May 2020, and alert level 3 from 1 June to 17 August 2020; followed by a series of adjusted alert levels between level 4 and level 1. Upon easing of alert levels, no announcement was made for ECD, until the Minister of Social Development and others were taken to court to get a date for reopening; the court judgment ruled in favour of the applicant and ECD centres were allowed to reopen from 6 July 2020 (Fabricius, 2020).

2.4 Literature on the ECD sector and Covid-19 pandemic

This section reviews existing literature on the ECD sector and challenges around the Covid-19 pandemic, including research studies, reports, surveys, news articles and media. Much of the recent data on the ECD sector is quantitative, including NIDS-CRAM, the Thrive by Five Index 2021 and the ECD Census 2021, with some further qualitative research and media.

The Covid-19 pandemic has undoubtedly brought about unprecedented challenges, while drastically exacerbating existing ones. This rings true for the ECD sector, particularly programmes and centres which cater to the developmental needs of SA’s youngest population cohort. Indeed, international evidence and policy agree that ECD is the crucial foundation for an individual’s lifelong learning and a nation’s development (DoE, 2001; RSA, 2015), and yet the reality in SA is an ECD sector riddled with challenges (Atmore, van Niekerk & Ashley-Cooper, 2012). The ECD sector was already vulnerable long before the onset of the Covid-19 pandemic. When the Covid-19 pandemic hit SA in March 2020, government instructed ECD centres to close, along with most other industries, under the strict lockdown. This had severe consequences, crippling the ECD sector further, and support from

different sources has been variable. This review touches on pre-pandemic challenges and covers literature concerning pandemic-related challenges and the various forms of ECD-sector support.

2.4.1 Pre-pandemic challenges

Ebrahim, Martin and Excell (2021) emphasised that investigations into the ECD sector require understanding its context, including pre-existing under-developed systems and inequities. There is much pre-pandemic research showing inequitable access to quality, safe and affordable ECD services, with variations evident in child age, race, gender, disability, socioeconomic status, home language, and location where the child lives, across provinces and the rural-urban divide (Ashley-Cooper, van Niekerk & Atmore, 2019). Out of around 6,978,000 children under the age of six living in SA (Hall et al., 2019), only 1,660,316 children are enrolled in an ELP (DBE, 2022a). The children who do not access an ELP may not experience quality ECD to be able to thrive. ECD child outcomes were investigated by the Thrive by Five Index 2021, the largest survey of its kind ever undertaken in SA with a nationally representative sample of 5,139 children aged 50-59 months. Most concerning is that, of those children enrolled in an ELP, 57% fail to ‘thrive by five’ – they are not ‘on track’ for physical growth or early learning (DBE, 2022b).

The ECD sector is predominantly informal as most ELPs are unregistered (60%) and do not receive the state ECD subsidy (67%) (DBE, 2022a). This data is a result of the ECD Census 2021, which undertook a count of all ECD programmes in SA, registered and unregistered, generating an extensive dataset as a useful information tool on the sector (DBE, 2022a). Unregistered, unsubsidised centres face multiple challenges in meeting the regulatory norms and standards for registration and corresponding eligibility for the state ECD subsidy. Consequently, ECD centres are stuck in a vicious cycle of being unable to receive support to develop the centre, as they must first be developed to meet the requirements to receive this support.

Among key issues for ECD centres are poor infrastructure and equipment with a lack of electricity, piped water, flush toilets, furniture, appropriate toys and learning resources; insufficient nutrition; staff training; variable-quality ECD programming; low funding; and underqualified but overworked and underpaid staff (Dawes, Biersteker & Hendricks, 2010; DBE, DSD & UNICEF, 2010; Atmore, van Niekerk & Ashley-Cooper, 2012; Nyembezi, 2014; Baloyi & Makhubele, 2018; Education, Training and Development Practices Sector Education and Training Authority, 2018). The ECD Census 2021 further revealed gaps including that, while most ELPs provide breakfast and/or lunch, 27% have no

water tap on site and 40% do not have a flush toilet (DBE, 2022a). Despite these issues, ECD centres strive to provide for the care, stimulation, socialisation, and nutrition needs of young children.

2.4.2 Regulations on ECD-sector lockdown and reopening

The Covid-19 pandemic and subsequent regulations imposed a strict ECD lockdown and complex reopening, with profound effects on the ECD workforce, children, caregivers, households, and communities.

2.4.2.1 ECD-sector lockdown

The regulations to close ECD centres from 18 March 2020 in response to the pandemic created a ripple effect of financial and social problems. BRIDGE et al. (2020) conducted a rapid survey in April 2020, collecting responses from 3,952 ECD operators and found almost all (99%) operators reported that caregivers stopped paying fees. For most ELPs (69%), the main source of funding is fees, and only a third of ELPs receive the ECD subsidy (DBE, 2022a). This meant income loss through non-payment of fees was a major knock, resulting in data demonstrating that 96% of operators who participated in the BRIDGE et al. (2020) survey did not have enough income to pay operating costs, and up to 175,000 people working in the ECD sector faced job loss in the absence of relief. ECD-centre job loss and permanent closure were a fear and reality for many (Jeffery, 2020).

ECD-sector reopening did not ease these challenges, as the literature below shows, from the court case to reopen to the Standard Operating Procedures (SOPs), along with great financial barriers.

2.4.2.2 Court case

ECD centres were only allowed to reopen after the sector took government to court. Initially, the hard lockdown was applauded as necessary in the wake of the novel pandemic, yet, over time, regulations received much criticism as these means to curb the pandemic exacerbated other socioeconomic issues (van der Berg & Spaul, 2020). As lockdown alert levels eased, sectors reopened, including schools, however, no announcement was made for ECD (Katz et al., 2020). Consequently, some ECD-sector organisations took the Minister of Social Development, as the main respondent, to court to advocate for ECD-sector rights and demand a date for reopening the ECD sector (Grobler, 2020). While the court case details go beyond the scope of this research, the judge ruled in favour of the applicants and ECD centres were allowed to reopen immediately, from 6 July 2020 (Fabricius, 2020). This court case

is one example of how children's rights groups were active during lockdown in the fight for child protection and children's rights (Katz et al., 2020).

2.4.2.3 Standard operating procedures

Reopening, however, required ECD centres to meet Covid-compliant SOPs (DSD, 2020), in addition to existing norms and standards set in the Children's Amendment Act, No. 41 of 2007. This 60-page document detailed measures to be taken before reopening, at arrival and departure, and throughout the day, including social-distancing measures, hygiene control and food preparation, among many other 'guidelines' (DSD, 2020). While some argued that government was trying to do its best to navigate through the pandemic, others argued that the requirements imposed prohibitive costs, and government provided no support in providing the required personal protective equipment (PPE) and resources (Wills, Kotzé & Kika-Mistry, 2020; McNair et al., 2022).

2.4.2.4 Reopening

ECD centres struggled to reopen from 6 July 2020. Many ECD centres were not ready to reopen or could not afford to do so due to the high cost of the required health and hygiene equipment (Wills, Kotzé & Kika-Mistry, 2020). Additionally, as households faced significant pandemic-related income loss since lockdown and had fears about children contracting Covid-19 at centres, many caregivers were unable and/or unwilling to pay fees and send their child to an ECD centre (Wills, Kotzé & Kika-Mistry, 2020).

2.4.3 Socioeconomic challenges of ECD-sector lockdown and reopening

The main pandemic-related socioeconomic challenges relate to child attendance, funding limitations, and concerns around nutrition, stimulation, and childcare, among additional burdens.

2.4.3.1 Child attendance

Indeed, given the immense challenges experienced by caregivers and ECD workers, including income loss and fear of contracting Covid-19, child attendance at ECD centres upon reopening was low (Wills & Kika-Mistry, 2021). Data from the NIDS-CRAM shed light on child attendance and connections with nutrition, hunger, stimulation, and caregiving. The NIDS-CRAM is a follow-up telephonic survey of a subsample of adults previously surveyed in 2017 and is said to be broadly representative of those aged 15 and over in SA (Wills, Kotzé & Kika-Mistry, 2020). The NIDS-CRAM generated quantitative data, at five intervals, on the socioeconomic impact of the Covid-19 lockdown, including ECD

attendance (Wills, Kotzé & Kika-Mistry, 2020). Data indicated that pre-pandemic, 39% of respondents with ECD-aged children indicated at least one child attended an ELP; a rate which dropped drastically to 7% in July-August 2020, when ECD centres reopened, and again in February 2021 – rates last experienced in the early 2000s (Wills & Kika-Mistry, 2021). This suggested that over two decades of progress in ECD access had been reversed. Low child attendance was particularly prevalent in disadvantaged areas and low-income households, as shown by Statistics SA (2022). This reemphasised that vulnerable children most in need did not access ECD services that could have offered appropriate nutrition, stimulation, and childcare. Positively, significant recovery in attendance rates was seen by May 2021, almost returning to pre-pandemic levels (Wills & Kika-Mistry, 2021).

2.4.3.2 Limited funding

Low child attendance was accompanied by limited income through fees. Some ECD-centre operators found it financially and practically not viable to reopen or continue operating. While the average monthly fee charged per child by ELPs of R509 (DBE, 2022a) is not a substantial sum, Jeffery (2020) echoes the financial difficulties faced without this vital income: ECD-centre operators could not pay salaries, rent, loan repayments and other expenses, and so were trapped in a vicious cycle, facing potential permanent closure. Cleary (2020) also investigated the lockdown effects on ECD programmes, reiterating that it was not financially viable to reopen without the crucial funding of fees and the ECD subsidy. Nevertheless, some ECD operators found ways to adapt to continue operating, even with limited children, and more still, even when caregivers could not afford fees. In fact, 62% of ELPs allow at least some children to enrol and attend fee-free (DBE, 2022a). One assumption is that fee-free attendance is allowed due to ECD operators' dedication and passion for children and supporting their early development, such as through nutrition and cognitive stimulation.

However, the reality of children not accessing an ELP posed concerns about nutrition, stimulation, and care.

2.4.3.3 Nutrition

For Cleary (2020), McNair et al. (2022) and van der Berg, Zuze and Bridgman (2020), nutrition and child hunger were key concerns. ECD centres serve meals to children; for many, this is their only meal of the day, which is critical to nutritional wellbeing and development (Cleary, 2020). Lack of access to ECD centres during and following lockdown meant children missed out on this essential meal.

Meanwhile, high unemployment rates saw households experiencing significant income loss and difficulty affording food – the resulting hunger and malnutrition affected any member of a household and community (Adebiyi et al., 2021). For young children, child hunger is a major concern, and malnutrition can contribute to stunting, wasting, diabetes, heart disease and certain cancers (May et al., 2020).

This was particularly concerning given research that two decades' worth of improvements in reducing child hunger was reversed during lockdown (van der Berg, Zuze & Bridgman, 2020). Positively, Wills and Kika-Mistry (2021) showed that, by April-May 2021, of respondents with a child who attended an ELP in the previous week, 77% responded that the child received a meal. This means that ECD centres were able to provide meals despite income loss challenges. However, meal provision is strongly linked with respondent ability to afford fees (Wills & Kika-Mistry, 2021), yet many caregivers struggle to pay fees, and many ECD operators allow children to attend fee-free. There is a literature gap regarding *how* ECD centres adapted, and continue to adapt, to stay open and feeding and taking care of children despite these difficulties.

2.4.3.4 Stimulation and childcare

The quality of care that children receive outside an ECD centre is, unfortunately, a common problem raised. In their paper, *Counting the Cost*, van der Berg and Spaull (2020:15) state a “worrying lack of stimulation for many children”, citing Statistics SA (2019) data that only 53% of guardians/parents reported reading books with children and 65% telling stories. Research shows that these examples of parent-child interaction are critical for a young child's holistic development (van der Berg & Spaull, 2020). The lack and limitation thereof mean that while not attending an ECD centre, children may not have received important stimulation for their development.

Additionally, the literature raised problems with childcare in general, particularly supervision with implications for child safety. During lockdown, Wills, Kotzé and Kika-Mistry (2020) showed that it was predominantly household members who cared for children, particularly mothers; outsourcing of care was uncommon, and it was rare that no-one (less than 1%) or another child (less than 1%) was caring for the young children. This is hopeful as it shows that children were almost never left alone, without someone supervising. However, it is important to note that this finding was based on self-report data with a chance of social-desirability bias whereby participants may have responded in a way that they deemed socially acceptable, rather than responding completely honestly. Perhaps the reality of caregiving and supervision during lockdown was quite different.

Wills, Kotzé and Kika-Mistry (2020) and van der Berg and Spaul (2020) agree that many households in SA lack an additional caregiver. Moreover, Covid-19 is, primarily, a disease, which has taken many lives in its wake, and children and their caregivers have been significantly impacted. According to data from Imperial College London (2022), as of 24 November 2022, an estimated 147,100 children in SA had been orphaned and 211,000 had lost a primary or secondary caregiver, such as a grandparent, due to Covid-19-associated deaths. UNICEF (2022) reported that orphaned children are more likely to experience violence, abuse, neglect, and exploitation. Caregivers falling sick with Covid-19, or other diseases, and passing away can be traumatic for young children with long-term implications on mental and physical health. To enable a nurturing environment for these children, UNICEF (2022) highlighted the need to strengthen family support and social protection systems.

Meanwhile, ECD centres, which serve as an important place for childcare, were completely unavailable during lockdown and largely inaccessible thereafter. As such, the literature, particularly in the media (Vorster, 2020, 2021), reported during lockdown that children risked being left in precarious, unsafe situations while a caregiver is at work or looking for work. Evidence thereof includes reports of a 37% increase in helpline calls to Childline SA in August 2020 compared with August 2019, as well as healthcare facilities reporting high numbers of severe injuries among child abuse cases (UNICEF, 2020). The reality of child safety thus became a major concern.

2.4.3.5 Additional socioeconomic burdens

The literature further raised problems linked to mental health (Parker, Morris & Hofmeyr, 2020) and gender (van der Berg & Spaul, 2020; Casale & Shepherd, 2020; Draper et al., 2022). SA's women and children, particularly those experiencing financial stress, face multiple burdens which were exacerbated by the Covid-19 pandemic. It is important to consider gender as women are traditionally the primary caregiver and it is predominantly women who work in the ECD sector.

Casale and Shepherd (2020) focused on the gendered effects of the pandemic: how lockdown disproportionately affected women, who were more likely to lose jobs or face cuts in working hours, while also bearing a greater burden of childcare. Draper et al. (2022) agree that women carry heavy burdens; meanwhile, working fewer hours does not necessarily equate to more time for quality childcare. This is because job loss heightens income and food insecurity, and researchers argued links between deteriorating living conditions and isolation under social-distancing measures (McNair et al., 2022), school closure, lockdowns, financial stress, and mental-health issues, including emotional exhaustion, depression and anxiety (van der Berg & Spaul, 2020; Parker, Morris & Hofmeyr, 2020). Interestingly, Draper et al. (2022) suggested that mental-health challenges are underreported or

considered part of ‘normal’ life, rather than a health issue that requires support. Van der Berg and Spaul (2020) further illustrated that major crises are linked with increased gender-based and domestic violence and child abuse, and the pandemic has been one such crisis. During lockdown, even under the supervision of household members, children may not have been appropriately ‘cared for’, perhaps facing traumatic abuse directly or indirectly or experiencing the brunt of the mental-health problems of caregivers.

2.4.4 Social support

Where challenges are multifaceted, the corresponding sources of social support are equally diverse. In the face of the complex challenges brought on or exacerbated by the pandemic, this research explored how the ECD sector adapted, received, and experienced support and leveraged resources to survive. Indeed, SA’s social institutions offered social support during the heart of lockdown, albeit to varying extents. This research explored the ECD sector’s experiences of this support. Predominantly, the literature highlights support from ECD centres themselves (Cleary, 2020; Ebrahim, Martin & Excell, 2021), families (van der Berg, Zuze & Bridgman, 2020), NPOs, civil society and communities, and government (Kruger, 2021; Draper et al., 2022).

2.4.4.1 Support from ECD centres

While research largely reflected on the challenges facing ECD centres, some reflected on them as a source of support for the ECD sector, particularly young children and their families. Draper et al. (2022) showed that caregivers value ECD centres for the early learning opportunities for their children. Katz et al. (2020) comment that ECD centres serve as a safe space for children and a provider of nutritious meals.

Interestingly, some literature revealed how ECD centres’ internal systems provided support. Ebrahim, Martin and Excell (2021) reflected that the leadership of principals enabled ECD teachers to adjust to the ‘new normal’. This supports pre-pandemic research into the roles that enhance ECD-centre effectiveness, including strong governance, accountability, financial management, decision-making, administration, and strategic planning, among others (Clampett, 2016). It is interesting that this 2016 research on roles that enhance sustainability was found to be valid in the face of crisis, during lockdown. Modise (2021) further emphasised that entrepreneurial leadership, involving risk-taking, innovation, resilience, managerial skills, and decision-making, enables opportunities for ECD-sector survival in times of crisis.

Literature further reflected on groups of ECD stakeholders as support, including ECD forums and informal ECD groups (Ebrahim, Martin & Excell, 2021). ECD forums, voluntary networks consisting of and representing a community of ECD centres, can be valuable sources of support through collective information provision and assistance, while fostering community development (Blom, 2019). Research by Ebrahim, Martin and Excell (2021) concurred, showing that trusting, reciprocal relationships among the ECD workforce were formed in the absence of government support.

2.4.4.2 Support from families

For ECD, kinship is a key institution, where primary caregivers hold the main responsibility to care for their children. Wills, Kotzé and Kika-Mistry (2020) showed that, during lockdown, a child's household bore the responsibility for childcare, with outsourcing beyond the household uncommon. Additionally, NIDS-CRAM data found during early lockdown, April to June 2020, child hunger was lower than hunger of other household members, even with households low on money for food (van der Berg, Zuze & Bridgman, 2020). Van der Berg, Zuze and Bridgman (2020) viewed this as evidence of shielding children from hunger, with households possibly using savings, borrowing, and depending on generosity of others for support – yet they cautioned that this is not sustainable. Still, families were relied upon during lockdown to support young children, their care and nutrition.

More generally, existing international research argues that families play a critical role in a child's development, and so building partnerships with families, communities and ECD centres can effectively enhance holistic ECD, while mutually benefitting all parties (Epstein, 1995; Nores & Fernandez, 2018). Draper et al. (2022) elucidated that parent involvement that includes fathers would be a valuable investment, albeit challenging given the prevalence of absent fathers and dysfunctional caregiver relationships.

There is some research into working with families, during and following lockdown, by delivering services in a socially-distanced manner. For example, telephonic health services benefitted caregivers by allowing continued socially-distanced access to healthcare, while suggesting a hybrid approach of both telephonic and face-to-face assessments once Covid-19 alert levels relaxed (Van der Linde, Eccles & Du Toit, 2021). Another example is of ELPs that provided families with learning resources and stayed in communication telephonically or digitally to encourage learning at home; although not all caregivers could access this or may have struggled due to low literacy levels themselves (Modise, 2021; McNair et al., 2022).

However, kinship support could only go so far. In their qualitative study in low-income Cape Town communities, Draper et al. (2022) found that caregivers noted barriers to ECD in the household context, including low socioeconomic status, dysfunctional relationships, mental health, ELP resources and social support. As McNair et al. (2022) pointed out, during lockdown, typical family networks of support could no longer be relied upon, significantly raising the need for social relief.

2.4.4.3 Government support

Government support in response to the pandemic is a contentious matter. The literature revealed that experiences vary regarding accessing forms of government support, as do perspectives regarding the effectiveness thereof. Köhler and Borat (2020) showed that SA's welfare system expanded significantly in response to the pandemic. Meanwhile, McNair et al. (2022) argued that caregivers did not receive appropriate state support to enable them to best support their children's ECD. Katz et al. (2020) referred to the inadequacy of government communication and decision-making, particularly regarding ECD-sector status and reopening during and following lockdown. Atmore (2022a) firmly stated that DSD was incompetent regarding the ECDSRF. As Vorster (2020) put it, DSD "in many provinces has been invisible at best and obstructive at worst."

It should be noted that a function shift of ECD took place from 1 April 2022, whereby functions, roles and responsibilities were transferred from DSD to DBE (Motshekga, 2022). The significance of this migration, made official following over two years from the onset of the Covid-19 pandemic in SA, warrants further investigation.

Forms of government support that relate to the ECD sector largely included financial safety nets, such as:

- UIF
- Temporary Employer-Employee Relief Scheme (TERS)
- Social Relief of Distress (SRD) Grant
- Old Age Pension (OAP)
- CSG
- ECD subsidy
- ECDSRF.

This review focused on the ECD subsidy and ECDSRF as the ECD-targeted support forms, with brief reference to the other forms.

UIF, TERS, SRD Grant, OAP and CSG

Unemployment greatly raised the demand for UIF, while TERS aimed to save jobs and ease the financial burden on organisations (Nxesi, 2022), and the SRD Grant aimed to give support to those without any income and ineligible for other grants. These relief forms were critical for caregivers as well as the ECD workforce who faced job or income loss. As most ELPs are informal, ELP registration with UIF is minimal, thus posing difficulties for the ECD workforce to access this form of financial support (Giese, 2020). Van der Berg, Zuze and Bridgman (2020) refer to the OAP, stating its potential for reducing child hunger, while Köhler and Bhorat (2020) refer to the CSG expansion and top-ups during lockdown, finding the ‘per grant’ top-up particularly progressive and pro-poor.

ECD subsidy

As previously discussed, registered ECD centres meeting certain requirements can apply for an ECD subsidy. This subsidy is a targeted form of state social assistance for ECD. As Ebrahim, Martin and Excell (2021:216) put it, the subsidy is a “must-have” for centres in disadvantaged contexts, along with parent fees. However, ironically, at only R17 per qualifying child per day, the subsidy is insufficient to meet all needs (Vorster, 2020), meanwhile, most centres – those most vulnerable and in need – are ineligible for the subsidy, being informal and failing to meet the required norms and standards. These centres thus remain in a vicious cycle of underfunding (Sanders et al., 2019; Vorster, 2020; Lutuli, 2021).

Worse still, while BRIDGE et al. (2020) commented that DSD should be commended for continuing the subsidy during lockdown, Vorster (2020) explained how discrepancies, errors, neglect, and bullying meant the government did not timeously provide the subsidy to many centres during the lockdown period. Others, including Ebrahim, Martin and Excell (2021), explained that ECD subsidy payments stopped altogether during lockdown, in all provinces except the Western Cape, as the argument posed by DSD was that ECD centres were closed and therefore did not require the subsidy (Mndende, 2020). ECD subsidy non-payment in these provinces has been an on-going contentious subject, with litigation against DSD (Mndende, 2020; Minister of Social Development v SA Childcare [Pty] Ltd & Others, 2022; Booysen, 2022). While this study focused on Cape Town, it is important to reflect on other provinces’ and areas’ experiences for contextual reference. Overall, the ECD subsidy has been problematic and, given the numerous challenges facing the ECD sector, the subsidy was unsustainable in the face of the pandemic.

Presidency's ECDSRF

The plight of the ECD sector in the face of the pandemic set off a wave of activism, where ECD stakeholders from NPOs to principals to academics advocated for government support for the ECD workforce (BRIDGE et al., 2020). In response, on 30 July 2020, Minister of Social Development Lindiwe Zulu announced R1.3 billion would be made available for the sector (Vorster, 2020). However, the literature, particularly news media, shows that the ECDSRF has been fraught with controversy.

According to Vorster (2020), this R1.3 billion sum was initially allocated for the employment of youth workers to monitor compliance of the reopening ECD sector, rather than to genuinely support the sector. This later evolved, following backlash, into a relief package for ECD workers. However, as Professor Atmore explained in an interview with SABC News (2021), DSD failed to submit a coherent budget and plan to the National Treasury, meaning they failed to secure 55% of the R1.3 billion set aside for the package, only securing 45%. Atmore (SABC News, 2021), Coombes and Ehrenreich (2021) and Gontsana (2021a) added that, once approved, the grant application procedure itself prohibited the most vulnerable from applying due to its online nature, technical difficulties, short timeframe in which to apply, and confusing and costly requirements, including requiring bank accounts to be in the ECD centre's name.

Following the application difficulties, the processing and rollout have been “virtually non-existent” (Gontsana, 2021a), leading to a sum of R41 million not rolling over from Treasury at the end of the ECDSRF's first financial year (Atmore, 2022a). A financial year later, by 31 March 2022, only R245 million had been rolled out to ECD practitioners. The ECDSRF rollout and government support have undoubtedly caused controversy and anger, which demands investigation into how ECD workers are experiencing the pandemic on the ground, as well as how the miscoordination of tax-payers funding leads to underspending and wastage.

2.4.4.4 Non-profit organisations, civil society, and community support

Atmore (SABC News, 2021) strongly criticised the government as uncaring, explaining that state support repeatedly fails to meet the needs of the most vulnerable. Ebrahim, Martin and Excell (2021) also emphasise the lack and limitations of ECD-targeted government support, before and persisting into the pandemic. They explained this absence led to communities and NPOs mobilising to fill the gaps, including community support, ECD NPO programmes and advocacy (Ebrahim, Martin & Excell, 2021).

Communities and civil society provided ECD support through community programmes and infrastructure (Draper et al., 2022), and through physical, social and financial means, such as providing PPE, sanitisers and learning materials, as well as training around Covid-19 protocols (Ebrahim, Martin & Excell, 2021). Regarding ECD NPO support, the grounded-theory study of Kruger (2021) showed how an ECD NPO adapted during lockdown to continue supporting the ECD sector. This NPO leveraged existing strengths of internal and external relationships, and sound business operating systems while taking strategic risks, which allowed them to focus on an existing feeding scheme during the initial lockdown, as well as distributing data vouchers to ensure communication, and printed and SMS food vouchers (Kruger, 2021).

Some research cited SA's strong civil society and a culture of ubuntu in rural and peri-urban communities as critical safety nets (Jamieson & van Blerk, 2021), and how communities came together to support one another in any way possible. One key way in which sectors have collaborated for ECD-sector support is through activism, advocacy and litigation for ECD rights aligned with the constitution in the absence of government support (Katz et al., 2020; Mohamed, 2021; Ally, Parker & Peacock, 2022). NPOs, civil society and ECD workers have protested the absence of government support and engaged in litigation on multiple occasions since the onset of the pandemic, particularly regarding the poor ECDSRF rollout (Gontsana, 2021a, 2022; Centre for Early Childhood Development [CECD], 2022).

However, the literature further showed that support from NPOs and communities has limitations. Inasmuch as NPOs are a source of support, they too have faced pandemic-related challenges, and they lack the capacity and reach of the government to fill gaps in support; as Kruger (2021) phrased it in their article title, NPOs had to 'adapt or die'. Meanwhile, issues of violence and crime impact communities' capacity to provide and support quality ECD (Draper et al., 2022). As Venter (2022) found using a simulation model, lowering community poverty significantly increases the percentage of school-ready five-year-olds, thereby suggesting opportunities to enhance community support.

Understanding these challenges facing the ECD sector, including perceptions of social support, in the face of the pandemic is fundamental to identifying opportunities for effective support – as is a key motivation for this research.

2.5 Summary

This chapter addressed the literature around SA's ECD-sector experiences during the Covid-19 pandemic. The chapter first outlined the theoretical frameworks, then introduced important policies

and legislation. Finally, the chapter reviewed the literature on pandemic-related ECD-sector challenges and experiences of social support.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Babbie (2011) defines methodology as procedures for scientific investigation. Chapter Three addresses the methodology undertaken for this study. The chapter first outlines the research design, population and sampling, then details how the data was collected and analysed, followed by discussions on data verification, study limitations and reflexivity.

3.2 Research design

Creswell (2014) sees research designs as types of inquiry that provide direction for research procedures. This study undertook a qualitative exploratory design. Exploratory research intends to gain insight into a phenomenon, situation, or case study (de Vos et al., 2005). The ECD-sector experience of the Covid-19 pandemic is a valid phenomenon to explore. As such, the exploratory design was in line with this study's aim. Qualitative research explores deeper meanings of human experiences and generates rich, in-depth data which cannot simply be reduced to numbers (Rubin & Babbie, 2011). As the challenges relating to the pandemic and the ECD sector have been ongoing and multifaceted, a qualitative design allowed respondents to richly express themselves and their diverse experiences.

3.3 Population and sampling

This section addresses the study population and sampling technique, characteristics, and procedure.

3.3.1 Population

Sampling is the process of selecting units for study (Babbie, 2011). Researchers set boundaries on these units, referred to as the population: individuals who possess given characteristics (de Vos et al., 2005). This study included two broad populations, Cape Town-based ECD-centre principals and ECD NPO employees.

3.3.2 Sampling technique

Qualitative research typically employs non-probability sampling, which involves selecting a sample where a process or phenomenon is, or is likely to be, occurring, rather than on a statistical basis (de

Vos et al., 2005). Whereas quantitative research seeks statistical representativeness, qualitative researchers believe that everyone “must be studied against the background of more universal social experiences and processes” (de Vos et al., 2005:328).

This study used non-probability purposive sampling. Purposive sampling allowed for selecting the sample based on my judgement of the population elements that were deemed most representative or suitable (Babbie, 2011). Non-probability purposive sampling is appropriate as I purposively searched for ECD principals and ECD NPO employees based on my judgement in consultation with my supervisor.

3.3.3 Sample characteristics

As it is not feasible to interview the entire population, a sample thereof was selected, with elements to be included (de Vos et al., 2005). De Vos et al. (2005) emphasised a clearly-identified selection criteria and rationale to purposely seek the case of interest.

The sample comprised 20 respondents in the City of Cape Town, over age 18, divided into two subsamples as follows:

- 15 respondents who were, at the time of interview, employed at an ECD centre (registered or unregistered) in the City of Cape Town as a principal, and had been working in said centre since before 2020; and
- Five (5) respondents who were employed in a managerial or leadership position, at the time of interview and since before 2020, at an NPO whose mission and programmes support the ECD sector.

The City of Cape Town was selected to narrow the geographic focus, allowing greater attention to the experiences in one area. ECD-sector experiences vastly differ across SA’s municipalities and provinces. While gathering data on multiple areas would shed light on these experiences, this was beyond the scope of study. As such, further research is needed in different areas around SA to explore and compare these issues.

The two subsamples were selected given their role in the ECD sector and close connection in providing ECD-sector support. ECD principals were purposively selected as they were personally familiar with ECD-sector issues, having experienced the pandemic on-the-ground. As the head of their respective ECD centres, the principals were also aware of issues facing their staff and could comment on these. ECD NPO employees in leadership positions were selected as they are a source of support to the ECD

sector, with knowledge and experience of the sector, who could shed light on challenges from another perspective, including knowledge of policy and stakeholder challenges. The dominant focus on ECD principals was due to their direct experiences, while ECD NPOs are a source of support whose insights served to complement those of principals. Having two subsamples allowed for triangulation of data during the analysis stage to determine if the same issues were identified, enhancing the credibility of the study.

It was important that participants were employed before March 2020 to have been aware of pre- and post-pandemic experiences. One individual at each organisation, ECD centre or NPO, was interviewed, with a spread across multiple City of Cape Town areas. This provided a diverse sample to explore different experiences and generate richer data, thereby aligning with the study's aim.

3.3.4 Sampling procedure

The sampling procedure was similar for both subsamples. To reach principals, I engaged with a fieldworker at the CECD who supports ECD principals. The fieldworker contacted principals via WhatsApp, briefed them and asked if they consented to share their contact details with me. I then contacted those who agreed via WhatsApp, explained the research aim and processes, and invited them to participate. They were sent the consent form, and the interviews were arranged.

Similarly, to reach ECD NPO employees, the CECD contacted, via e-mail, five individuals known to work in the ECD NPO sector. This e-mail briefed them on the research. I then contacted those who agreed to participate directly to invite them to participate and sent the consent form and arranged the interview.

3.4 Data collection

Primary data was collected through 20 semi-structured interviews, lasting between 40 and 70 minutes. In consultation with my research supervisor, I established questions through an interview guide; one for principals (Appendix 6), one for ECD NPO employees (Appendix 7). These guides focused the interviews and, unlike a rigid structured interview, enabled opportunities to ask further questions, expand and explore (de Vos et al., 2005).

Nineteen (19) interviews were conducted telephonically or online using the video-conferencing software most suitable for both interviewer and interviewee access, including Zoom, MS Teams, and WhatsApp. One interview took place in-person as it was deemed most convenient. Online and

telephonic interviews were deemed preferable initially due to Covid-19 regulations and protocols limiting social contact, while shifting to an online space with little data costs was also an advantage. Telephonic interviews were advantageous for participants who faced data constraints as the airtime costs were covered by me. Online/telephonic platforms enabled interviews with respondents who were otherwise unreachable, such as due to their geographic location. Online and telephonic interviews were quick and easy to set up.

3.5 Data recording

All interviews were electronically recorded and backed up online and on hard-drive storage. Respondents consented to recording by signing the consent form. Recording allowed for an easier conversation flow, without interruptions of me taking notes. Online interviews over Zoom and MS Teams were recorded on my laptop using software of the relevant video-conferencing platform; WhatsApp and telephonic interviews and the one in-person interview were recorded on my mobile device, with a secure application.

Each recording was then transcribed for ease of analysis. Interviews were transcribed verbatim, with both my and participant voices.

Recordings, consent forms and transcripts have been stored securely as per the Data Management Plan.

3.6 Data analysis

De Vos et al. (2005:333) view data analysis as “the process of bringing order, structure and meaning to the mass of collected data”. Thematic analysis does this by identifying and analysing patterns and themes related to the research questions; accordingly, Table 1 details the data analysis steps taken in this research, aligned with data analysis steps described in Creswell (2014).

Table 1 Data analysis steps following Creswell (2014)

Step	Description according to Creswell (2014)	Researcher steps
1	Organise data for analysis by transcribing, scanning, and making notes from interviews.	I transcribed all interviews myself, enabling deep engagement with the interviews. I made notes throughout, reflecting on key points.
2	Read all interviews for a sense of overall meaning.	I re-read all transcripts for a general sense and overall meaning.
3	Code data, organise data into categories, such as by labelling and colour coding.	I then began coding. I selected five interviews of principals and two of ECD NPO participants to code by labelling and colour-coding transcripts. Finding a common pattern in labels, I listed the codes, and continued coding accordingly for the remaining interviews, adding further codes where necessary.
4	Generate categories, themes and descriptions using the coding process.	I reviewed the codes, grouping similar codes into categories and sub-categories. I then related these categories to themes based on the research objectives. I then generated a description for each category.
5	Advance how the narrative represents the description and themes, popularly through a narrative passage, a detailed discussion of themes using sub-themes, quotes, figures and/or tables where helpful.	I developed the category and sub-category descriptions into a narrative, structured around themes using direct quotations to demonstrate accordingly (see 4.3).
6	Interpret the research by asking what lessons were learnt, a personal interpretation, comparison with literature and theory, and suggesting further lines of study.	I developed the narrative by analysing how categories relate to existing literature and theory, presented in Chapter Two. I reflected on lessons learnt and recommendations for future research.

3.7 Data verification

Lincoln and Guba (1985, in de Vos et al., 2005) propose four constructs to ensure research is trustworthy: credibility, transferability, dependability and confirmability.

- *Credibility* refers to the degree to which the study shows that the subject was accurately identified and described (de Vos et al., 2005). This research demonstrated credibility by accurately identifying and describing the subject, with qualitative data allowing in-depth descriptions from the selected sample on the chosen topic. Qualitatively exploring the diverse and complex experiences in the ECD sector as perceived on-the-ground by both ECD principals and ECD NPO workers further added to the validity, and therefore the credibility, of the study.
- *Transferability*, the applicability of findings across contexts, is arguably limited due to the lack of generalisability of qualitative research (de Vos et al., 2005); however, this study enhanced transferability in several ways. Theoretical frameworks guided data collection and analysis and enabled application of the research to theory. Triangulation of data sources further enhanced transferability: having two subsamples, ECD principals and ECD NPO participants, allowed identification of corresponding and unique findings across perspectives, as well as comparison with existing literature.
- *Dependability*, the qualitative alternative to reliability, is where the researcher attempts to account for change in the phenomenon and design (de Vos et al., 2005). While the phenomenon under study is ever-changing, the exploratory design enabled a contextual, in-depth exploration, and the problem context, methodology and literature are richly detailed to enhance contextual understanding.
- For *confirmability*, researchers must show that findings can confirm and corroborate general findings, and that these accurately represent participants' information and not merely the researcher's interpretation thereof, thereby placing objectivity onto the data itself (de Vos et al., 2005). This was done by triangulating and comparing data with existing literature and theory to show where the data corresponded or reflected unique findings. To further avoid subjective reporting, I was reflexive in my analysis and was supported by my research supervisor.

3.8 Study limitations

Minor study limitations arose. One limitation is that the qualitative methodological approach lacks generalisability to the greater population (de Vos et al., 2005). However, as explained, generalisability was not the aim; the aim was exploration, which this approach enabled by generating in-depth knowledge and insight.

Another study limitation involved constraints imposed through online/telephonic interviews. Data costs, mobile phone access and signal constraints may have been issues for participants, while the signal constraints meant some interviews lost sound clarity. This limitation was controlled by my suggesting telephonic, online, or face-to-face interviews as suitable for participant interviews. All but one opted for telephonic/online; therefore, willingness to participate in a virtual interview was not a limitation. Telephonic interview costs were borne by myself, meaning participants experienced no data costs as associated with online interviews. However, call quality was variable. Where call quality hindered the interview process, I asked respondents to repeat their comments. I also rescheduled two interviews for when respondents experienced poor phone signal.

Additionally, some respondents may not have felt able to express themselves so freely through a virtual interview as in-person. Furthermore, whether in-person or virtual, my presence could have biased responses (Creswell, 2014). I was supported through supervision on how to best conduct interviews, asking open-ended questions with probes, while reassuring respondents throughout that they need not share anything they feel uncomfortable with. Importantly, I engaged in reflexivity to check biases throughout the interview process and analysis and reporting.

3.9 Reflexivity

Reflexivity is a quality of metacognition where the researcher forms an integrated understanding of their own perceptions, ideas and influence or role; involving empathy and self-awareness (de Vos et al., 2005). Reflexivity is critical in qualitative research. I must be aware of my influence as an interviewer and researcher. I am an Honours graduate with previous research on ECD. While this equipped me with knowledge, I was careful not to impose a personal bias on interviews or interpretation thereof. I accounted for this and attempted to remain objective by ‘checking in with myself’ to put aside any biases and by using the interview guides – prepared with support from my supervisor – and deviating where needed through probes and open-ended questions. Moreover, while

I am familiar with ECD-sector issues, I was not personally known to the population, and I emphasised ethics including voluntary participation throughout.

Additionally, this research was my first experience independently conducting in-depth primary-data collection with multiple participants and I initially felt anxious. To build confidence, I continually researched how to conduct in-person and online interviews, used helpful tools and interview guides, and asked for support from my supervisor and others with interview experience. Once the interviews began, I found myself relaxed and confident. However, I did find that the experiences shared demonstrated the vulnerability of the ECD sector, which was at times emotional; while I expressed my sympathy, I reflected that these realities are far from my own experiences. This reflection was important to be aware of so as for my emotions to not cause subjective interpretation of data.

3.10 Summary

This chapter detailed the study's methodology, explaining the qualitative exploratory research design using semi-structured interviews, the population and sampling technique, characteristics, and procedure. The chapter then described how data was collected, recorded, and analysed. The study was then evaluated through a commentary on data verification, study limitations and personal reflexivity.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

4.1 Introduction

This chapter covers the data analysis, with discussions around literature and theoretical frameworks. First, a participant profile is provided. Next, the framework used to present the findings is outlined. Following this, the findings are then presented and discussed.

4.2 Participant profile

The sample consisted of 20 participants: 15 formed a subsample of ECD-centre participants, five formed a subsample of ECD NPO participants.

Of the ECD-centre participants, 13 were female and two were male; 14 were principals, and one was an administrator/ECD teacher who worked closely with the principal. This subsample is hereon referred to as ‘principals’.

Years working at their centre ranged from four to 31 years, with some reportedly working in the ECD ‘sector’ for longer. To ensure confidentiality by lowering the risk of deductive disclosure, whereby a respondent could be identified through known characteristics (Kaiser, 2012), the number of years working at the centre or organisation is not linked to the participant, for either subsample.

Ten principals worked at a fully- or conditionally-registered ECD centre. Five were in process of registering or re-registering. Four were subsidised, and a further three received the ECD subsidy for a limited duration since the pandemic’s onset, and one reportedly stopped receiving the subsidy since the ECD function shift from DSD to DBE.

Table 2 details the profile of each of the principals interviewed.

Table 2 Principal profiles

Principal profiles				
No.	Gender	Title/Position	Registered	Received ECD Subsidy
P1	Female	Principal	Yes	Yes
P2	Male	Administrator/teacher	In process	No
P3	Female	Principal	In process	No
P4	Female	Principal	Yes, conditionally	Yes
P5	Female	Principal	Yes	No
P6	Female	Principal	Yes	No
P7	Female	Principal/owner	In process	No
P8	Female	Principal	Yes	Yes
P9	Female	Principal	Yes	Temporarily
P10	Female	Principal	In process of re-registering	No
P11	Male	Principal	Yes	Temporarily
P12	Female	Principal	In process	No
P13	Female	Principal	Yes	Yes
P14	Female	Principal	Yes	Temporarily
P15	Female	Principal	Yes	Stopped receiving

Of the five NPO participants, three were female and two were male, with roles including director, executive director, education coordinator and programme manager.

Years working at the NPO ranged from seven to 29, with some participants having worked in the sector for longer. To lower the risk of deductive disclosure (Kaiser, 2012), this information is not linked to the participant, particularly as the ECD NPO sector in Cape Town is fairly small and the participants may be known to many in the ECD sector.

Table 3 details the profile of the ECD NPO participants.

Table 3 NPO participant profiles

NPO participant profiles		
No.	Gender	Title/Position
NPO1	Male	Director
NPO2	Female	Director
NPO3	Female	Educator Coordinator
NPO4	Male	Executive Director
NPO5	Female	Programme Manager

4.3 Framework of analysis

Table 4 illustrates the framework of analysis for this research study, outlining how the findings are presented. As demonstrated below, the findings address the four research questions, framed around three themes related to the questions, and discussed through categories and subcategories that emerged from the data.

Research questions one and two are merged in the presentation of findings due to the significant overlap of responses by principals and ECD NPO participants.

Each theme includes a summary.

Table 4 Framework of analysis

Research question	Theme	Category	Sub-category
1. What are the challenges facing the ECD sector due to the Covid-19 pandemic as experienced/observed by ECD-centre principals?	ECD-sector challenges	Regulatory	<ul style="list-style-type: none"> - Lockdown - Delayed and strict regulations for ECD-centre reopening
		Economic	<ul style="list-style-type: none"> - Income loss - Financial burdens
Physical		<ul style="list-style-type: none"> - Covid-19 as a disease - Nutrition 	
Psychosocial/Socioemotional		<ul style="list-style-type: none"> - Child stimulation - Household and community dysfunctionality - ECD-workforce exhaustion 	
2. What are the challenges facing the ECD sector due to the Covid-19 pandemic as experienced/observed by ECD NPO employees?			
3. What forms/sources of social support are available to the ECD sector and how do ECD-centre principals and ECD NPO employees perceive ECD social support?	ECD-sector social support	ECD centres	<ul style="list-style-type: none"> - ECD-centre support to children and families - Support through ECD-centre management and staff
		Families and primary caregivers	
		Early childhood development non-profit organisations	<ul style="list-style-type: none"> - Forms of ECD NPO support - ECD NPO limitations
		Government	<ul style="list-style-type: none"> - General views of support - CSG, UIF, SRD Grant and TERS - ECD subsidy - ECDSRF
		Communities and intersectoral collaboration	<ul style="list-style-type: none"> - Forms of community support - ECD forums - Community-based and faith-based organisations - Intersectoral collaboration - Activism
4. What are the opportunities for ECD-sector support, as perceived by ECD-centre principals and ECD NPO employees?	ECD-sector support opportunities	Recognition	
		Empowering families and communities	
		Scaling early childhood development support	
		Upskilling early childhood development workforce	

4.4 Findings

Following the framework for analysis, this section presents and discusses the research findings.

4.4.1 ECD-sector challenges

The pandemic and subsequent regulations posed multiple unprecedented challenges for the ECD sector. ECD principals and NPO participants were themselves affected by lockdown, while recalling challenges facing the communities around them – many of which are persistent and did not go away when lockdown ended.

NPO4: As much as it [Covid-19] was a real health problem, but it became also a social development problem, an education problem, because the schools had to be closed. Everything had to be, you know, shut down and then the economy was affected.

As discussed by both principals and NPO participants, this section addresses the regulatory, economic, physical, and psychosocial challenges facing the ECD sector, including ECD centres, practitioners, communities, families and children.

4.4.1.1 Regulatory

The main regulatory challenges addressed concerned lockdown and ECD-sector reopening.

Lockdown

With Level-5 lockdown, commencing 17 March 2020, ECD centres closed. The principals spoke of this experience of initially closing, the abruptness, confusion, and concern that the regulation created for staff, children and caregivers. Most principals expressed being closed, unable to operate, work or earn income. Some reported caring for children whose parents were essential workers. Lockdown alert levels fluctuated as per the adjusted Disaster Management Act, No. 57 of 2002, but ECD centres had to remain shut for over three and a half months.

P6: Yeah, well, it was a shock to everybody. You know, first and foremost, it was just something that was unexpected. You know, it just happened. We heard about it, and it was on the news. I remember the 15th of March. It was on. And there was some talk about it and not realising that by the 18th, we were going to have to close down ASAP... And with immediate effect we had to let the parents know.

Delayed and strict regulations for ECD-centre reopening

The ECD sector experienced a delayed reopening followed by strict reopening regulations.

Some participants explained the fluctuating, but lowering, alert levels enabled the economy to reopen, including schools, yet no statement was provided for ECD. Principals echoed the literature findings on this (Katz et al., 2020), calling ECD #TheForgottenSector (Mndende, 2021). This resulted in ECD organisations taking the Minister of Social Development, and others, to court. NPO5 describes her perspective on government's response to the pandemic regarding ECD below.

NPO5: And I would say they [government] were but obstructive, intentionally obstructive. So, when schools reopened, ECD centres hadn't been given that date for when they would reopen, but tricky because the economy was reopening up and parents had to go to work, but they didn't have anywhere to leave their children. So, they had to get taken to court to give a date for ECD centres to reopen.

The judge ruled in favour of the applicant, with ECD centres able to reopen immediately from 6 July 2020 (Fabricius, 2020; Grobler, 2020). Participants described mixed feelings about reopening, particularly as it came with a heavy set of SOPs which sought to prevent and fight the spread of Covid-19 (DSD, 2020). While the SOPs were arguably supporting the health and safety of staff, children and families, they were widely seen as complex, onerous and unnecessarily costly (Ally, Parker & Peacock, 2022). Both NPO participants and principals mentioned the SOPs, with mixed views, including paperwork, PPE, and training on how to operate within a 'new normal' with protocols for social distancing, sanitisation and symptom checking. Some simply stated what the SOPs entailed, others shared their view that, despite it being a burden, it had to be done for compliance. While several found the paperwork unnecessary and PPE expensive, some further explained it was important to stop the spread of Covid-19 and other diseases.

NPO3: Well, the criteria. Your code of compliance with sanitisation, masks, all those limitations. And understanding the recordkeeping, the registers...

P7: And then, of course, when we reopened it wasn't just a matter of reopening. We had to do the courses that the Health Department required. We had to completely change everything in our ECD setting. We've got like a little...cleaning roster for every room... We have to sanitise all the time, clean surfaces. Take temperatures constantly throughout the day, on arrival, after naptime, and when the kids go home. I

had to purchase all those cleaning things from the little money that I had. But what could I do? I had to become Covid-compliant.

Despite the rigorous SOPs, most principals indicated that the learning programme continued as best as possible, albeit with routine-based changes. Challenges described included socially distancing children, ensuring sanitisation, and limiting the use of educational equipment to ensure proper cleaning. Some described these actions as not merely to ‘follow protocol’ but for the health of children and staff.

P4: And then we must also always monitor them so that they cannot touch each other. So, you see mos the children like to play and socialise with each other... It's a challenge to the staff members but they must do that for the sake of the children because we don't know if they have or don't have. So, we must make sure we do the things in the protocol. So that we will be safe, both children and staff.

4.4.1.2 Economic

Economic challenges mainly concerned income loss and financial burdens.

Income loss

Lockdown meant an economic shutdown that saw, as described by NPO1, a ‘snowballing effect’ of challenges, one challenge leading to or worsened by another – interwoven and cumulatively worsening. Bronfenbrenner’s (1979) socioecological model provides a framework for understanding a snowballing or ripple effect, whereby changes in interdependent environments affect each other. For example, the government-imposed lockdown had repercussions for ECD centres, a caregiver’s workplace, the household, the interactions between these spaces, and, consequently, a young child in the household (see 4.4.1.5).

NPO1: [L]ook, I think the stark reality of preschools, broadly, having had to close down and the fact that all young children were confined to be at home... Practitioners were not in a position to earn a salary because parents [were not] making...paying fees... I think the snowballing effect of Covid in the long run and the lockdown resulted in a range of challenges...

Comments from all participants reflected the literature: during lockdown, unemployment soared, movement was limited, the informal sector was struck, caregivers lost income as workplaces closed

and could not afford fees or felt they should not pay while ECD centres were closed (BRIDGE et al., 2020; van der Berg & Spaul, 2020; Parker, Morris & Hofmeyr, 2020; Jeffery, 2020). According to the ECD Census 2021 (DBE, 2022a), parent fees are the main source of funding for 69% of ELPs, and government funding for 27%. Thus, fee non-payment signified substantial ECD-centre income loss.

NPO4: ...the low-income household, their means... during the days just to hustle around and find the way of getting more like the income.

P4: ...the subsidy money is not enough. So, we rely on fees to do other things. But that time there is no school fees, there is nothing, because also the parents don't have money to pay.

P5: ...there was maybe one or two parents that work, right, it didn't affect their salaries, but they also didn't pay. Because 'why must we pay if the others don't pay?'

NPO participants reflected on the economic hardship facing SA's informal sector. Principals expressed unregistered non-subsidy-receiving centres were hit hardest, being fully-dependent on fees. Another principal shared they continued to take in children during lockdown, despite difficulties, as parents were 'essential workers' and had nowhere else to leave their children.

P2: So, we have to use our own money, sacrifice not to get paid just to make sure that we stay with those kids more especially those kids whose parents were working as essential workers.

Financial burdens

Participants expressed that the high cost of living, reopening expenses and limited income were major barriers that were not necessarily eased by the ECD-sector reopening.

The economic hit meant caregivers remained unable and/or unwilling to pay fees and send their children back to the ECD centre. Child attendance was shockingly low upon reopening, and slow to increase. Principals explained that, for an already-underfunded sector, fee non-payment meant ECD staff received little to no income during lockdown and limited income after reopening. Meanwhile, low child attendance meant it was not financially or practically feasible for all teachers to work, leaving centres overstaffed yet underpaid. Participants described reasons for low child attendance including caregiver inability to afford fees, the need to limit child numbers to ensure adequate social distancing,

and caregiver fear of Covid-19 vulnerability. Some principals described hosting parent workshops, where they demonstrated the Covid-19 protocol, including sanitising, social distancing and symptom checking. The purpose of these parent workshops was to address caregivers' concerns and explain the importance of ECD to encourage them to return their children to the ECD centre, thereby increasing child attendance and ECD-centre income through fees. Through Bronfenbrenner's (1979) socioecological model, it can be explained that the overarching concerns of contracting and spreading Covid-19 saw interactions in the mesosystem between a child's microsystem of immediate caregivers and the ECD centre. Caregivers were reluctant for their children to return to the ECD centre, meaning limited income through fees to ECD centres, and possible developmental delays to a child remaining outside an ECD centre, prompting these workshops held by principals for caregivers.

P10: Yeah, 70 [children were attending before the pandemic], and down to three, then five, and, at the moment. We are now on 23.

P2: It's not only just our ECD but almost all the ECDs they got challenges when it came to opening cause their parents now are not working so they can't pay for the school fees, and then they're only depending on that grant money. And so, they rather buy something at home than bring the children to the ECD.

P8: They didn't want to bring their kids at the centre, they were still scared... So, I had to give them and do some workshops for them. To let them know what I did before the kids get in the class. What I do.

Meanwhile, the SOPs imposed time and financial costs, including paperwork, buying PPE, training staff, and preparing the ECD centre for the 'new normal'. The high costs coupled with limited income saw many centres operating at a loss.

P14: We already didn't make money but when we reopened, we had to have masks in place, shields in place, sanitising. We never got any; but to reopen we had to provide all those by ourselves. In our themes we had to, every two hours, sanitise toys, sanitise tables, chairs, their toys. Each one had their own ice-cream bakkie with toys or pens in, so they don't use the other children's one. It was really hectic... We had to physically spend money to put that shield in between the tables... all things... That cost a lot of money. And you can't overload the classroom as well. I mean, we didn't go with full salaries. We just took whatever comes in and we had to work with it.

Participants used emotive language, describing ‘stressing’, ‘battling’, and ‘struggling’ to cover expenses, including salaries, rent, food, electricity, maintenance, and infrastructure repairs. Both principals and NPO participants shared that this led to principals considering, fearing and facing staff leaving, retrenchments, salary cuts, and permanent ECD-centre closure. This is reflected in studies which showed around 30,000 ECD centres risked permanent closure (BRIDGE et al., 2020). All principals interviewed operated in vulnerable communities, hence, it is understandable that all were financially impacted by the pandemic and spoke, to varying degrees, of taking measures to stay afloat. One principal stated that while the centre’s income dropped, through their chief executive officer’s support, they still received their salaries. However, for 14 principals, examples of these measures included receiving no income, particularly during lockdown, making and accepting pay cuts, retrenching staff, delaying bill payments, remaining closed following the ECD-sector reopening due to lack of funds, getting financial support from their family, using their own savings, and accepting children without full fee payment to ensure at least some income.

P14: And the teachers I had, [they] all had to be off, staying at home and all that. So, their jobs were in jeopardy, they never had income, they never had nothing. We just had to close down and that was the rule.

P11: I was of a mind to close the creche. I contemplated this with tears. I promise you; it was the most heart-breaking decision to make.

P15: But the option was that we were not gonna cut staff. You know, the pandemic has done enough damage. We weren’t gonna go that way. So, we then agreed with our sort of governing body that we will have 50% salary cut.

NPO3: And I mean centres have had to look, management have had to look to this ‘no fees’, and can we put these children out on the street – because literally that’s what you do. If you exclude children. Some of our schools closed down – we had three that closed down.

4.4.1.3 Physical

Physical challenges discussed included Covid-19 as a disease and nutrition concerns.

Covid-19 as a disease

Interestingly, while most participants focused on Covid-19 as a socioeconomic crisis, a few spoke about Covid-19 as a disease and health crisis. Some expressed the vulnerability and fear of Covid-19 and how this impacted ECD centres, including reluctance and inability to reopen and return. Both principals and NPO participants described the reality of teachers, families, NPO staff and others, getting sick and passing away due to Covid-19.

NPO2: We found that a lot of preschools had to close because a lot of preschools had the Covid within the preschools. So, the families of the children got sick. The teachers themselves got sick.

P11: I personally, I was stricken with Covid myself. To such an extent that I weighed 105kgs and at one stage I dropped right down to 70. And I was as thin as a rake...

Participants shared that when a household's breadwinner passed away, it left children particularly vulnerable, while witnessing death, illness and stress in the household could have affected children's psychosocial wellbeing. As of November 2022, almost 150,000 children in SA had been orphaned due to Covid-19 deaths (Imperial College London, 2022). Orphaned children are at greater risk of violence, abuse, neglect and exploitation, and the loss of caregiver support can have long-term mental and physical health implications (see 4.4.1.4) (UNICEF, 2022).

P8: Their parents died; you see. Some other children lost their mothers, and their mothers were breadwinners at home.

Not reflected in the reviewed literature, participants shared that staff passing away had repercussions for ECD-centre sustainability. ECD principals and owners passing away or moving on means a transition of management to others who may not be equipped or have the same knowledge, passion, or ability to continue operating, and so cannot maintain the ECD centre. NPO3 shared that this led to the risk and reality of permanent closure. Given this, the ECD workforce risked shrinking with not enough staff or centres providing quality ECD.

NPO3: We have two [ECD centres] that are still really struggling, they're on the borderlines of closing (be)cause their principals died of COVID. And their schools have been handed on to the family and not doing well at all. And then there are schools that just didn't maintain themselves at all, and then took on 200 children with like three caregivers.

Nutrition

All participants viewed nutrition as a major concern during and following lockdown. Participants described, as the literature showed, how income loss saw families and communities struggling to afford necessities, including food, leading to hunger and malnutrition (van der Berg, Zuze & Bridgman, 2020; May et al., 2020). Some principals shared they and their staff experienced hunger and received meals from soup kitchens. Participants reported that when caregivers could not afford food, children fended for themselves, visiting soup kitchens alone – a ‘social ill’ that posed risks to children’s nutrition and safety.

***NPO4:** ...we found that there is some other social ills that were growing in the society. Like for example, the issues of the lack of food... And also, children when, although there were some restrictions towards moving around, but children had to go and find ways on how to get something for themselves. For example, visiting the local soup kitchens just to get their meal for the day so that when they come back, they just know that they come in and just have a place to sleep. And yeah, I think food security was amongst many issues that became a problem during that time. And even the society has not fully recovered from that.*

Research shows for many young children, the meal(s) received at their ECD centre is their only meal(s) for the day; under lockdown, therefore, there were concerns that children were not accessing any nutrition, leading to malnutrition and developmental delays (Cleary, 2020). Both NPO participants and principals shared this concern.

***NPO1:** And then the worry that young children, because they were not in a formal preschool environment, were running the risk of malnutrition. Particularly those children in poor communities where children were denied the opportunity from having access to meals that preschools would have normally provided.*

***PI5:** I constantly worried about what are the children eating, where do they, how are they going to –... you couldn’t physically go to...your workplace to work with the children, see to them and most importantly let them eat...*

Fortunately, all principals interviewed stated their ECD centres were operating and providing meals. Meal-provision challenges reported included maintaining meal quality, meal quantity, affording food costs, and no longer having sponsors of meals. However, principals shared they ensured meal provision

for all children when needed, including those whose caregivers did not pay fees or collected children late, showing their commitment to children.

P8: We do not provide less meals than normal... Because we have to feed them the good food. No. We must give them the right food. The good food, the healthy food.

P14: They [caregivers] actually relied on us to feed the child, in the morning and the afternoon. They leave their child at least till half past five to have and eat a supper meal. So, they don't have to worry about the child coming home hungry if they don't have anything.

4.4.1.4 Psychosocial/Socioemotional

Psychosocial/socioemotional challenges that emerged include child stimulation, household and community dysfunctionality and ECD-workforce exhaustion.

Child stimulation

Participants discussed the challenge of stimulation and early education of children, particularly during lockdown. This reflected findings from van der Berg and Spaull (2020) which indicated that for many children, not attending an ECD centre meant not getting appropriate stimulation for their holistic development. Both subsamples expressed that caregivers may not appropriately interact, or know how to, with their children, leading to developmental delays. The death of a caregiver or a caregiver being sick may also affect a child's development; a significant challenge during a global pandemic where many children have been orphaned (UNICEF, 2022). Participants said they encouraged parent-child interaction by providing activities and talking with parents.

NPO5: There definitely are developmental delays because of it. Yeah, not being in school, not being able to socialise and being at home, maybe with parents who don't know exactly how to work with their children...

P4: So, the children must go home and then learn at home. And we managed to find activities so that the parents can do something for their children while they are at home. But that thing is difficult because the parents, you know mos the parents. They don't know how to teach the child as when [they are] at the ECD centre... But we talk to the groups to encourage them because it's important for the child.

Household and community dysfunctionality

The theoretical framework of social institutions recognises kinship as fundamental for social welfare, yet also as a significant source of challenges (Gilbert & Terrell, 2013); this was evident from the data whereby participants shared that the pandemic strained family relations. Some NPO participants explained that most households are not nuclear and include extended family, which limited physical space during lockdown. This and pandemic-related unemployment caused frustration, leading to ‘dysfunctionality’, ‘trauma’ and ‘social ills’ at family and community level. Dysfunctionality, as unpacked by participants, was seen in conflict over food and resources, GBV, child abuse, gangsterism, drug and alcohol abuse, and compromised child safety.

NPO4: And if I can add to the dysfunctionality that has been caused by Covid within families... But because now the partners are here together most of the time, but you find that... there's some infighting and now they cannot tolerate each other. And then there is a high competition of little resources that they have. Like the food has to be shared amongst the family, I mean the parents and children. So, it was sort of an increased survival of the fittest, in a way. And then... that also led to issues of gender-based violence, quarrels and that.

Principals and NPO participants stated more children were on the streets following the pandemic, as caregivers neglected children or could not supervise children while they would work or ‘hustle’ for income, raising the issue of child safety and welfare.

P13: The streets are not safe. They are not safe. But they don't have a plan B for their kids. Because if your child is not going to the ECD centre, they are all over the streets.

P5: ...we saw the kids playing in the road. Small babies, children of seven years looking after a child of three years old. What can happen to the child? ... You see other kids are walking around, late at night, during the day, early morning, sitting in the road where the cars are driving. Anything can happen to that child. That is our concern actually, when we were closed.

P5: Like, for instance, with this job loss and stuff, for me, I can see more crook around corner turning to gangsterism. Even the youngsters, the parents... I mean, I ask them, ‘what's happening?’. ‘No, it's the only way I can get money, Teacher’. I mean, it's

ridiculous. But I've noticed that happens now in my community. The parents turn to gangsterism now to get something. And it's very sad.

***NPO3:** A lot of children were just in groups on the streets. And I'm talking four years and under. And so, you'd have a four-year-old trailing with like a three-year-old, a 18-month-old child tagging along. You'd have these small little units. It was, it was... uh, it was heart-breaking. It's still – still there, still happening.*

***P2:** So now the children they're getting kidnapped, children they're getting raped on the streets. It's like... It's a mess believe you me especially in this area, and kids are being exposed in the shootouts and all the things that are happening, so you find that even some of the parents they are neglecting their children, you know and then alcohol is another thing that is going forward in this community.*

Participants unpacked what this meant for children, particularly that exposure to, and experience of, the dysfunctionality and social ills is traumatic and significantly affects children's socioemotional development. UNICEF (2022) called for a protective, nurturing, and caring society prioritising vulnerable children, as experiencing trauma, such as the loss of a caregiver, can have enduring impacts on mental and physical health.

***P6:** We still have people that is struggling... due to unemployment, struggling with finances, struggling with the hardships that goes with that. We have people that is on drugs...And then there's little children that come from these homes that cannot be accountable for what the adults are doing.*

***NPO3:** But social levels dropped, emotional levels dropped. Because obviously parents were stressed... We've had reports of children coming back into the ECD centres traumatised, abused, some not talking, introvert. Yeah. I mean, children are very, very resilient... But I think there are many, many scars that children have gotten during Covid, and they wouldn't have gotten, accelerated or more.*

ECD-workforce exhaustion

While the literature spoke of mental-health problems around the Covid-19 pandemic regulations and impacts (Parker, Morris & Hofmeyr, 2020; Draper et al. 2022), those related to the ECD workforce were not emphasised. Indeed, the pandemic's 'snowballing effect' affected the psychosocial wellbeing of ECD-sector workers. Principals spoke of being scared, stressed, and affected psychologically.

NPO5 also spoke of ECD-workforce exhaustion. The mental wellbeing of the ECD workforce, therefore, merits further study.

P11: Recovery will take a long time because it's not only foodstuffs that has been affected itself...our psychological being, mentally we've been affected by this also. The fact that we stared closure in the face...

NPO5: There's definitely a sense I get from principals – and teachers, but principals that I mostly speak to that they're just so exhausted... The Covid Knock... it's been knock after knock after knock.

4.4.1.5 Theme one summary

This theme addressed research questions one and two concerning the ECD-sector challenges following the Covid-19 pandemic. The data showed regulatory challenges around lockdown and the delayed and strict regulations for ECD-sector reopening; economic challenges of income loss and financial burdens; physical challenges of Covid-19 as a disease, and nutrition; and psychosocial/socioemotional challenges around inadequate stimulation, household and community dysfunctionality, and ECD-workforce exhaustion. This data is underpinned by Bronfenbrenner's (1979) socioecological model which demonstrates how, with a child at the centre, the pandemic created macrosystem changes, with lockdowns worldwide and societies emphasising social distancing, which had a 'snowballing effect' on the systems within. For example, caregivers' workplaces (exosystem) closed, impacting a child's immediate family and ECD teachers (microsystem) significantly through job and income loss. Interactions between families and teachers (mesosystem) saw caregivers' inability to afford fees, in turn reducing or stopping income to teachers. At a microsystem level, children stayed home during lockdown, and the data highlighted concerns around nutrition, stimulation, psychosocial wellbeing, and safety, leading to developmental delays with potential long-term consequences.

4.4.2 ECD-sector social support

In the face of adversity, the social support sources that participants discussed include key stakeholders: ECD centres, primary caregivers/families, ECD NPOs, government and communities and intersectoral collaboration.

4.4.2.1 ECD centres

Findings revealed that ECD centres have been a source of support to the ECD sector during the pandemic, including children, families and the ECD centres themselves.

ECD-centre support to children and families

During lockdown, some principals continued operating, accepting children of essential workers, operating soup kitchens, and serving as distribution points for donations. Most participants stated ECD centres accepted children when caregivers do or could not pay full or any fees, as their focus is the child's wellbeing. This reflects evidence showing 62% of ELPs nationally allow at least some children to attend fee-free (DBE, 2022a). Participants described allowing caregivers to pay when able, in any form of compensation, from cash to canned food. Several principals expressed their ECD centre serves as a safe space, keeping children off the streets, in a secure environment, including overnight in some cases, as well as a space to access nutrition. This finding is supported by Katz et al. (2020), who stated ECD centres serve as a safe environment. The data revealed a pattern of dedicated principals, mostly women with some men, who support children as this is their passion, despite being unrecognised, as expressed by both principals and NPO participants.

Support through ECD-centre management and staff

While support is often understood as being from an external source, the data revealed that ECD centres sought support internally. This is interesting as limited literature following the pandemic addressed this; although research by Ebrahim, Martin and Excell (2021) showed that ECD principal leadership helped ECD teachers adapt. The data revealed that ECD-centre management and staff helped the centre adapt during the pandemic, due to strong administration, record-keeping, financial management, fundraising as well as supportive staff. The literature shows these roles are critical to ECD-centre effectiveness (Clampett, 2016). Principals described fundraising and financial management, and how this supported them, including fundraising through support from a Trust, graduations, concerts, and researching and applying for funding from big and small businesses. Some principals described their gratitude for their staff's willingness to take a salary cut for the sake of the centre, their jobs and the children – echoing the pattern of dedicated principals and staff. The quote below shows this principal's leadership, administration and communication skills, and ability to make a hard decision to adapt during the crisis.

P9: We have received the subsidy. So, I broke that down and kept track and records of it... There is absolutely no funding at this point of time... But I did prepare myself...

I ... had to tell my teachers when we reopened that the only thing I can do is do a reduction on salaries, as to let them not have anything at all and close the place... And where I've asked them if they were happy with that. And they had to sign a letter to say they actually confirmed working for deduction of salary until we back on our feet again. So... eventually when the funding happened, I could actually give them a little increase of salary where they lost out in the pandemic.

The finding that ECD centres are support to themselves can be demonstrated through the social institution theoretical framework that recognises the workplace as a key institution with social-welfare functions. A typical example is employee benefits; yet, in the absence of these and even basic salaries during lockdown, the leadership and management of principals and staff supported centres to weather the storm of the pandemic.

4.4.2.2 Families and primary caregivers

Kinship is a fundamental social institution according to the social institution perspective of social welfare; families are often the first port of call in a crisis (Gilbert & Terrell, 2013). It is estimated that in SA, only 21% of children aged zero–two years and 69% of children aged three–five years access ELPs (Hall et al., 2019), meaning 79% of 0-2-year-olds and 31% of 3-5-year-olds likely fully depend on their families. During lockdown, no child could attend an ECD centre, meaning significant responsibility fell on households. Participants spoke of families as support, to varying degrees. As previously discussed, household dysfunctionality is a limitation to kinship as support, yet principals revealed kinship support saw family members supporting each other, including children, and the ECD centre.

Caregivers leveraged resources and stimulated children where possible. This finding is reflected in research suggesting adult household members shielded children's nutrition during lockdown by ensuring they had food first (van der Berg, Zuze & Bridgman, 2020). To encourage family support, particularly parent-child interaction and stimulation, both subsamples described sending resources to families and keeping in touch via WhatsApp regarding learning activities.

***NPO5:** And I think, really families under incredibly difficult circumstances were able to kind of mobilise... kind of like leveraging what they have to try and meet those needs as best as they can.*

Participants spoke of family support to ECD centres: continuing to pay fees during lockdown, volunteering time, and donating money, supplies and services, including infrastructure and equipment provision and repairs – even from families with graduated children.

P6: Our parents, again, I take my hat off for our parents. They brought in, I asked them, I said we're going to open up so we're going to need some food supplies. And we're going to need some sanitisers, and we're going to need this... that. And that is what they did... One of the parents gave up the fibre sheeting for the ceiling...

Noteworthy is that participants' own families played a role: as a source of emotional and financial support, including paying staff salaries.

P5: The opening of the ECD centre wasn't such a big thing. Because as I said, I have my family that stood behind me and... when I came back, just came back, they actually paid my teacher salaries, because I couldn't. They said, 'Mommy, these people need a job, you can't just let them [go]...'

4.4.2.3 Early childhood development non-profit organisations

The forms and limitations of ECD NPO support are discussed in this section.

Forms of ECD NPO support

The data sheds light on how ECD NPO support was perceived and experienced by ECD principals and NPO participants. Both subsamples identified corresponding services offered by ECD NPOs. NPO participants broadly identified their centre-based programmes, including registration support, ECD staff training, mentoring and support, equipment provision and infrastructure upgrades. Non-centre-based/outreach programmes identified included home-visiting, toy libraries, parenting workshops including fathers, psychosocial and community development support, PPE provision, food relief, library services, advocacy, lobbying, awareness raising and litigation. Similarly, principals discussed how ECD NPOs provided support with registration, and, particularly during the pandemic, training and information, such as regarding SOPs, ECDSRF applications, food relief, equipment provision and activism. NPO support described by NPO participants broadly matched that described by principals, which is positive to note as the intended NPO programmes were recognised by the intended beneficiaries.

P3: [An organisation] provided the training... to train the principal about the regulations and guidelines on reopening [after lockdown].

P7: When the... Covid relief, the stimulus thingy... They [NPO] were wonderful with regard to that. We got some of those funds thanks to them. And then they included us in a, they got us an educational workshop and then we got all these resources you know.

NPO participants explained how they adapted during the lockdown, mostly the way programmes were run with a focus shift to identifying and meeting pandemic-related needs. NPO participants described how they provided socially-distanced support, while registering as an ‘essential service’ allowed in-person operations. Transferring to an online space was fundamental: NPO participants emphasised WhatsApp as a platform for sharing resources with families and providing data for continued internet connection.

All NPO participants discussed how, during lockdown, their NPO supported food-relief efforts, PPE provision and other needs, as these were in high demand, and the focus of funders, to stop the spread of Covid-19, while ensuring communities could access nutrition.

NPO1: We had donors and funders calling us cold, requesting that we deliver food to affected communities. They provided hand sanitiser, mask, all kinds of stuff that made it easy for us to go out into the communities as an essential services organisation, you know, to actually not only deliver food and nutrition but also much needed PPE that both caregivers and families required, you know, also for their own health and for their own safety in terms of social distancing.

Similarly, principals stated that NPO support during lockdown mainly included food relief – provision and distribution of vouchers, ingredients, and food parcels, setting up soup kitchens – and provision of PPE, including masks, sanitisers, detergents and soaps. The reviewed literature also addressed ECD NPO programmes during the pandemic (Ebrahim, Martin & Excell, 2021), including feeding schemes, food vouchers and data vouchers (Kruger, 2021), which further verifies these findings as credible.

P4: When we opened, [an NPO] gave us the equipment, like sanitisers and all the things that we need for the pandemic, the masks, they give each and every educator these things, but they only do that once.

ECD NPO limitations

All participants expressed limitations of NPO support, although there is a difference in perspective thereof between the principals and NPO participants. For principals, none stated that NPO support is

inappropriate, although some expressed it to be short-lived or once-off, and that they could always benefit from more, be it training or equipment provision or otherwise. This revealed a limitation of NPOs in providing comprehensive long-term support. Kruger (2021) also reflected that NPOs may lack capacity, and during lockdown had to adapt or die.

For NPO participants, an internal perspective shed light on limitations, predominantly linked to funding, including an underfunded, unattractive ECD NPO sector; expertise and capacity gap; short-term, small-scale funding; limited NPO collaboration; selective funding; fundraising difficulties and bureaucracy.

Regarding funding, generally and following the pandemic, NPO4 describes the ECD NPO sector as underfunded, with insubstantial salaries to maintain or attract skilled workers, leading to migration and an understaffed sector with limited expertise and capacity. By contrast, NPO5 argues there is ECD-sector funding, yet it is often short-term, not multi-year, which does not allow for substantial mentoring and support to create lasting, sustainable change. NPO programmes are often small-scale and do not tap into extensive valuable collaboration opportunities to enable large-scale impact.

NPO4: I think most of the NPOs across the country are still struggling to recover from Covid... Some of them have moved to other sectors because as other sectors were more active or became more active earlier than the ECD sector... people are finding other sectors more attractive than the others... So, I think the salaries within the NGO sector are still below the market related... And then the manpower also it's also around that.

NPO5: There is a lot of funding in the ECD sector. There's not as much funding for multi-year projects, which really enables an ECD NPO to do the work that changes behaviours... it's often as a short-term funding, but there's not as much long term... Yeah, funding that then creates sustainable change.

Some NPO participants added that funders are more willing to fund certain projects over others, for example, during lockdown, funding predominantly covered food relief and PPE provision, with limited funding for infrastructure upgrades that may have been equally needed. Thus, funders direct funds where they see fit, potentially leading NPOs to stray from their vision, mission, expertise, and capacity.

***NPO4:** And then the funders, who want to fund according to their own will, or they will direct you to do certain things, whereas you are not very much interested on that... They are diverting your vision.*

NPO participants described fundraising as critical yet challenging as skills are needed to market NPO services through reliable monitoring, evaluation, and impact evaluation (NPO2), while writing reports to keep funders informed and following policies can become bureaucratic and hinder efficiency (NPO1).

***NPO2:** Funding – that will always be a huge challenge for non-profit organisations. And your programmes should be so strong and impactful that... you should be convincing when you sell your product... And the measurement of your product is equally important.*

***NPO1:** NGOs... are... bogged down by red tape and bureaucracy... whilst we tend to think of red tape and bureaucracy as the kind of stuff that makes government interventions slow, I think it's also becoming a reality in the broader NGO sector. Because for everything that you do, you require a policy... a detailed report that speaks to you having to motivate why you're doing what you're doing.*

4.4.2.4 Government

This section explores findings on government support generally, and specifically regarding the CSG, UIF, SRD Grant and TERS, the ECD subsidy and the ECDSRF.

General views of support

The government serves as another key social institution (Gilbert & Terrell, 2013). SA's government has a critical role to play regarding ECD provisioning, emphasised in the NIECDP (RSA, 2015); whether government *plays* this role is disputed by participants. Participants spoke both broadly about government and specifically on forms of government support, including various grants and local government support – the latter is further addressed within 4.4.2.5.

Most principals expressed negative views of government's pandemic-related support, including disappointment, losing faith in government, not being recognised/supported, and facing excessive bureaucratic regulatory barriers. NPO participant views of government support ranged from 'non-existent' and 'wholly insignificant' and uncoordinated to a step in the right direction, attempting to provide relief with the limited resources available.

NPO3: It's non-existent. I mean it's just as simple as that. It's been shocking, absolutely shocking.

NPO5: I mean, it was wholly not enough, it was wholly insignificant.

NPO4: I think... the government responded, but not in a very coordinated manner... Yes, they are giving a support but it's still, there's still more that is needed... I wouldn't say that the government intervention was non-existent at all. It was there, but it was not coordinated... Because even the PPEs that were meant to be distributed to the ECD facilities, some of them couldn't reach their destinations. Some of the monies were squabbled or they were subject to corruption, and all that.

NPO1: I think government and the South African government, you know, like all governments, were very concerned about stemming the tide and trying to do as much as they possibly could with limited resources... so that people... can benefit from some form of government support.

CSG, UIF, SRD Grant and TERS

Participants referred to the CSG, UIF, SRD Grant and TERS as among the forms of financial support. According to the theoretical framework on social-welfare approaches, these grants follow the residual approach, and as predominantly limited, short-term safety nets, reactive to sector challenges (Gilbert & Terrell, 2013), i.e., to the pandemic, rather than preventative measures addressing root challenges. Nevertheless, participants found these safety nets have been critical, although insufficient and problematic to access.

Participants explained the CSG became a critical income source, upon which communities depended following pandemic-related unemployment. Some principals explained when ECD centres reopened following lockdown, dependence on the CSG meant caregivers would rather keep their child at home and spend the CSG in other ways than pay ECD fees, meaning children remained outside of an ECD centre. Regarding UIF, significant pandemic-related unemployment heightened UIF demand for short-term relief, yet some participants mentioned being unable to access UIF, despite having made contributions, sometimes for many years. Additionally, for those without any income, the SRD Grant aimed to give support, albeit a low amount.

NPO1: On the one hand, R350 was almost a ridiculous amount, but under the circumstances... when about 11 million South Africans are unemployed, and have no means of income, R350 is probably a bit of a lifesaver.

TERS aimed to save jobs and ease the financial burden on organisations (Nxesi, 2022). This scheme was only mentioned by NPO4 who stated their NPO applied for TERS to pay staff to retain them, as they experienced limited personnel funding, although the amount did not fully fund staff salaries.

ECD subsidy

The ECD subsidy is government funding for registered, eligible ECD centres, of R17 per qualifying child per day. Participants who receive, or received for a limited duration, the subsidy expressed it helped them financially; the continued reliable payment thereof enabled centres to pay salaries during lockdown.

P15: We had, you know, we received our subsidies regularly and on time. So, our bank balance was quite good.

Subsidy-receiving principals commented that the amount is low or insufficient to meet all their needs.

P8: It helps because you do groceries for the children... It's quite low. Because, me, I'm registered for 39 children, but my subsidy is R14,212. You see, that is low for 39 children – to give them three meals, plus the staff I've got four staff, I must pay those teachers.

Moreover, as the literature shows, those most in need are ineligible for the subsidy because they fail to meet registration norms and standards, with views that they are often excessive and impractical for the largely-informal ECD sector (Lutuli, 2021). This argument is reflected in the lived realities of participants. Most principals and NPO participants raised the challenges in getting registered, including excessive administration, dealing with multiple government departments, and departments' slow processing of paperwork.

P13: [Registration] takes a long time, because there is too much demand. There was a lot of things before you get registered like they come and inspect your environment, physically, City of Cape Town, from the fire department must come, land use must come, health inspector must come. So yeah... Our CEO knows which door he can go and knock on... and ask for some information.

***NPO3:** ...very difficult in most of our schools because they are shacks... most of them are not registered and don't receive anything. Because they're shacks: they don't meet any of the physical requirements.*

Nationally, 60% of ELPs are unregistered, highlighting the informality of the sector, and only 33% of ELPs receive subsidies (DBE, 2022a). Not receiving the ECD subsidy, or the insufficiency thereof, means centres are fee-dependent; a major challenge following the pandemic, as previously discussed.

Moreover, subsidy non-payment is an issue. Some NPO participants raised the issue that all provinces except the Western Cape stopped ECD-subsidy payments during lockdown while ECD centres were closed. The literature review references litigation against DSD regarding this (Mndende, 2020; Minister of Social Development v SA Childcare [Pty] Ltd & Others, 2022; Booysen, 2022).

***NPO5:** And then all of the other provinces except for the Western Cape, the centres that were lucky enough to receive the ECD subsidy did not receive the subsidy. The other provinces took the decision not to pay the subsidy, which meant that those sectors had a loss of fees, and then a loss of subsidy, and so couldn't afford to pay teachers, and lost their teachers to other industries, or ECD centres permanently closed down because of that...*

Additionally, participants reported subsidy-payment delays and non-payment since the departmental shift in the Western Cape.

***NPO5:** ...And we've also had things like late payments of the subsidy. Which also, I mean, ECD centres are living so hand to mouth that late payment on subsidies can completely throw them out.*

***P15:** Since Social Development moved over to, falls under the Education Department, we used to [receive the subsidy] until February this year from Social Development. And then it just stopped... Especially some centres are also like me... regarding the subsidy from Social Development, also some have been waiting since last year... Some maybe got one month's subsidy money, you know, after waiting for eight months.*

ECDSRF

The ECDSRF was established to provide pandemic-related support to ECD practitioners. NPO participants commented that, positively, both registered and unregistered centres could apply. This

theoretically gave an opportunity to all ECD practitioners to apply, regardless of the degree of formality of the centre. However, all participants shared challenges, from ECDSRF application to processing and payment.

The ECDSRF application held certain requirements of ECD centres, for example, the bank account to receive funding had to be in the ECD centre's name (Gontsana, 2021a). Principals with this already in place expressed no issue, yet, for many, especially unregistered centres, bank accounts were in the owner or principal's name, meaning principals had to open new accounts, costing money and time.

Participants shared there was confusion throughout the process, from the available funding amount per centre to how to apply. Participants described the application process, which was solely online, first only in English – a major language barrier – and open for a short timeframe. For SA's ECD practitioners, computer literacy is limited, as is access to an electronic device (such as a smartphone or computer), data and internet connection (Coombes & Ehrenreich, 2021; SABC News, 2021). Hence, participants explained that the ECDSRF application document and process was inappropriate for most of the ECD workforce. Additionally, participants indicated that technical system difficulties saw computer-literate applicants facing challenges.

P14: There was three programmes which you had to do the stimulus on. GovChat and the Suppliers Database and... another programme... and they were battling. They didn't know how to do it... You have to have the bank account in your ECDs name, not in your name, so everybody rushed to go open an account... in the ECD's name. It had to be verified and successful before they can actually clear it and do the payment... But keeps on failing, keeps on failing, the banking details are not right.

NPO1: ... the reality is that not all practitioners had access to computers or smartphones to make the application... they didn't have sufficient time and data... the window of opportunity was limited.

NPO5: Application forms were not user-friendly... at first, they were only in English, and then they changed, and they changed the forms. And ECD had to do a whole bank verification process. And often that failed, because that was very complicated. Never mind, you know, like a rural teacher in an area who just has a phone and maybe some data. It was almost impossible to do that application form.

Both subsamples revealed that ECD NPOs and networks assisted principals to overcome these issues. In some cases, individuals charged principals to complete the application form.

P2: Most of our ECDs, essentially all of them, had someone who was assisting them, but you had to pay them so that you can be able to register... And then I started using my phone to do so and then I had to buy data... to log in... Cause sometimes when you register using the same phone number it changes and you don't know how it changes; you put a different phone number the next thing when you try to log in, it doesn't respond.

Participants explained that principals who applied correctly then experienced a lack of communication regarding their application, with no contact number for enquiries where the call would be answered. Participants shared that the silence was accompanied by a lengthy delay in payments, with several principals stating that nothing was received. According to CECD (2022), by 17 March 2022, over 58,000 ECD workers still had not received the ECDSRF payment. Of the principals who received the ECDSRF, some were not paid in full, and decided to evenly divide funding among staff to ensure everyone received something.

P1: We are struggling a lot. And even we didn't get the stimulus even, we are still waiting... They said we must wait, wait, wait. We wait... until I don't know.

P2: Even now we haven't got even a cent from the stimulus. And we were going up and down, phoning. Even though they said we are approved... So, you see we've been waiting from last year, this year and then still nothing...

NPO1 comments that payment processing was also delayed by application input errors.

NPO1: Unfortunately, the payment process to the practitioners and to the staff has been a bit slow...Because names were not entered properly, ID numbers were not entered correctly.

Literature showed that multiple factors hindered processing and argued this perspective places blame on ECD centres, rather than the system that posed the technical difficulties, and discriminates against the predominantly informal ECD sector (Gontsana, 2021a; SABC News, 2021).

Non-payment meant principals spent and lost vital money and time in applying, including spending on data, accessing a computer, opening a bank account, transport such as to banks or for support, and

paying someone for application assistance. Principals stated staff were retrenched or left, believing that principals were lying, hiding the money, which created distrust and tension between some staff and principals.

P8: ...it is sad, because some teachers thought you did get that funding and you used it for yourself.

Overall, all participants discussed ECDSRF-related difficulties. For some principals, the process was simpler than for others, e.g., being computer literate and having an existing bank account in the ECD centre's name. However, while NPO5 referred to the ECDSRF as a 'disaster', NPO4 explained it was 'not well-coordinated', and NPO1 argued it was 'overcomplicated' but a 'step in the right direction'.

NPO5: The ECD Stimulus Relief Fund was a disaster...a lot of centres did not... and still have not received that income support because of this very complicated application procedure and requirements basically... The data is in so much of a mess that... they're not processing payments and then there are additional verification visits that need to be done. So, we are sitting where most of that money has not been paid up at all, which is terrifying.

NPO1: I think whilst government was committed to making a significant, or taking a significant step in the right direction in terms of providing support, even though it was going to be once-off, I think the use of an electronic application system maybe was overcomplicated and far too challenging... to make the process a little bit more meaningful for the practitioners on the ground...

The ECDSRF remains contentious, with a potential upcoming court case against DSD (Atmore, 2022b).

4.4.2.5 Communities and intersectoral collaboration

Findings are presented on the general forms of community support, followed by specific exploration around ECD forums, community-based organisations (CBOs) and FBOs, intersectoral collaboration including local government, and activism.

Forms of community support

The concept of community, in development work, refers to a group of individuals sharing a geographic area and a specific identity that "unites the members in action" (Ebrahim, 2012:83). This study

understands ‘identity’ to encompass shared characteristics including but not limited to geographic area, sector/industry, religion, or interests, e.g., people living in one Cape Town suburb, or stakeholders with a shared interest in ECD. Multiple social institutions, including civil society, religion, and the market (Gilbert & Terrell, 2013), are encompassed by this definition. This study, therefore, includes intersectoral collaboration with the shared goal of ECD-sector support in the discussion around communities. The data revealed community support through ECD forums, CBOs, FBOs, private-sector organisations and/or individuals, as well as intersectoral collaborations between all ECD stakeholders.

As discussed earlier, communities were hit hard by the pandemic and faced heightened social ills. Nevertheless, participants revealed how communities came together to provide support. Participants predominantly spoke about food relief, with community-based soup kitchens and meal provision, through community members donating food, and volunteering time and effort to make and distribute food. Communities further donated resources, such as sanitisers, masks, educational equipment, blankets and toys, and volunteered services such as ECD infrastructure repairs.

NPO5: And I think communities too, were able to mobilise and try to support everybody where they could, whether it was through food drives, or like nappy drives, and really trying to support one another and make sure that those, that the needs of the children were met as best as they could be.

P13: So, we organised a soup kitchen to give a meal every day to each child. Every child in our community, every day we managed to feed 120 children... every day, Monday to Friday, even the public holidays. If there’s a public holiday, it’s a workday.

P6: I can also say there were so many people out there, cooking food, making sandwiches, making soup during winter. And distributing it to the you know. Of which, we [our ECD centre] was part of that. The little bit that we had, we would give to the person that is making the soup and the food. Because our children were part and parcel of what was the citizens, you know, with the pandemic.

ECD forums

ECD forums are a voluntary network consisting of and representing a specific geographic community of ECD centres (Blom, 2019). Participants shared that ECD forums provided a space for meetings, to share ideas, experiences, and concerns, to get information and advice, and collect, save, and share money. This is reflected in Blom (2019) who found forums are community-driven, provide collective

information and assistance and foster community development. Participants further shared that during the pandemic, ECD networks expanded beyond geographic area, with ‘forums’ on WhatsApp groups including principals across SA, providing helpful advice online. However, the data revealed limitations not found in the literature, including principals feeling that promises of support had not been delivered or that members keep information to themselves, such as regarding funding opportunities, out of a fear they would lose opportunities to another ECD centre.

P2: Yes, we talk about everything but... You know, if they are getting sponsored or supported, they will never share with you because they keep it for themselves.

Community-based and faith-based organisations

CBOs and FBOs, whether pre-existing or having emerged in response to the pandemic, offered vital support to the ECD sector. Participants mentioned churches organising and distributing necessities. P11 spoke positively about different religious communities joining to provide food relief during lockdown. NPO1 further spoke of FBOs offering community support and collaboration through ECD NPOs.

P11: [W]e were so fortunate that we're a very tight-knit community. We are Christian people... We have close ties with our Muslim community, and we love them. We love them intensely. And these people rallied around, and they brought food like you will never believe. Dried goods, tin foods, everything they brought to our creche.

NPO1: We had counsellors that came to our offices to say, 'look, you know, I'm coming from Hout Bay, or I will send a pastor to collect'. And those are faith-based organisations and religious leaders that got to hear about what the organisation was doing...

Intersectoral collaboration

NPO participants outlined how their NPO, and NPO networks come together for collaborative programmes, in general, but particularly following the pandemic's onset. NPO participants observed partnerships between NPOs, families, communities, and local, provincial and national government spheres, among other stakeholders. As mentioned under 4.4.2.3, ECD NPOs provide ECD-centre registration support. This forms part of a Western Cape provincial project where social service organisations (SSOs) are assigned a geographic area within which to provide registration support (CECD, n.d.). NPO participants reported that these SSOs formed a network and work together.

***NPO1:** Can I just say that I think you know, NGOs regularly talk about networking and collaboration. But this was particularly a period where both saw your networks and the need for collaboration was required... And I think, for us, the opportunity to strengthen our networks and to make sure that we just not only talk about collaboration, but that we put that into action, was something that happened on almost every level...*

***NPO4:** ... we need to work with the Department of Home Affairs and then work with the family... work with the hospitals... And ... families who need some psychosocial support intervention... we ...link them to the places where they can get help... So that's how our organisation, it sort of links different organisations.*

***NPO2:** And do not work without the relevant role players. We work with our Ward councillors. We work with municipalities. We work with the Department of Social Development. We work with Basic Education Department. We work with our SSOs...*

NPO participants reported how, during lockdown, their NPO collaborated with local municipalities around food relief to ensure appropriate distribution to ECD centres and communities.

***NPO2:** We were very closely working with municipalities...to engage our ECD centres with municipalities to see that the funder money was spent correctly also on food for the children and families.*

Notably, the data revealed that while all principals indicated struggles with government, some highlighted and praised local government support, particularly from ward councillors during lockdown. Principals described ward councillors who organised meetings with forums to identify needs and tried to meet these needs, including providing equipment, clothing, PPE and food relief, as well as communicating about food relief to communities.

***P14:** The ward councillor, and we asked for help with the food schemes... He created a WhatsApp group... So, you spread the word that the soup kitchen is going to be here and there...So, the community knew exactly which street is giving us food which days.*

Principals too, revealed that they worked with local government through ward committees, such as P14 who does so to raise ECD-sector recognition:

P14: But overall, with the government and the ward committees and all that, I'm still busy negotiating with them and saying, 'look here, you get funding, what's happening to it?' I'm on the seat for the ECD; there's never been somebody on the seat of the ward committee representing ECDs... Because ECDs... we were always last in the row where it's concerned. And now that I'm representing them, I'm actually trying to say, 'Look here, but we do also exist'.

Activism

Intersectoral collaboration also resulted in and expressed itself through activism since the pandemic's onset, advocating for ECD-sector social change. While most participants agreed there has been ECD activism, the perspectives and experiences thereof differ. As NPO2 highlights, there are many ways to 'do' activism.

NPO2: I think we are all in our different ways activists of ECD. Some very vociferous, some will be in the field and do the activism amongst the people. So, there's many ways in which you will do your and you will play your activism role and market ECD and sell ECD and show people that ECD is important.

NPO participants considered how activism arose in response to sector challenges, including being 'forgotten' around easing lockdown-level regulations and the poor coordination of the ECDSRF. Participants gave examples of activism, including demonstrations, continuous communication, marches, conferences, legal cases, protests, and awareness-raising campaigns. Principals shared how they engaged with activism.

P15: ...petitions... I'll be the first to sign up. Wherever ECD is involved... during the lockdown period where we went to the streets with our placards, wearing black and yellow. That was in 2020.

P5: ...standing here by the M5 on the road with the parked cars... We had to stand there, no matter, for the kids. Because I didn't like it at all because I don't like to beg for anything. But when it comes to the kids, we had to step out of our comfort zone and do the stuff.

Some participants viewed activism as instrumental to making a difference, giving ECD, #TheForgottenSector, a voice and making government listen. Participants reflected that, since the

pandemic, NPOs, ECD networks and communities have led and powered activism. Several principals expressed gratitude towards organisations that organise and head advocacy movements.

P11: I think it can make a difference. Government needs to pay attention to us to take cognisance of the fact that we are not protesting because we want to protest. We don't want to. But we have to.

NPO4: I think it played a role to give pressure to the government and also to make ECD known and popular to other sectors as well. I would say to the private sector. And made ECD known, but I think it's something that should be continuing.

P7: I don't know what we would have done without those people [doing activism]... I feel as if it's making a huge difference... we would have still been #TheForgottenSector.

Participants shared how activism means the ECD sector can be recognised. One principal shared their belief that ECD activism led to increased processing of ECDSRF payments.

P9: ... I think why the relief fund people is starting to phone ECDs now, I think they are under a lot of stress because that money's got to be paid up ... the bigger the crowd is, and make a statement and try to let them know to take us seriously...

However, other principals expressed that activism made little or no difference, as the struggle for the ECDSRF and ECD recognition continues.

P12: We just went to sing by the streets... We thought something is gonna come up, but nothing came out.

4.4.2.6 Theme two summary

This theme has addressed research question three on ECD-sector social support sources and forms. The data showed support sources including ECD centres, primary caregivers and families, ECD NPOs, government, and communities and intersectoral collaboration. This theme is underpinned by the institutional perspective on social welfare which considers six fundamental institutions that serve social-welfare functions – kinship, religion, workplace, the market, civil society, and government (Gilbert & Terrell, 2013). Depending on the perspective, the sources of social support may overlap, e.g., ECD centres are the *workplace* for ECD staff, but may form part of the *market* and *civil society*

for families. Primary caregivers and families form *kinship*. ECD NPOs, communities and collaboration across sectors may encompass all six institutions.

What is notable and disconcerting is SA's approach to ECD social-welfare policy versus practice. Policy emphasises ECD as a universal right and public good (RSA, 2015), implying an institutional, preventative approach enabling ECD access. However, the approach in practice is largely characterised by residual, short-term safety nets such as the CSG, and reactive to challenges, such as the ECDSRF. Rather than addressing root causes, this approach in practice does not align with policy, with government support only available when other institutions fail, placing the burden onto families with young children and the ECD workforce.

4.4.3 ECD-sector support opportunities

The data revealed several opportunities for effective ECD support: recognition, empowering families and communities, scaling ECD support, and upskilling the ECD workforce. Each opportunity can take shape in various ways.

4.4.3.1 Recognition

The data revealed a pattern of participants observing a lack of stakeholder recognition of ECD – government, caregivers, and communities inclusive. Both subsamples referred to the importance of ECD as the foundation for life-long development, emphasising that despite this fact, ECD is an undervalued, underpaid sector, upheld by dedicated people. Many principals felt that government merely pays lip service and does not recognise ECD; some mentioned caregivers who do not understand the value of ECD centres as more than a place to eat, sleep and play. The literature on ECD as #TheForgottenSector reflects this (Mndende, 2021; Gontsana, 2021b). Therefore, there is a demand – and opportunity – for stakeholder recognition of ECD.

NPO5: It also seems crazy to me that, given the importance of early childhood development, it's so weird that a whole sector basically depends on women to run it and to earn very little from it... depends and is held up by passionate woman who work for nothing and are very dedicated. And that seems counterintuitive to me because it's such an important phase and that really should be significantly funded and invested and supported by government.

PI: The government don't recognise the ECD.

P2: ...government has failed us. Actually, the department did.

P9: And then you just get some of them [parents/caregivers] that you know 'I don't care, I pay, so you have to provide'... You'll get different types of people. Some is like caring and some just don't care.

Most principals emphasised that stakeholders should come into the field, visit an ECD centre and talk with ECD workers to understand the on-the-ground reality. This recognition and understanding of the experiences of the ECD sector have the potential to create systemic change, removing barriers to needed government funding so that vulnerable ECD centres and those most in need can develop. NPO participants mentioned this can apply to funders as well as government, among stakeholders.

P3: I think if they can visit. They do a visit. Because they depend on, when they send their field workers, they send people who don't even understand the food clearance certificate, what they want and then they will come and sit in the office and say, 'is this mama, how many.' I think they're just doing it for the sake of doing it. The registration process is just another thing, it's just frustrating.

P9: [N]ow that Department of Education has taken over ECD, the people that is sitting there on top should not just make decisions and rules. They have to come out to our ECDs and come see physically what is taking place...

P11: I'm not angry at the government. People say you should be. I'm not. I'm heartbroken. I'm disillusioned totally. If the President and I could sit down and have a chat, I will tell him what a broken heart really is all about.

NPO2: ...take your funders into the field. Let them get the touch and the feel of the communities. Let them know how communities' hearts tick.

NPO3 reflected that links with teacher unions and DBE will encourage recognition of education from age zero right through to school-leaving age.

NPO3: ...it's about the whole of Education taking on the course, so that it actually just isn't ECD; it's about children from naught to 17... it needs to be linked between the Education government and ECD... That, in creating those links, it's most probably a perfect opportunity to build links with the unions, the teacher unions.

The data revealed activism as an opportunity to make ECD known through awareness-raising and public education. This would serve to hold government accountable to recognise ECD in practice and policy, inform budgets, effect change, such as with overcomplicated registration procedures, and ensure the implementation of policies including the NIECDP. NPO participants expressed that the pandemic-related activism slowed down with lockdown easing, yet could serve as a significant opportunity in garnering ECD recognition.

NPO participants further reflected on research as a mechanism for ECD recognition, highlighting on-the-ground issues for change. One NPO participant spoke of the recent ECD census that provides numbers on a count of ECD centres, registration, subsidisation, funding sources, child attendance, among others, which is critical in informing budgets and programme planning.

4.4.3.2 Empowering families and communities

There is an opportunity for strengthening families and communities. Research shows that partnerships with families, communities, ECD centres and ECD NPOs can be effective in enhancing development opportunities for young children while mutually benefitting all parties (Epstein, 1995; Nores & Fernandez, 2018). Both subsamples spoke of this. NPO participants discussed parents as children's first teachers. Principals spoke of building relationships with families to create a better understanding and appreciation of ECD.

NPO5: It's something that has been slightly lost over the years where your child just goes to the ECD centre, like that's where they learn. Rather than learning can take place at home with parents or siblings, uncles or whoever is around. To really going back to the idea of parents as the children's first teachers, and empowering families, empowering caregivers around what they can do... And so, I think really strengthening families is critical for the ECD sector, and for young children to really thrive, we need to work with families.

NPO3: [T]here's always been very little parent interaction with the schools... But we... found that with making more Covid contact... there seems to be a better bond between parents and centres.

Participants also shared their belief in the power of community as an opportunity for ECD-sector improvement, including youth-involvement, recognising the role men play, and shifting ECD to a

community-development model. Both subsamples reflected that the ECD sector is predominantly woman-led, but encouraging men and father involvement is critical.

NPO2: we [are] working with parents and teachers ... you cannot work with the teachers in the absence of parents... we have workshops... to show the father what it is to play with your child.

P2: I wish that all men can start taking charge, more especially involved in early childhood development because we've got boys and girls. Some of the kids, they are coming in only woman-headed households where there is no men, so they are not exposed in that fatherly love... So, if then now as men we can start being more involved, we can have a better South Africa, we can have a better country. Where each and every one playing a part, their role in raising children.

Interestingly, NPO1 reflected on a systemic level that ECD follows a market model where private ownership provides ECD services in exchange for fees, yet ECD is a public good. NPO1 elaborated that communities must be mobilised to recognise ECD as a community good, while accepting private ownership, but providing community oversight to ensure quality of ECD programmes.

NPO1: ...if early childhood development, like education, health and so on... is a public good. And the greater community need to be mobilised to ensure that early childhood development are considered at the grassroots level... understanding that it's common good... there can be private service providers, but [with] community oversight. When we...shift from a market model to community-developmental model, we largely say to communities...that it becomes...collective responsibility... ensuring that the quality of the services that they provide to their children will be good enough.

4.4.3.3 Scaling early childhood development support

Widespread, in-depth ECD support can create sustainable change. Contrary to participants who shared positive pandemic-related collaboration, NPO5 commented that ECD NPO work is often fragmented, hindering 'scalable, widespread change', yet there is an opportunity for collaboration to scale ECD support.

NPO5: ...one of the biggest challenges...is really how to work on a large scale [and] work together. Because even if you work in small geographic area, and you make a

big difference, that's not making like scalable, widespread change... although we also know a lot of the other ECD NPOs, I'd say a big challenge is that it's quite fragmented... not necessarily working together as much as they could...

NPO participants reflected that ECD is a public good and so a collective responsibility, requiring intersectoral collaboration, particularly with coordinated government efforts and communities holding government accountable. Some participants expressed hope of scaled government support given the ECD function shift from DSD to DBE, who they believed recognises the importance of education – although they indicated this would take a long time and require consistent communication, advocacy, and collaboration.

NPO5: ...there's also a part of me that thinks that civil society will never be able to do large-scale change. And that has to come from government. Government has that kind of infrastructure to do that.

NPO4: ...ECD NPOs together with government... maybe also with the private sector... if there could be a coordinated effort to allocate the resources to the ECD NPOs. So that they can assist in the implementation of the [NIECD] policy... But... the private sector and the government would be in a very good position to channel the resources to the NPOs so that those NPOs would assist in the implementation of the policy.

NPO2 discussed an opportunity for SA provinces to model the registration project on that of the Western Cape, to scale ECD registration in collaboration with SSOs.

NPO2: I think in other provinces, and their dynamics are very different from the Western Cape... It will be a good idea if the Education Department/DSD engage with the NPOs in the way our Western Cape are currently doing.

4.4.3.4 Upskilling early childhood development workforce

Participants from both subsamples raised the need for skills development, capacity building and training for the ECD and ECD NPO workforce. While qualifications do not necessarily guarantee high quality, they do equip practitioners with the knowledge to provide quality education and stimulation to young children (Dawes, Biersteker & Hendricks, 2010). Some participants viewed the ECD function shift to DBE will mean more focus on the qualifications of workers, thereby raising the need and

opportunity for specialised, certified training. The concern for the ECD workforce is the cost. As such, there is an opportunity to upskill the ECD workforce through accessible and affordable training.

P6: What is needed is firstly, that our teachers become more equipped and get their training done.

One NPO participant stated that training and empowering principals on governance and financial management could mean that principals better manage funding such as the ECD subsidy to make a greater impact. Several principals emphasised they always benefit from training, and NPO participants added this must be followed up by significant monitoring and support to ensure knowledge gets put into practice.

Moreover, greater recognition of ECD and upskilling the ECD workforce could create opportunities to raise the demand for ECD services, and, therefore, the investment as well, contributing to greater funding and income to the sector.

4.4.3.5 Theme three summary

This theme addressed research question four on opportunities for effective ECD support, as perceived by principals and NPO participants. The data highlighted opportunities for recognition, empowering families and communities, scaling ECD support, and upskilling the ECD workforce. Underpinned by Bronfenbrenner's (1979) socioecological model, these opportunities envision macrosystem change, with the opportunity for recognition targeting overarching beliefs on ECD, advocating to alter the cultural blueprint to understand and recognise the importance of ECD and act accordingly. Additionally, exosystem and mesosystem interactions are encouraged through intersectoral collaboration to scale ECD support.

Underpinned by the social institution approach to social welfare, there is an emphasis on collaboration between the fundamental institutions to scale effective ECD support. Furthermore, it should be emphasised that there is a mismatch between ECD policy, which takes an institutional approach, and ECD practice, which takes a residual approach to social welfare. Through recognition of the ECD sector and holding government accountable, there is an opportunity for practice to align with policy, and for more preventative measures to be taken. For example, measures could include upskilling the ECD workforce and supporting ECD centres to develop quality learning environments and programmes, rather than only supporting centres once they meet specific norms and standards. This

could enhance the sustainability of ECD programmes, particularly in the face of crises such as the Covid-19 pandemic.

4.5 Summary

This chapter presented and discussed the study's findings. After providing the participant profile and framework for analysis, the findings were presented according to themes generated from the research questions, with the analysis supported by theory and literature.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This research report's fifth and final chapter summarises the key research findings and conclusions and provides recommendations. The chapter and this dissertation close with concluding remarks.

5.2 Main conclusions

The main research conclusions are presented according to the research objectives as outlined in section 1.7. Given a significant overlap in findings from Objectives one and two, these objectives are merged. Additionally, while the research objectives noted ECD-sector challenges and experiences of ECD-sector support as distinct, the research revealed that each form and source of support carried its own challenges. As such, challenges around social support are specifically responded to under Objective three, while findings on other challenges are addressed in Objectives one and two.

From the following conclusions, we can see that the research aim, to explore Cape Town's ECD sector during the Covid-19 pandemic, was achieved and the research objectives were met. Additionally, the qualitative, exploratory design was well suited to gather data for this study.

5.2.1 Objectives one and two

Objectives one and two explored the challenges facing the ECD sector due to Covid-19, observed by ECD-centre principals and ECD NPO employees.

Regulatory, economic, physical, and psychosocial/socioemotional challenges facing the ECD sector were identified and discussed by both subsamples with significant overlap.

- Regulatory challenges were at the core of pandemic-related challenges. The Covid-19 pandemic regulations imposed heavy lockdown restrictions: ECD centres were forced to close for an extended period and reopened only following a court case compelling the Minister of Social Development to do so. The SOPs to reopen were also cumbersome. Indeed, Covid-19 created a global health crisis; yet the regulations triggered a 'snowballing effect' of economic, physical, and psychosocial challenges.
- Regulations saw an economic shutdown, unemployment, income loss and heavy financial burdens. Families struggled to make ends meet and afford necessities. ECD workers saw

substantial or complete income loss and faced high financial burdens in reopening and operating centres. Retrenchments, salary cuts and permanent closure were fears and realities of ECD centres. Children's early development, and communities at large, were heavily affected. Hunger and malnutrition were rife. Children received limited or inappropriate stimulation while outside an ECD centre. Child safety concerns amplified. Household and community dysfunctionality and social ills played out through exacerbated GBV, child abuse, drug and alcohol abuse, gangsterism and other criminal activity. The ECD workforce faced exhaustion, among other mental-health challenges. Psychosocial wellbeing of children, families, and communities, including the ECD workforce, was significantly affected.

5.2.2 Objective three

Objective three identified and assessed ECD social support forms/sources as experienced by ECD-centre principals and ECD NPO employees.

Support sources identified in this study include ECD centres, families, ECD NPOs, government, communities and intersectoral collaboration.

- ECD centres support children and families, serving as a safe space and a source of nutrition, with dedicated principals accepting children when caregivers cannot afford fees. ECD-centre leadership and management practices, including administration, financial management, decision-making and committed staff, supported centres themselves in adapting to crisis during the pandemic.
- During lockdown, some families supported each other and children, such as prioritising children's nutrition and stimulation. Some families supported ECD centres through continued fee payments, donations, and volunteering. Families, including those of ECD principals, provided emotional and financial support.
- ECD NPOs provided centre- and non-centre-based ECD support – findings thereof corresponded for both subsamples. Workshops, training, assistance, food relief, equipment provision, registration and funding application support, and activism were noted. NPO participants further reflected on how they adapted during lockdown, operating online and as an essential service. Yet, limitations were revealed: an underfunded, unattractive ECD NPO sector; expertise and capacity gap in NPOs; short-term, small-scale funding; limited NPO collaboration; selective funding; fundraising difficulties; and bureaucracy.
- Government support identified included the CSG, UIF, SRD Grant, TERS, the ECD subsidy and the ECDSRF, as well as local government support from ward councillors. Principals' experiences

of government support were overwhelmingly negative. Indeed, the CSG, among other grants, became the predominant source of income for many. However, difficulties accessing grants were experienced. The ECD subsidy is a helpful support to recipients, albeit low and insufficient, yet the predominantly informal ECD sector cannot meet the overly-cumbersome, bureaucratic requirements for registration and subsidy eligibility. The ECDSRF, intended specifically for the ECD workforce, saw application, technical, processing and pay-out difficulties, burdens, and delays – a significant amount remains unpaid.

- The data revealed that when the pandemic hit, communities united to provide support, including intersectoral collaboration between CBOs, FBOs, ECD centres, ECD NPOs, ward councillors and others providing food relief, donations, and volunteering services. ECD forums supported ECD centres through networks, exchanging ideas and information. Communities also united to advocate for the ECD sector through activism.

5.2.3 Objective four

Objective four explored the opportunities for effective ECD-sector support, as perceived by ECD-centre principals and ECD NPO employees.

The findings revealed the need, demand and opportunities for recognition, empowering families and communities, scaling ECD support and upskilling the ECD workforce.

- Self-proclaimed #TheForgottenSector, ECD demands recognition. Recognition opportunities include activism, research, influencing policy and budgets, and stakeholders meeting with ECD workers to understand the on-the-ground reality.
- Empowering families and communities, and including men, women, and youth in the conversation, is vital for ECD support. Empowerment can involve NPO outreach, non-centre-based ECD support, and a shift to a community-development model of ECD where communities recognise ECD as a public good, understand their roles as stakeholders, and provide community oversight of ECD programmes.
- ECD support must be scaled. While NPO support may be in-depth, it is often small-scale. Effective models can be scaled through greater intersectoral collaboration with an emphasis on government.
- There is a need and opportunity for ECD workforce skills development, capacity building and training with mentoring and support, particularly following the DSD-to-DBE function shift, with findings revealing speculations that this will come with a greater focus on qualifications.

5.3 Main recommendations

Following this study, recommendations are made for families and communities, the ECD workforce, ECD NPOs, government and intersectoral collaboration.

5.3.1 Families and communities

- It is recommended that families and communities gain a greater understanding of the significance of ECD and the family and community role as stakeholders, by taking ‘ownership’ of the stakeholder role and responsibility to ensure quality community ECD programmes. Collective responsibility working with ECD centres for children’s development can be positive for all parties involved and the country as a whole.
- Men, women, youth, and children should be involved in the conversation on ECD. The ECD sector largely consists of women, but it is recommended that men, including fathers, are not left out of campaigns. Youth and children also have a voice to be heard, and youth involvement in ECD could contribute to quality ECD provision and job creation.

5.3.2 Early childhood development workforce

- Upskilling the ECD workforce is a key recommendation. This involves empowering teachers, principals and governing bodies through training around appropriate qualifications and additional relevant topics. Financial management training is particularly recommended for principals, including record-keeping and fundraising. A skilled workforce contributes to legitimising the sector and raising the demand for quality ECD from caregivers and communities.
- As in 5.3.1 above, it is recommended that ECD teachers and principals work collaboratively with communities and families to ensure quality and appropriate ECD services.

5.3.3 Non-profit sector

- It is recommended that effective ECD programmes undertaken by NPOs be scaled from local to provincial and national levels, through collaboration, including between NPOs, all spheres of government, and the private sector. This requires multi-year funding projects. Scaling effective projects over time and space paves the way for sustainable, long-lasting impact.

5.3.4 Government

- A grassroots' understanding by government of ECD is recommended.
- This grassroots' understanding and recognition of ECD by government must translate to reassessing ECD budgets. Investment in ECD means investment in nation-building and SA's further socioeconomic development; there is a need for the budget to align with the value of ECD. Research including the ECD Census Report 2021 (DBE, 2022a) facilitates appropriate budgeting by providing a count of ELPs and data on the related demand.
- ECD recognition must translate to reviewing ECD regulations and policies so that registration requirements match the reality of the predominantly informal ECD sector, enabling prioritisation of vulnerable communities so that they benefit from government support. Social support in practice must match the institutional approach envisioned by policy, not merely taking a residual reactive approach.
- Study findings and literature show that government accountability for ECD is sorely lacking, with issues concerning NIECDP implementation, ECD subsidy, ECDSRF and grant application and provisioning processes, cumbersome registration requirements and bureaucratic, slow processing thereof. A critical recommendation is that government be held accountable for fulfilment of its ECD mandate. Stakeholders play a critical role in government accountability, putting pressure on government through collaboration and advocacy.
- Government must complete the ECDSRF payments as set out in government documents.
- Greater government coordination and planning around ECD functions is recommended, from grant payments to NIECDP implementation to enable ECD policy to be practical and preventative, not merely reactive, nor merely aspirational.

5.3.5 Intersectoral collaboration

- Collaboration between and within sectors is critical to ECD understanding, recognition and appropriate action and support. All sectors can unite and engage with various forms of ECD activism, including communication, research, stakeholder engagement, litigation, lobbying, and awareness raising. Awareness raising generates sector recognition of what ECD is, its importance, and the reality experienced by ECD workers. The intended outcome of ECD recognition means greater understanding of ECD which can feed into policy, budgets, and stakeholder support. Activism will further the fight to hold government accountable, including action on ECDSRF payments and achieving the NIECDP goals and objectives.

- Further field research is recommended, regarding the role of ECD activism, lobbying and litigation; the status of ECD workforce from salaries and working conditions to mental health and psychosocial wellbeing; and the progress and significance of the ECD function shift from DSD to DBE. This may require collaboration between multiple sectors.

5.4 Concluding statement

This chapter has summarised the main research findings of this study. These include regulatory, economic, physical, and psychosocial challenges since the onset of the Covid-19 pandemic, experiences of various forms of social support, and opportunities for effective ECD support. The chapter provides key recommendations for families, communities, the ECD workforce, ECD NPOs, government and intersectoral collaboration.

This study found that the ECD sector is vulnerable, largely informal, and often ‘forgotten’ in policy implementation, regulations, and social support. Key stakeholders that recognise the ECD sector provide critical social support. This, however, requires significant intersectoral collaboration and scaling, over time and space, to create sustainable, widespread change. Enhanced participation by, and partnership with, all stakeholders is essential.

This study intended to highlight key issues facing the ECD sector, particularly following the onset of the Covid-19 pandemic, while offering opportunities for effective support as raised by the sector itself – i.e., ECD-centre principals and ECD NPO leaders.

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APPENDICES

Appendix 1: Ethics approval letter

UNIVERSITY OF CAPE TOWN



Department of Social Development

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23 September 2021

Student: **Claire Pearce PRCCLA007**

Outcome: **ACCEPTED**

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, ***Exploring the Challenges and Forms of Social Support for South Africa's Early Childhood Development Sector in the Face of the Covid-19 Pandemic***. The reference number is SWK-REC-2021-SR005.

I wish you all the best for your study.

Yours sincerely
Dr Khosi Khubeka
Senior Lecturer
Chair: Ethics Review Committee

The University of Cape Town is committed to policies of equal opportunity and affirmative action which are essential to its mission of promoting critical inquiry and scholarship.

Appendix 2: Consent form

University of Cape Town

Department of Social Development

5th Floor, Leslie Social Science Building

University Avenue

Upper Campus

Rondebosch 7701

Tel: 021 650 3483 / 93



Re: Research study SWK5001W – Consent Form

I, Claire Pearce, am a Master's student at the University of Cape Town and I am requesting voluntary participation in a research study. This study forms part of my Master's degree in Social Policy and Management.

Research study title: Exploring the challenges and forms of social support for South Africa's Early Childhood Development sector in the face of the Covid-19 pandemic.

Research aim: to explore the experiences of early childhood development (ECD) principals and non-profit employees who support the ECD sector in terms of challenges and social support during the Covid-19 pandemic.

Process: You are requested to participate in an interview, which should take about 45 minutes. The interview will ask questions about challenges and social support you face working in the ECD sector. You will also have the opportunity at any time to ask further questions.

Ethics

Note that the interview will be **recorded digitally**, and later transcribed. The recording and transcription will be securely stored to safeguard its contents and be accessible only to the researcher, and destroyed after the research is completed.

Confidentiality: Importantly, the interview process will remain strictly **confidential**. As the researcher, only I will have access to these consent forms. Data will be available to the researcher and supervisor, and quotes will be included in the final dissertation, however, it will not link back to your identity. The final report will be assessed by an external examiner and findings will be made available

to participants. Under no circumstances will your name, or the name of your organisation, be revealed in the report or any other related publications.

Debriefing: There are minimal risks foreseen. However, note that in the event of any emotional trauma, there will be a **debriefing** session, and, if needed, a referral to an appropriate agency for further counselling. If you feel uncomfortable answering any or all questions, you have the right to withdraw.

In the event of an in-person interview, Covid-19 protocol will be followed, including sanitiser, masks, maintaining 1.5m spacing, temperature checks and a screening form. This will ensure physical safety to prevent the spread of Covid-19.

Right to withdraw: It is important to understand that you have the **right to withdraw** from participating at any time, without needing to give a reason.

Benefits: This study will not benefit you directly, and you will not be paid for participating. However, findings hope to generate information on social support systems available to the ECD sector and inform social policy and support programmes.

If at any time, you would like further information about the study, you may contact the researcher (myself) or supervisor:

Claire Pearce (researcher): PRCCLA007@myuct.ac.za

Lauren van Niekerk (supervisor): lauren.vanniekerk@uct.ac.za

Having read and understood the above, I agree to voluntarily participate in this study.

Name:

Signature:

Date:

Appendix 3: Socioecological model – ECD in the Covid-19 context

Figure 1 Diagram illustrating the socioecological model of development in the context of ECD as applied by Draper et al. (2022)

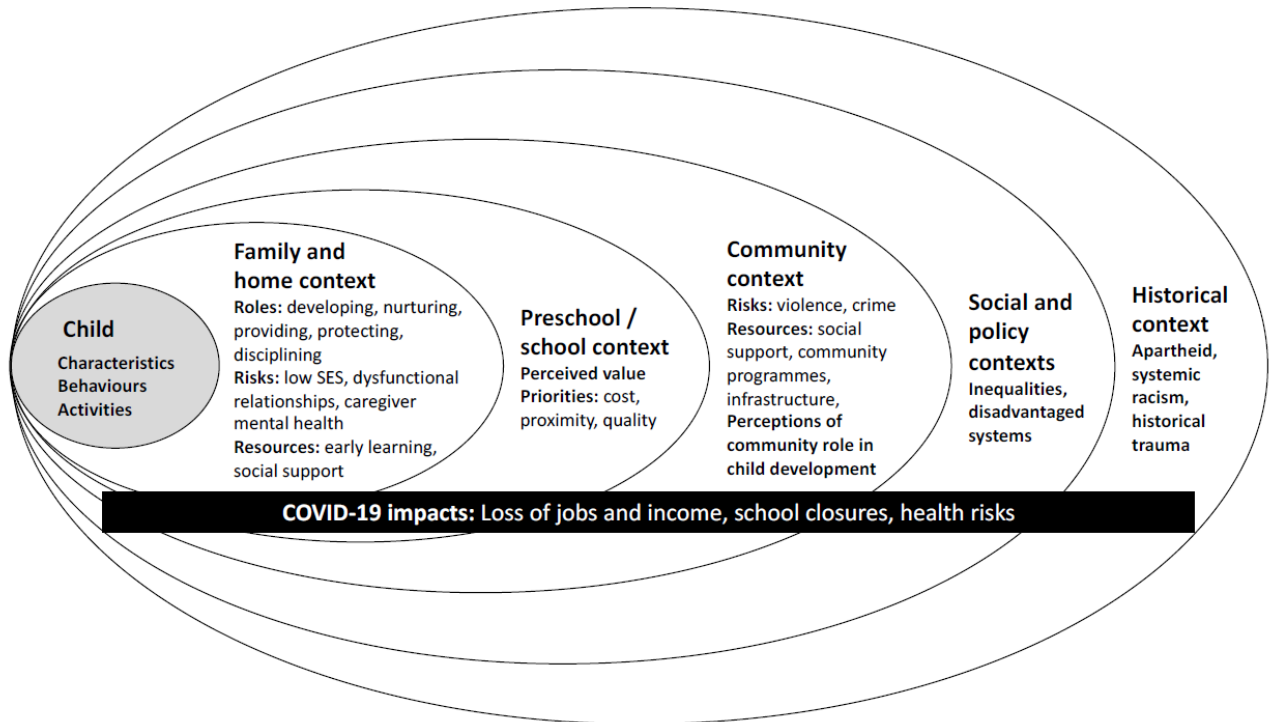


Figure 1 above illustrates the socioecological model of development in the context of ECD as applied by Draper et al. (2022). It identifies roles, risks, resources, and various factors in the interdependent contexts of the child, family and home, preschool/school, community, social policy and historical contexts; each of which impacted by the Covid-19 pandemic through job and income loss, school closures and health risks.

Appendix 4: Social institutions

Table 5 Social institutions, organisations, and functions, as adapted from Gilbert and Terrell (2013)

Social institution	Key organisational forms	Primary functions	Social welfare functions
Kinship	Families	Procreation, socialisation, protection, intimacy, emotional support	Dependent care, interfamilial support
Religion	Churches	Spiritual development	Faith-based health, education, social services
Workplace	Businesses, factories, farms	Production of goods and services	Employee benefits
The market	Producers (firms) and consumers (households)	Exchange of goods and services for money	Commercial social welfare, goods, and services
Civil society	Voluntary groups, foundations, unions, social agencies	Promote civic and political participation, strengthen democracy	Social services, mutual support
Government	National, provincial, and local	Raising and distributing resources for public purposes	Anti-poverty, economic security, health, education, social services

Table 5 above is adapted from Gilbert and Terrell (2013) who outlined six social institutions, their key forms, primary functions, and social welfare functions. This table demonstrates the theoretical framework described in section 2.2.2. This framework guided the research questions and analysis regarding ECD-sector stakeholders, and experiences of and opportunities for effective social support within these institutions.

Appendix 5: Summary of alert levels

Figure 2 A summary of Covid-19 lockdown alert levels issued by The Presidency (RSA, n.d.)



Figure 2 above outlines the five alert levels under the lockdown, in response to the onset of the Covid-19 pandemic in South Africa (RSA, n.d.).

Appendix 6: Interview schedule for ECD principals

Demographics and work-related questions:

1. Gender?
2. Address of ECD centre?
3. Is the ECD centre registered with the Department of Social Development?
4. Does the ECD centre receive the ECD subsidy through the Department of Social Development?
5. What is your position/title at the ECD centre?
6. How long have you worked here/when did you begin working here?

Challenges

7. Since March 2020, when lockdown began, what have been the biggest challenges to the ECD centre?
8. In July 2020, how did you and the ECD centre experience the reopening of the ECD sector after the hard lockdown? (Was it swift/easy? were there any challenges?)
9. Could you speak to some of the ways the ECD centre has had to adapt to continue operating? (Has it resumed the same level of services as before lockdown, e.g. meal provision?)
10. Has the pandemic affected meal provision at the centre, and how?
11. Has attendance of children resumed to the same levels as before the pandemic?
12. In what ways has the pandemic affected the learning programme at the ECD centre?
13. In what ways do you think the pandemic has affected children?
14. In what ways do you think the pandemic has affected parents and households?
15. In what ways do you think the pandemic has affected communities?

Social support

16. What resources or networks does the ECD centre rely on for support to stay open and continue operating?

Parents/caregivers/households?

17. Are households and caregivers a source of support to children and the ECD centre? How? And how not? (E.g. the limitations of household support during the pandemic, such as in paying fees?)

Government support:

18. Earlier I asked about whether the centre is registered and subsidised. Could you speak about the centre's experiences receiving the subsidy?

- (Do you receive it? Y/N? What are the challenges in applying and getting the subsidy?)
- Does it make a difference? How does the subsidy offer support?
- Is it enough?
- Is it received without delay or issues?)

19. Do you know about the ECD Stimulus Relief Fund? (If not, briefly explain). If so, what has your experience of this been like?

- (Application procedure?)
- Waiting for official communication?
- Has it been received?
- Challenges due to non-payment of this grant?)

Non-profit support:

20. Does the ECD centre receive support from an NGO (non-governmental organisation or NPO (non-profit organisation) (such as in training)?

- If no, is NPO support needed and for what? If yes, how does the NPO or NGO help?
- If yes, is this the right support for what you need and is it enough?

Support from community:

21. Have you found that your community supports young children and your ECD centre? And how? (e.g. forums)

22. In response to the many challenges during the pandemic, ECD activism has been on the rise, with several protests as well as NPOs and civil society taking the government to court (including to reopen the sector in July 2020). Have you noticed this increased activism and do you feel it is making a difference?

Final questions?

23. What do you think is needed for change and improvement? (What would you recommend for more effective support to the ECD sector?)

24. Do you have anything else to add that could be of value for the study?

Thank you for your participation in this interview.

Appendix 7: Interview schedule for ECD NPO employees

Participant and NPO profile

1. Gender:
2. Location of organisation:
3. Briefly, what is the main mission of the NPO at which you work, and could you briefly list some of ECD-related services that are offered by the NPO?
4. What is your role? (How long have you worked at your organisation?)

Challenges

5. Since March 2020, in what ways has the pandemic affected communities, and in particular, primary caregivers/parents and households with young children?
6. In what ways has the pandemic affected children?
7. In what ways has the pandemic affected ECD operators and practitioners?

Social support

Young children in South Africa in the face of the pandemic have found support from various forms, directly or indirectly – these broadly include primary caregivers/parents/families/households, ECD NPOs, government and communities.

Parents/caregivers/households:

8. Primary caregivers have a critical responsibility for caring for children. Could you speak to some of the ways that parents/families have been a source of support for the ECD sector during the pandemic?
9. What are the limitations and challenges of (relying on) family support to meet ECD needs in the face of the pandemic?
10. How can ECD NPOs bolster/support/work with families so that they can provide the best needs for young children?

Non-profit support:

11. During the pandemic, did your ECD NPO seek out support during the pandemic to survive and continue to support the ECD sector? If so, what opportunities exist and what did your organisation tap into?
12. What are the limitations of or challenges facing ECD NPOs for supporting the ECD sector?

Government support:

13. Various forms of government support exist or were initiated for the ECD sector in response to Covid-19 (e.g., the Child Support Grant, ECD subsidy and ECD Stimulus Relief Fund.)
What is your view of government support for the ECD sector in response to the pandemic?
14. South Africa's National Integrated ECD Policy is widely considered progressive and inclusive, but the support it talks about is being poorly implemented. Do you agree with this and why?
15. What can ECD NPOs/civil society do to ensure government support is adequate, efficient and effective?

Community support:

16. In your opinion, have you seen communities adapt and come together to support the ECD sector since March 2020, and if so, how?
17. In response to the many challenges during the pandemic, ECD activism has been on the rise, with several protests as well as NPOs and civil society taking the government to court (to reopen the sector in July 2020). What are your opinions on the ECD activism? (How does or can the organisation at which you work engage with the activism?)

Final questions:

18. What do you think is needed for change and improvement for the ECD sector? (What would you recommend for more effective support to the ECD sector)?
19. Are there any other forms of social support you want to comment on, or do you have anything else to add that could be of value for the study?

Thank you for your participation in this interview.