

Exploring Early Childhood Development Practitioners' Perceptions of the Implementation of Norms and Standards in Educare Centres in Blouberg



BY

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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ABSTRACT

This study explores the perceptions, experiences and challenges that Early Childhood Development (ECD) practitioners in ECD centres in Blouberg have with implementing the norms and standards for both partial care facilities and learning programmes as regulated by the Children's Amendment Act 41 of 2007. ECD refers to the developmental, physical, mental, spiritual, emotional and social processes in children from birth until at least nine years of age (Department of Education [DOE], 2001). Since ECD centres are at the frontline of providing a range of ECD services paramount to the development of children, the way in which ECD practitioners understand, experience and operate under the influence of legislation and policies needs to be researched to improve service delivery and develop effective models of practice.

The study targeted ECD centres in the Blouberg region of the Western Cape where 20 ECD practitioners belonging to 18 ECD centres were interviewed. An exploratory qualitative research design and a non-probability sampling approach making use of both purposive and snowball sampling techniques, were used to select the participants.

The main findings emanating from the study were that: most ECD practitioners perceived that the norms and standards for ECD facilities promote the safety and protection of their service recipients; the implementation of norms and standards, however, were not effectively monitored; they were extremely costly to implement; practitioners did not have sufficient time in the day to implement them; that adhering to norms and standards for ECD learning programmes enhanced the development of the child and cultivated diversity; continuous changes in the curriculum posed various challenges to how effective learning programmes were monitored; norms and standards for learning programmes did not adequately account for children with disabilities; factors such as the long and difficult registration and re-registration processes, as well as the local economy and external financial environment made implementing norms and standards challenging; ECD practitioners in smaller, privately run centres experienced a lack of support from government; and that ECD practitioners were supported by various structures such as the Blouberg ECD Forum, the Department of Health, the Fire and Rescue Services as well as the local community that consisted of parents, businesses and professionals.

The main recommendations emanating from the study include: providing tax incentives to private sectors supporting ECD centres; increasing the capacity, responsibility and authority of local ECD Forums; improving the Department of Social Development's (DSD) reporting and investigating processes by partnering with the Department of Health (DOH), extending the current national school feeding scheme to include ECD centres; providing a once off registration/re-registration grant to NPO's and smaller privately run ECD centres based on a means test; increasing support and introducing an increased grant to ECD centres catering for children with disabilities; promoting partnerships with professionals in the private sector to promote disability screening campaigns and education; to provide ECD centres with specific curricula so that they are able to cater for children with disabilities; rewarding positive parent-practitioner partnerships; and promoting parent involvement practices from a policy and legislation point of view. Recommendations relating to the research process specifically include expanding on the sample of participants to include privately run ECD centres as well as NPO's.

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CHAPTER ONE: INTRODUCTION

Introduction

Early Childhood Development (ECD) refers to the developmental, physical, mental, spiritual, emotional and social processes in children from birth until at least nine years of age (Department of Education [DOE], 2001). ECD services thus comprise of access to basic services in the home and school environment that address these unique developmental processes (DOE, 2001). While ECD services refer to a broad range of services targeting children up until the age of nine years old, a distinction needs to be made that all ECD services undertaken in ECD centres until Pre-Grade R, fall under the control of the Department of Social Development (DSD). From Grade R onwards, responsibility of these ECD services lay with the Department of Basic Education (DBE), and no longer needs to hold their registration with the DSD. The age cohort of children in the participating ECD centres therefore include all children that are in Pre-Grade R, which generally includes children from the age of birth until approximately five years of age (DSD & EPRI, 2014; The Presidency, 2009). It is important to note that while a decision has been made to migrate responsibility for ECD centres from DSD to the DBE (Ramaphosa, 2019), at the time of undertaking the research, this shift in responsibility had not been finalised.

Due to the importance of ECD services on childhood development and its influence on childhood education, ECD has increasingly been recognized and prioritized in South Africa (National Planning Commission [NPC], 2012). ECD centres are one way in which ECD services are delivered. For an ECD centre to be established and deliver ECD services, they need to meet minimum norms and standards prior to registration with the Department of Social Development (DSD) (Department of Social Development & Economic Policy Research Institute [DSD & EPRI], 2014). The Children's Amendment Act (No. 41, 2007) provides norms and standards for partial care facilities (governing the ECD centre's environment) and ECD learning programmes. These norms and standards, as regulated by the Children's Amendment Act (No. 41, 2007), help ensure that quality ECD services are achieved through providing a set of minimum standards.

This study explores the perceptions, experiences and challenges that ECD practitioners in ECD centres in Blouberg have with implementing the norms and standards as regulated by the Children's Amendment Act (No. 41, 2007). The overall purpose of studying these conditions is so that insight and information can be provided to government departments and other relevant stakeholders for the advancement and application of solutions that will contribute to the provision of quality ECD services across all sectors in South Africa.

This chapter begins by introducing the topic at hand in relation to the study that is being proposed. It will outline the problem statement, the problem context, the study significance, study aims and the research topic title. It will then bring attention to the main research questions, the main research assumptions and the research objectives. Once these have been clearly stated, a clarification of concepts will be presented while a discussion on the ethical considerations will follow. It will conclude with a summary of the chapter.

1.1 Statement of the Problem

ECD refers to the physical, mental, emotional, spiritual and social processes unique to children between birth and at least nine years of age (DOE, 2001). ECD services thus refer to all services and resources that promote childhood development and comprises access to basic services such as nutrition, health care and education, within both the home and school environment (DOE, 2001).

According to Biersteker (2017), quality ECD services are made up of appropriately qualified staff that include a principal, teachers, assistant teachers and support staff; a governing body; support and oversight from significant departments; a safe and secure building with sufficient space; educational resources and proper infrastructure; adequate outdoor space; ongoing ECD teacher training by external experts; and desirable working conditions. Furthermore, Biersteker (2017) states that the curriculum needs to promote school readiness through facilitating the development of numeracy and literacy skills; conducting age-specific activities and content; conduct these activities in small and large groups; and provide free choice activities as well as teacher-directed activities. A warm teacher-child interaction also needs to be present and inclusion and cultural identity needs to be respected and nurtured (Biersteker, 2017).

Biersteker (2017) and Fixsen et al., (2005) also found that for non-centre-based ECD programmes to be of a high quality, it should include family outreach and home visits with the aim of transforming caregivers attitudes and skills about caregiving and connecting them with social resources; be strictly monitored and continuously be monitored and evaluated; provide intensive ongoing training and support to the service providers; and have the necessary administration and resource support.

The history of ECD centres can be traced back to the British Infant School movement which was an intervention used in Britain to help young children coming from poor households be protected from the dangers of the streets by being placed into a setting where they could receive guidance and protection (Aruldoss, 2010).

Prior to 1994, the South African ECD legislative and policy frameworks were inadequate and fragmented. There was limited and unequal access as well as varying degrees of quality ECD services (Organisation for Economic Co-Operation and Development [OECD], 2008). Government tried to address these inequalities by creating several policies and programmes in health, nutrition, education and social welfare, however, the legacy of Apartheid in South Africa has resulted in low and middle-income communities lacking access to basic, quality ECD services (Berry, Dawes & Biersteker, 2013; Manyike, 2012). The state has also never been legally obligated to provide ECD services, this resulting in poorly funded and poorly resourced ECD programmes with challenging and disempowering service conditions, particularly in previously disadvantaged communities in South Africa (Berry, Dawes & Biersteker, 2013). Non-governmental, faith-based and community-based organizations have tried to address this gap by providing most of the ECD services (Biersteker & Streak, 2008).

It is, however, important to acknowledge that since the advance of democracy, government has made noteworthy progress towards ensuring that all young children in South Africa have access to all-inclusive quality ECD programmes that are universally available and in close proximity and in sufficient quantities for all children to enjoy (Department of Social Development & United Nations International Children's Emergency Fund [DSD & UNICEF], 2015). While statistics indicate that access to services that promote ECD are unequal, improvements are noteworthy, especially with regards to health care services.

In South Africa, the challenges and constraints inhibiting effective ECD service provisioning ties directly to the long-standing effects of Apartheid, which resulted in high levels of inequality and poverty (Ashley-Cooper, van Niekerk & Atmore, 2019). Unequal expenditure by government as well as unequal levels of access to ECD services, result in inconsistencies in the quality of ECD services being rendered across age groups, racial populations and language groups, socio economic groups, children with disabilities and areas of residence (rural vs. urban). Research has indicated that vulnerable communities who are most in need of high quality ECD services, struggle to attain resources needed to obtain this (Aubrey, 2017). A consequence of this inequality is that children enter the formal school system with varying developmental and educational abilities (Ashley-Cooper, van Niekerk & Atmore, 2019).

The ability to provide quality ECD services is also linked to various systemic issues. Firstly, national reliable monitoring and evaluation systems do not exist in South Africa. There is also a lack of government support, political will and funding available to realise ECD policy objectives. Government institutional arrangements for ECD implementation is also ineffective and a lack of cohesion exists between different government departments (Hall et al., 2017; Ashley-Cooper, van Niekerk & Atmore, 2019). Another significant challenge involves the lack of capacity, resources and support that NPO's have available to be able to effectively implement ECD services (Biersteker & Picken, 2013).

In South Africa, it has been recorded that there are approximately 7.1 million children between birth and six years in 2016 (Statistics South Africa, 2017) with approximately 11% of those children residing in the Western Cape. The latest recorded statistics show that approximately 32% of children under the age of six years do not have access to piped water; 24% do not have access to a toilet; 62% reside in poor households where the average household income is less than R965 per month; 30% reside in food poor households where the average household income is less than R415 per month; and 29% reside in households with no employed adults (Hall et al., 2017). In the Western Cape, 11% of children do not have access to piped water; 11% do not have access to a toilet; 37% reside in poor households where the average household income is less than R965 per month; 9% reside in food poor households where the average household income is less than R415 per month; and 10% reside in households with no employed adults (Hall et al., 2017).

With regards to health care, 89% of children in South Africa complete their primary immunization course, and 85% of births occur in health care facilities under trained personnel (Hall et al., 2017). Within the Western Cape, 89% of children complete their primary immunization course, and 89% of births occur in health facilities under trained personnel (Hall et al., 2017).

In 2014, 50.8% of children between the ages of birth and four years attended an ECD centre, while 42,7% remained in care at home and 6,4% were in the care of other adults (Berry, Dawes & Biersteker, 2013). Once children reached ages five and six years, enrolment into ECD centres and/or reception facilities increased, and statistics show that 89% were enrolled– which is up from just 39% in 2002 (Richter, et al., 2012, Berry, Dawes & Biersteker, 2013)

Despite this progress, access and quality of services remain unequal, especially for poverty-stricken areas, children under the age of two years, children in rural areas and children with disabilities (Department of Basic Education, Department of Social Development & United Nations International Children’s Emergency Fund [DBE, DSD & UNICEF], 2010). Currently there are insufficient safe and affordable child care and ECD educational services. In the Western Cape, 69% of children between the ages of birth and four years are exposed to some form of ECD service or programme. Of those exposed to ECD services, only one third of them have attended formal ECD learning centres. The rest of these children ($\frac{2}{3}$ rd) have no access to formal ECD centres prior to them enrolling at Grade R, or Reception level schooling (Statistics South Africa, 2011).

ECD services for children aged 0 – 4 are regularly provided by private or community-run initiatives, often resulting in significant differences in accessibility and quality of these services in terms of care and education, particularly in poorer communities (Biersteker, 2010). In addition, these ECD services are inadequately funded, have poor infrastructure, and lack learning materials, thus hampering the ability to obtain the national ECD policy objectives (DBE, DSD & UNICEF, 2010).

Although the current funding model involves providing a subsidy to registered ECD centres with non-profit status, it is not enough to cover the centres’ basic needs and hardly

contributes towards improving the quality of services (Biersteker et al., 2010). In addition, the funding model is problematic in that individuals are responsible for the set-up costs, and only once the centre is established, can it be registered (Biersteker et al., 2010). The funding model thus relies on access to existing capital, and as such, predisposes poor communities to an inferior quality of ECD services (Biersteker, 2010; Giese et al., 2011). Furthermore, to cover basic running costs of the centre, they have to charge fees, thus excluding the poorest of families from accessing ECD services (DBE, DSD & UNICEF, 2010).

Furthermore, ECD centres who are in receipt of a state subsidy, are often characterized by teachers with low levels of qualifications, insufficient training, professional support, poor working conditions and poor organisational and financial management systems – all of which negatively impact on the quality of ECD programmes and outcomes (Biersteker et al., 2010; DBE, DSD & UNICEF, 2010). Insufficient human and financial resources also means that the state cannot adequately monitor the quality of ECD service provision (Biersteker, 2010; Biersteker et al., 2010; DBE, DSD & UNICEF, 2010). Poor monitoring services, the high cost of establishing and maintaining facilities with little to no income from poor families, as well as the lack of funding available to privately and community run organizations, may result in poor implementation of basic norms and standards required for quality ECD services as centres may not have the finances or proper guidance required to apply them effectively.

ECD improves one's educational abilities, access to employment opportunities and improves health and life expectancy (Richter et al., 2012; Vally, 2005). ECD centres are at the forefront of providing and ensuring that children receive these services. The way in which these ECD centres operate are influenced by legislation, policies, processes and procedures and it therefore remains imperative that the centres' experiences with implementing these regulations, such as with the norms and standards, are researched.

1.2 Problem Context

This study took place in various registered ECD centres within the suburb of Blouberg, which is located along the Northern Table Bay area of Cape Town, in the Western

Cape of South Africa. The suburb of Blouberg included and was limited to areas such as Parklands, Parklands North, Tableview, Bloubergstrand and Sunningdale.

Blouberg is characterized as an urban residential area along the Atlantic Ocean (Statistics South Africa, 2017a). Blouberg has a total population of approximately 107 000 people, of which 72.7% are of working age (15-64), 21.9% are children (<14) and 5.4% are elderly (65+). There are about 41 000 households, with an average of about 2.5 people per household. 76.8% of these households are formal dwellings and the population density is characterized by about 4100 people living per 1/km² of land (Statistics South Africa, 2017a). Blouberg is a mixed-race community which consists of the following racial makeup: 44.4% are Black African, 44.7% are White, 6.5% are Coloured, 1.9% are Asian/Indian and 2.6% are other races (Statistics South Africa, 2017a).

English and IsiXhosa are the two primary languages spoken in this suburb. Furthermore, most (66%) residents in Blouberg are educated and have obtained either their matric certificate or some tertiary qualification (Statistics South Africa, 2017a).

There are disparities in the average household income, where data indicates that 14.8% of households have no income, 5.6% earn a low monthly household income of between R1 and R9600, 16.6% earn a lower to middle average household income of between R9601 and R38 200, 21.7% earn a middle to higher household income of R38 201 to R153 800, and the remaining 41.4% earn a high average household income of over R153 800 per month (Statistics South Africa, 2017a). The disparity in average household income displays the inequalities in the suburb. Blouberg consists of wealthier households in areas such as Sunningdale, for example, whereas Parklands has a much lower average household income with a high population density.

The ECD centres wherein this study took place all provide services to children between the ages of 0 and 6 years, however, are not limited to this age group. The centres wherein the study took place are all registered with the Western Cape Department of Social Development (DSD) and most are listed on their database of registered centres.

1.3 Study Significance

This study was done for several reasons. Although ECD is a growing field of interest, there is still a lack of in-depth research on ECD centres' ability to implement minimum standards of service delivery that are in line with ECD policy and legislation. South Africa is in desperate need of quality ECD centres to reduce the academic, social and emotional gap between children receiving ECD services at affluent centres, and those receiving these services at disadvantaged and under resourced centres.

Furthermore, it has been noted that currently, little to no government support exists for the establishment of ECD centre-based services in outlying areas, nor are there policies that advocate for the access of ECD services for children from households who cannot afford fees (The Presidency, 2009). Attempts were made to alleviate these disparities through the establishment of legislation on the Norms and Standards for Partial Care Facilities and ECD Learning Programmes which all centres must adhere to (Children's Amendment Act No. 41, 2007). Researching the implementation of these norms and standards and the components that contribute to quality ECD services will help effective models of practice to be developed to contribute to the educational, social and emotional improvement of the service recipients (children). This can assist with building a positive working relationship between stakeholders, and furthermore, contribute towards better co-ordination amongst the different role players in the ECD sector, such as the ECD centre and government departments such as the DSD, the Department of Education (DOE) and the Department of Health (DOH).

1.4 Study Aims

The central aim of this study is to explore the perceptions, experiences and challenges that ECD practitioners have with implementing norms and standards in educare centres.

1.5 Research Topic Title

Exploring Early Childhood Development Practitioners' Perceptions of the Implementation of Norms and Standards in Educare Centres in Blouberg.

1.6 Research Questions

1. What are ECD practitioners' perceptions of the effectiveness of the norms and standards for partial care facilities?
2. What are ECD practitioners' perceptions of the effectiveness of the norms and standards for ECD learning programmes?
3. What are the factors that inhibit effective implementation of norms and standards for partial care and ECD learning programmes?
4. What support structures exist to assist ECD centres' in the implementation of norms and standards?

1.7 Main Research Assumptions

1. The experiences of ECD practitioners' in Blouberg may indicate that the norms and standards for partial care facilities and ECD learning programmes are challenging to implement.
2. Norms and standards that are unable to be implemented may negatively affect the quality of service provision within ECD centres.
3. More funding, involvement and support from various sectors, especially the DSD, may lead to greater adherence of ECD policy and legislation, and better service delivery for ECD beneficiaries.
4. The experiences and perceptions of ECD practitioners' may provide insight into the challenges that ECD centres face when implementing legislation, which may assist with enhancing government and departmental strategies in assisting ECD centres in implementing norms and standards.
5. The experiences and perceptions of ECD practitioners may also provide insight into the support structures, strengths and capabilities of different ECD centres in different economic environments.

1.8 Research Objectives

1. To understand ECD practitioners' perceptions of the effectiveness of the norms and standards for partial care facilities.

2. To discover ECD practitioners' perceptions of the effectiveness of the norms and standards for ECD learning programmes.
3. To determine the factors that inhibit effective implementation of norms and standards for partial care facilities and ECD learning programmes.
4. To ascertain the support structures that exist to assist ECD centres' in the implementation of norms and standards for partial care facilities and ECD learning programmes.

1.9 Clarification of Concepts

Educare Centre / Early Childhood Development Centre: A educare centre or early childhood development (ECD) centre is any building that is used for the admission, protection and/or care of more than six children from birth to six years of age, that is away from their parents or guardians and that provide a form of early learning programmes (DSD & EPRI, 2014; The Presidency, 2009). For the purpose of this study, an educare centre or ECD centre refers to day-care centres, childcare centres, playgroups, preschools, aftercares and crèches that cater to children up until the Pre-Grade R year and which fall under the control of the DSD.

Early Childhood Development: Early childhood development (ECD) can be understood as an inclusive approach to policies, programmes and processes for children from birth to nine years of age and involves the holistic development of children through the process of emotional, intellectual, physical, spiritual, ethical, sensory, social and communication development (DOE, 2001).

Early Childhood Development Service: ECD service refers to the range of services enabling holistic development in young children (DSD & EPRI, 2014). These services include: family planning, pre-conception and post-conception education and care; dietary support for pregnant and breastfeeding women, infants and young children; preventive and primary health care; birth registration; social security; housing; water, sanitation and hygiene; protection against abuse, neglect and exploitation; parent education and support; and educational services for children at home or at an ECD centre (DSD & EPRI, 2014; United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2012).

Early Childhood Development Programme: An ECD programme is a programme structured within an ECD service that provides learning suitable to the child's age and developmental stage (Children's Act No.38, 2005).

Registered Early Childhood Development Centre: A registered ECD centre refers to one that is registered with the DSD and similarly complies with their norms and standards with reference to safety, curriculum, infrastructure and administrative procedures. Registered ECD centres with non-profit status qualify for state subsidies (DSD & EPRI, 2014).

Unregistered Early Childhood Development Centre: An unregistered ECD centre refers to one that is not registered with the DSD and hence does not receive state funding. They do however continue to act as providers of ECD care (DSD & EPRI, 2014).

Early Childhood Development Practitioner: An ECD practitioner is one that is involved with organizing and/or conducting activities that promote the holistic development of children through the enhancement of a variety of skills (National Development Agency, 2017). For the purpose of this study, an ECD practitioner refers to any paid employer or employee of an ECD centre that has been involved with any part of the ECD centre registration process and implementation of service delivery guidelines, and includes, but is not limited to ECD owners, principals, supervisors and teachers.

Early Childhood Development Centre Registration Processes: ECD centre registration processes refer to the administrative and relational processes and procedures set out by the DSD that need to be followed so that an ECD centre can obtain registration status (DSD & EPRI, 2014).

Grade R: Grade R is also known as the Reception year. It refers to the year of schooling before Grade one and is provided by community-based centres, the public primary school system, or through the independent school system and is under the control of the DBE (DSD & EPRI, 2014).

1.10 Ethical Considerations

Ethics is broadly understood as the moral dimensions of research that guide the researcher's decisions about what is right and wrong when undertaking the research process (Van Rensburg, 2001). Through the following considerations, the researcher sought to ensure ethical practice within the study.

Informed consent. According to Babbie and Mouton (2001), informed consent is when all information about the study is disclosed, such as the goals of the study, the procedures, the possible advantages as well as the possible disadvantages or risks. Participants need to be properly informed about the study at hand and given adequate opportunity to ask questions about the study (Babbie & Mouton, 2001). The researcher ensured this by contacting the relevant ECD centres beforehand and requesting permission from ECD practitioners' who could be suitable participants. The researcher then provided a consent form to those who agreed to participate and gained written consent from them prior to collecting the data. Furthermore, the researcher verbally informed participants about the study and allowed them to ask any questions that they had prior to gaining written consent. The consent form (Appendix 1) included all the necessary information about the study and was signed by all the participants prior to conducting the interviews.

Confidentiality/Anonymity/Privacy. De Vos et al., (2011) explain that confidentiality, anonymity and privacy refer to the way in which information is handled and the surety that participants are unable to be identified. Alias names was used throughout the data collection process to ensure anonymity of both the ECD centres and all participants. Privacy of the participants was ensured through giving participants the right to decide when, where, and to what extent they share information with the researcher. The researcher also ensured that a private room or space was made available by the ECD centres prior to the interviews to ensure the privacy of all participants. All recorded information, digitally and transcribed, was handled confidentially. Transcriptions are available upon request under the open access policy, however, they do not have any identifying particulars and will in no way be able to be linked to any ECD centre or participant. All digital recordings are secured on a computer with a password which only the researcher has access to and will be deleted after a period of time following the completion of the research.

Competence of the researcher. Competence of the researcher refers to the ability of the researcher to carry out the research throughout all stages of the process (Shamoo & Resnik, 2015). The researcher took steps to demonstrate, maintain and expand their competence by being held accountable to a supervisor who is a professional in the field. The researcher also received continual guidance while conducting the research.

Accurate release of the study's findings. Ensuring that the release of the study's findings is accurate and objective is another ethical consideration applicable to the study. This refers to refraining from fabricating and falsifying the data through either omitting and/or distorting statements from the participants, as well as by omitting the context and/or presenting the data in such a way in which the researcher's biases are evident (Babbie & Mouton, 2001). The researcher ensured the accurate release of the study's findings by being aware of any personal biases and discussing any such shortcomings in the research report.

Debriefing of participants. Debriefing of participants to ensure that participants' equilibriums are restored in a supportive environment, was integrated into the interview process (Judd, Smith & Kidder, 1991). This occurred immediately after the interview to ensure that any issues raised were dealt with (Judd, Smith & Kidder, 1991). Because this study had the potential to raise concerns, issues and anxieties around the participants' experiences within their workplace, it was crucial for the researcher to ensure that any issues that were raised were dealt with and the participant has restored peace of mind. The researcher was also prepared to make recommendations for further support, although this was not necessary.

1.11 Summary

The introduction to this research study indicated the need to explore the experiences that ECD practitioners have with implementing the Norms and Standards for Partial Care and ECD Learning Programmes, as set out in the Children's Amendment Act (No. 41, 2007). The research aimed to inform not only the DSD at the University of Cape Town, but the overall Social Development, Education and Health sector too such as the DSD, DBE, DOH, as well as ECD policy makers. Research into how ECD centres implement ECD policy and

legislation is crucial in promoting growth and measuring progress within the ECD sector and through this research, this outcome can be facilitated.

CHAPTER TWO: LITERATURE REVIEW

Introduction

The following chapter examines policy and legislation significant to this study, namely the Constitution of the Republic of South Africa (Republic of South Africa, No. 108, 1996) and the Children's Act / Amendment Act (No. 38, 2005; No. 41, 2007). Furthermore, two key theoretical frameworks will be discussed, namely the Top-Down and Bottom-Up Approach to Policy Implementation, and the Ecological Systems Perspective. Lastly, this chapter examines key literature relating to the main themes and objectives of the study as outlined above and makes use of literature gathered from journal articles, books, policies and legislation.

2.1 Policy and Legislation

Different South African policies and legislation have been established for the ECD sector which have emerged from various papers, programmes, conventions, charters and plans. These include: The White Paper on Education and Training (1995) which calls for the promotion of ECD as an essential step towards obtaining national education goals (Department of Education [DOE], 1995); The Interim Policy for ECD which lists the policy priorities for the national ECD strategy (DOE, 1996); The White Paper 5 on ECD, which addresses the inequalities of ECD service provision through the establishment of a reception year (DOE, 2001); The White Paper 6 on Inclusive Education, which establishes measures for identifying and remedying barriers to learning, such as with children with disabilities (DOE, 2001a); The National Integrated Plan for ECD 2005-2010, which is a countrywide, multi-sectoral plan towards comprehensive ECD services (United Nations International Children's Emergency Fund [UNICEF], 2005); The Norms and Standards for Grade R funding which make provision for funding of ECD services (South African School Act No. 84, 1996); The Green Paper on Families, which establishes the need for family strengthening programmes (Department of Social Development [DSD], 2011); and The National Development Plan 2030, which prioritises ECD in disadvantaged communities (National Planning Commission [NPC], 2012).

Of key importance to this study, are the Constitution of the Republic of South Africa, No. 108 of 1996 (Republic of South Africa, 1996), the Children's Act (No. 38, 2005) and the Children's Amendment Act (No. 41, 2007) - all of which will be discussed below.

2.1.1 The Constitution of the Republic of South Africa of 1996

The Constitution of the Republic of South Africa is the supreme law of the country. It provides the legal foundation for the existence of the country, sets out the rights and duties of its citizens, and defines the structure of the government (Republic of South Africa, 1996). Chapter two of the Constitution includes the Bill of Rights. The Bill of Rights ensures that policies and plans are in place to ensure that the rights of children in the ECD stage are met.

Section 28(1)(b) of the Bill of Rights states that every child has the right to family, parental or appropriate alternative care when removed from the family environment. It also states that children should have access to basic nutrition, shelter, basic health care services and social services; as well as to be protected from maltreatment, neglect, abuse or degradation. Section 28(2) also indicates that a child's best interests are of paramount importance in every matter concerning the child.

In schedule four, part B of the Constitution states that the local authority has the legislative competence to pass legislation relating to child care facilities (Republic of South Africa, 1996). The state is not, however mandated to provide these facilities.

2.1.2 The Children's Act No. 38 of 2005 / Children's Amendment Act No. 41 of 2007

The Children's Act No. 38 of 2005 is a piece of legislation upholding the rights of children in South Africa and covers family care, social services and the regulation of structures and services relating to the child's development. Some of these structures and services refer to care and protection services such as ECD, partial care services and special needs services (Children's Act No. 38, 2005).

Chapters of interest within the Children's Act include Chapter four and five, and within the Children's Amendment Act, Chapters five and six, as they relate to Partial Care

Facilities and ECD programmes, both of which are of interest in the study (Children's Act No.38, 2005; Children's Amendment Act No. 41, 2007).

Section 76 of the Children's Act (Act No. 38 of 2005) states that partial care refers to the care of more than six children by somebody other than the parent or caregiver of the child, during specified hours and for a certain period of time that is agreed upon and may or may not involve compensation.

Section 80 of the Children's Amendment Act (No. 41, 2007) states that it is a requirement that all ECD centres are registered, while section 79 lists the national norms and standards that must be adhered to for registration to occur (this will be discussed at a later stage). Section 87 further states that the provincial DSD must keep a record of all partial care facilities in that province, and these facilities need to be inspected regularly.

The registration process occurs in the following stages:

1. Any ECD centre intending to register needs to meet with a social service professional at the District Office of the DSD. In this meeting, the DSD should present and discuss the documentation (forms 11 to register the facility; form 16 to register the programme) and information required for registration, such as with regards to the relevant chapters in the Children's Act, the requirements, procedures, norms and standards and how to apply for a subsidy (DSD, 2011).
2. ECD centres then need to communicate with the local municipality to approve the land as use for an ECD centre. This includes gaining a zoning certificate and approval for building plans, as well as obtaining a health clearance certificate – whereby an environmental health practitioner will inspect the physical condition of the building and determine how many children can be accommodated in that building (DSD, 2011).
3. All documents, which include the lease agreement, zoning and health clearance certificate, job descriptions, needs assessment, police clearance certificates, business plans, and daily learning programmes and menu must be completed and compiled (DSD, 2011).

4. The proposed ECD site should then be visited and an inspection will take place by both the social service practitioner from the DSD, and the environmental health practitioner. This is done to assess the condition of the building, the administrative and financial systems, the daily programmes and whether the norms and standards are met (DSD, 2011). Once the assessment is complete, a report will be drawn up and if the centre is compliant, the centre will be granted registration status – which is effective for five years (DSD, 2011).
5. If a centre wants to move its premises, expand, and/or increase the number of children that they are permitted to provide services for, they will have to re-register (DSD, 2011).

ECD centres that cater for Grade-R's are required to register with the DSD as well as the Department of Basic Education (DBE) (DSD & EPRI, 2014).

Section 79(2) of the Children's Amendment Act (No. 41, 2007) sets out the requirements for the registration of ECD centres. These requirements are known as the 11 national norms and standards that need to be upheld for partial care facilities (DSD, 2011). These include:

1. The first norm and standard states that the ECD centre needs to be in a safe environment. (DSD, 2011). This refers to the inside and outside of the premises, equipment and physical structure of the building and states that it needs to be safe, weatherproof and easy to clean. It also states that there needs to be safety procedures in place in case of emergencies such as fires, accidents and hazards. This norm also makes provision for safe transportation measures that need to be in place when transporting children. It states that all drivers need to be trained, registered, screened against Part B of the child protection register and hold the necessary licences and permits to transport children. It further indicates that vehicles must have the necessary safety and speed devices in place and that children under the age of nine years have a supervising adult in the car (other than the driver) (Children's Amendment Act No. 41, 2007; DSD 2011).
2. The second norm and standard states that the ECD centre needs to have documented procedures in place in the case of a child who gets sick. Staff need to be trained on how to identify and refer sick children. The centre also needs to keep up to date medical records

of each child such as their immunisation history, vitamin A schedule and health incidents and accidents that occur at the centre. The centre needs to have policies and procedures in place on how to identify sick children, deal with sick children, prevent disease in the centre and how to store medication. Every centre is required to have a first aid kit (Children's Amendment Act No. 41, 2007; DSD 2011).

3. The third requirement states that the centre needs to have adequate space, light and ventilation, as well as have a demarcated space for different activities and functions (Children's Amendment Act No. 41, 2007; DSD 2011).
4. The fourth norm and standard states that ECD centres need to have a consistent supply of safe drinking water available for all children (Children's Amendment Act No. 41, 2007; DSD 2011).
5. The fifth requirement is that every centre needs to have hygienic and adequate toilet facilities such as potties, basins and toilets for children and staff to make use of. For children under the age of three years, each child should have their own potty which is disposed of and cleaned appropriately after each use. For children over the age of three years, there must be one washing basin and one toilet for every 20 children (Children's Amendment Act No. 41, 2007; DSD 2011).
6. The sixth norm and standard states that ECD centres need to have safe storage procedures for harmful items such as medicines, cleaning or other detergents, appliances, electrical plugs and other dangerous substances. It states that all dangerous substances need to be clearly marked, kept out of reach of children and stored in a locked cupboard. All electrical plugs must be covered (Children's Amendment Act No. 41, 2007; DSD 2011).
7. The seventh regulation states that the centre needs to have access to safe and hygienic refuse disposal services, whereby refuse needs to be covered, disposed of and disinfected regularly (Children's Amendment Act No. 41, 2007; DSD 2011).
8. The eighth requirement refers to having a hygienic area for food preparation, cooking, serving and storage. It states that food preparation areas must be clearly marked, separate

and kept out of reach of children. There must also be adequate storage containers, cooling facilities and cleaning agents (Children's Amendment Act No. 41, 2007; DSD 2011).

9. The ninth norm states that children need to be separated according to different age groups: < 18 months; 18 months – 36 months; three years – four years; four years – six years. There also needs to be a separate office and sick room if the centre has more than 50 children. It also states that where after care facilities are available, school-going children need to be kept separately and given a place where they can rest and complete their homework (Children's Amendment Act No. 41, 2007; DSD 2011).
10. The tenth norm and standard states that ECD centres need to have emergency procedures and action plans in place in case of fires, accidents, hazards and other environmental emergencies and disasters. These emergency procedures need to be visibly displayed with the relevant contact numbers. Evacuation procedures must also be drawn up and displayed. All staff and children need to be trained on these procedures and these plans need to be reviewed and tested regularly (Children's Amendment Act No. 41, 2007; DSD 2011).
11. The final requirement states that relevant health care policies need to be in place. These policies need to establish procedures on how to deal with infectious diseases as well as the medical needs of children with chronic illnesses. These policies also need to ensure that cleanliness and hygiene is maintained, that staff are trained in first aid, medicine registers are maintained, staff are encouraged to take care of their health, and ensure that ongoing training to staff members around health and diseases are promoted (Children's Amendment Act No. 41, 2007; DSD 2011).

Sections 94(2) of the Children's Amendment Act (Act No. 41, 2007) sets out the norms and standards that must be implemented when designing and delivering ECD learning programmes. These include:

1. The first norm states that learning programmes must be developmentally appropriate and provided by trained practitioners' in an age and developmentally appropriate way. These learning programmes must include a variety of organized and creative activities that vary each day and that encourage children to explore. Learning programmes also need to

respect the individual culture, spirit, dignity, language and development of each child (Children's Amendment Act No. 41, 2007; DSD 2011).

2. The second requisite states that learning programmes need to help children realise their full potential through promoting and protecting their rights, providing a safe and comforting learning environment, facilitating the holistic development of the child, providing care and support, encouraging communication and respecting the individuality of each child (Children's Amendment Act No. 41, 2007; DSD 2011).
3. The third standard states that learning programmes must ensure that children are adequately cared for and provide support and security (Children's Amendment Act No. 41, 2007; DSD 2011). This refers to the following:
 - a. Creative play and exploratory learning opportunities must be provided.
 - b. Programmes must adhere to the following conditions:
 - i. Facilities must be hygienic, and the centre must have adequate toilet facilities such as potties, basins and toilets for children and staff to make use of. For children under the age of three years, each child should have their own potty which is disposed of and cleaned appropriately after each use. For children over the age of three years, there must be one washing basin and one toilet for every 20 children. There must also be a space for bathing children.
 - ii. Positive discipline techniques must be used, and no child may be physically threatened or punished.
 - iii. Provide a daily meal that meet adequate nutritional requirements.
 - c. Having trained staff who are educated about teaching techniques, medical care and children, as well as have an adequate staff to child ratio which is:
 - i. 0-18 months, 1:6 + assistant
 - ii. 18 months-3 years, 1:12 + assistant
 - iii. 3-4 years, 1-20 + assistant
 - iv. 5-6 years, 1:30 + assistant
4. The fourth norm and standard states that ECD learning programmes need to assist with instilling positive social values, be non-discriminative, teach and role model respect and embrace diversity (Children's Amendment Act No. 41, 2007; DSD 2011).

5. The fifth requisite states that ECD learning programmes need to assist children in developing their own identity as well as to respect diversity such as with cultural and language differences. Practitioners need to utilize one medium of instruction in class, however, children must be allowed to communicate in a language of their choice outside of the classroom and diversity must be respected and encouraged (Children's Amendment Act No. 41, 2007; DSD 2011).
6. The sixth standard states that learning programmes need to meet the child's emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs. Programmes also need to include and train parents, caregivers and communities in the meeting of these needs so that a holistic approach to development is facilitated, and programmes need to be accessible to vulnerable children, children with disabilities and child-headed households. Programmes also need to encourage children to express their emotions and need to help develop a positive identity, self-worth, independent behavior and self-control (Children's Amendment Act No. 41, 2007; DSD 2011).

2.2 Theoretical Models

A theory is a group of similar ideas based on evidence that try to describe a phenomenon (De Vos et al, 2011). This section will focus on two theoretical models that help explain the phenomenon, namely the Top-Down and Bottom-Up Approach to Policy Implementation, and the Ecological Systems Perspective.

2.2.1 Top-Down and Bottom-Up Approach to Policy Implementation

There are two prominent theoretical approaches for policy implementation, namely the top-down approach and the bottom-up approach.

The top-down approach views policy designers as the central actors in policy implementation, and state that factors can be manipulated at a national level for policy implementation to occur (Matland, 1995). It assumes that policymakers specify the policy goals and that implementation can be successfully carried out by establishing certain instruments. This approach is policy-centered and mainly represents the views of the policy

makers which are believed to direct, control and manipulate problems. The top-down approach has an interest in formulating funding formulas, collating formal organization structures, and directing relationships between administrative units, and concerning themselves with establishing regulations and controls (Matland, 1995; Elmore, 1978).

The bottom-up approach views both the target group and those responsible for service delivery, as the main actors in policy implementation (Matland, 1995). This perspective places focus on both the formal and informal relationships and systems that are involved in making and implementing policies (Matland, 1995; Elmore, 1978). The starting point of this perspective involves an identified problem, which takes individuals, communities and their behaviour into account in the policy implementation process.

For the purpose of this study, the top-down approach will refer to national, provincial, and local government that are responsible for developing legislation such as the Children's Amendment Act (No. 41, 2007). It also refers to all leaders and departments who are tasked with implementing and monitoring this legislation, such as the DSD, DBE and DOH.

The bottom-up approach will refer to those who implement ECD policy on the grassroots levels, such as the local municipalities and social service representatives who assist with registering, re-registering and monitoring ECD centres, as well as the ECD centres and the ECD practitioners themselves. It also refers to the ECD centre's local networks and resources such as health clinics and training providers, health and social service professionals and families of ECD service recipients.

The bottom-up perspective is relevant in that most of the ECD centres in the study are privately owned and controlled at the "bottom" level, with little involvement of the top policy makers other than the overall guiding framework and legislation that centres should (theoretically) be adopting. Thus, the merging of these two perspectives is essential in conducting this study, as they should involve a close relationship between policy frameworks, minimum standards, policy implementation and service delivery.

2.2.2 Ecological Systems Perspective

The child and all its supporting structures is central to the development of all ECD policies and legislation. The ecological systems theory provides this study with a framework in which the child and all its supporting structures are considered. The ecological systems theory thus refers to the interconnection between different environments, communities and individuals (Bronfenbrenner, 1979). This system consists of various structures and settings known as a microsystem, mesosystem, exosystem and macrosystem.

In relation to the ECD sector and more particularly, this study, the microsystem (the inner/first system) involves relationships between the contexts and circumstances wherein a child actively - such as within the home, ECD centre and community. The mesosystem, or the second system, represents the interaction between these circumstances (ie: the home and the ECD centre).

In ECD, it is the family that has a great deal of influence on a child's development, as it is often them that provide the environmental settings that either foster or impede a child's development through the provision of social and economic resources, or lack thereof (UNICEF, 2005). Social resources can refer to parenting skills, parents level of education, cultural identity and practices, family relationships and health statuses. Economic resources may refer to wealth, occupation and housing. As illustrated by the mesosystem, one can see how family, and the social and economic resources that they bring, factors can influence the development and wellbeing of a child (Bronfenbrenner, 1979).

The third system is the exosystem and refers to the environmental influences on the child (Bronfenbrenner, 1979). While the child is not in direct contact with phenomenon in the exosystem, they are influenced by it. While the child has no direct contact with the ECD policy and legislation, it is impacted by it through the way in which the ECD centre that they attend, implements it. For example, if the ECD centre does not adhere to the norms and standards for ECD programmes as prescribed by legislation, the child may be disadvantaged as it will not be exposed to an adequate learning programme.

The macrosystem is the outermost system and refers to the values rooted in the larger social context and the influences that ECD policies and legislation have in shaping the child's

overall educational experience (Bronfenbrenner, 1979). According to Henderson (1995), family life is being replaced by the increasing demands of the workplace. Women, who are often the primary caregivers of the child, are too subjected by these demands and often cannot provide child-care without compromising their careers. This exosystem influence of work and its effect on child-care abilities, thus demonstrates the importance of understanding the macrosystem as it exists to provide the framework wherein ECD policies influence child-care practices and the development of quality ECD services for the child.

A conceptual framework (Appendix 2) presents these theoretical models. If a top-down and bottom-up approach is adopted when implementing norms and standards in partial care facilities and ECD learning programmes, it will encourage the integration of ecological systems amongst all spheres of ECD service delivery. Furthermore, implementation of the Constitution (Republic of South Africa, 1996) and the Children's Act (No. 38, 2005) and Children's Amendment Act (No. 41, 2007), will entitle ECD recipients to enhanced ECD services, ultimately improving their educational ability and contributing to their holistic development.

2.3 Themes Linked to Objectives

The themes within this study relate directly to the Norms and Standards as regulated by the Children's Amendment Act (No. 41, 2007). Section 79 sets out the norms and standards regulating partial care facilities. Sections 93-95 then sets out the norms and standards regulating ECD Learning Programmes. The themes and objectives within this study relate directly to these guidelines.

2.3.1 ECD Practitioners Perceptions of the Effectiveness of Norms and Standards for Partial Care Facilities

Section 79 of the Children's Amendment Act (No. 41, 2007) sets out the 11 norms and standards for the registration of Partial Care Facilities or ECD centres (DSD, 2011). These norms and standards regulate the physical environment of partial care facilities (see section 2.1.2). The following literature highlights how norms and standards for partial care facilities, as regulated by the Children's Amendment Act (No. 41, 2007), are implemented at ECD centres nationally.

According to Ikamva Labantu, an organisation that assists with ECD centre registration, the minimum norms and standards pertaining to a centres' premises are often unfeasible and unattainable given the resources available to them (Ilifa Labantwana, 2016). They further state that many centres do not meet the minimum requirements as they operate in garages and backyards and have structures that are made of wood, plastic and iron (Ilifa Labantwana, 2016; Atmore, 1998).

ECD centres in impoverished communities are often characterised by poor infrastructure, the lack of running water and electricity, poor sanitation facilities and inadequate space (Atmore, 2013). They also lack resources such as tables, chairs, cupboards, carpets and facilities for the children to nap (DSD & EPRI, 2014; Atmore, 2013).

Altman (2008) argues that the current funding model for government-subsidised centres is inadequate and subsidised centres, as well as private and community run initiatives in poor communities, can barely cover their operational costs. This results in poorly maintained buildings and run-down equipment and resources (Biersteker et al., 2010 & DBE, DSD & UNICEF, 2010). Similarly, the HSRC found that supervisors attributed the lack of financial resources and inadequate equipment and physical facilities as the biggest challenge in providing quality ECD services (HSRC, 2010).

Although the research has identified the effectiveness of norms and standards as it pertains to the environment of partial care facilities in particularly poorer communities, there is little literature on the perceptions, experiences and extent to which these norms and standards are implemented in ECD centres with a higher socio-economic status.

2.3.2 ECD Practitioners Perceptions of the Effectiveness of Norms and Standards for ECD Learning Programmes

Section 93-95 of the Children's Amendment Act (No. 41, 2007) sets out the six norms and standards that need to be adhered to for ECD learning programmes (see section 2.1.2) (DSD, 2011). The following literature highlights how norms and standards for ECD learning programmes, as regulated by the Children's Amendment Act (No. 41, 2007), are implemented at ECD centres nationally.

With the focus of the study being on registered ECD centres, it is important to note that all registered ECD centres must register their curriculum with the DSD as part of the registration process (DSD & EPRI, 2014). For ECD centres that cater for pre-Grade R classes, the curriculum given to those registered with DSD is the National Early Learning Development Standards (NELDS), while the National Curriculum Framework (NCF) outlines the priorities and learning areas for the learning programme under these standards (Meier, Lemmer & Niron, 2015). For ECD centres offering Grade R classes, Curriculum and Assessment Policy Statements (CAPS) needs to be followed (DSD & EPRI, 2014).

Registration status of the centre thus infers that an effective learning programme is in place. It has, however, been found that ECD centres in impoverished communities often lack access to teaching and learning resources and equipment which affects the ability to provide learning programmes in accordance with minimum norms and standards (Atmore, 2013).

In the DSD and EPRI's (2014) national audit of ECD centres offering pre-Grade R classes, only 70% of registered centres, 71% of partially-registered centres, and 34% of unregistered centres had registered both their curriculum and learning programme with the DSD (DSD & EPRI, 2014). The statistics for registration of the Grade R curriculum painted a similar picture - whereby only 77% of registered centres, 85% of partially-registered centres and 74% of unregistered centres were using the correct curriculum (being the National Curriculum Statement). While uniformity levels appear relatively high, the gap prevents children from being able to follow a curriculum that is designed to prepare them with the necessary skills and background for formal education (DSD & EPRI, 2014). The particularly poor levels of curriculum registration (34%) amongst pre-Grade R, unregistered facilities, are similarly concerning.

The HSRC (2010) found that where minimum standards of learning programmes were met in Western Cape ECD centres, levels of quality varied - with the findings showing that infant and toddler classes were of a lower quality than those for older children. Registered, unsubsidised sites were found to have higher quality learning programmes when compared to unregistered centres, as well as registered, subsidised (or subsidy pending) centres (HSRC, 2010). However, learning programmes in both unregistered centres, and registered, subsidised centres, were no different in quality (HSRC, 2010).

Since unsubsidised, registered centres are more likely to include those that charge higher fees, have better resources and are situated in wealthier communities, this finding can be expected, however, learning programmes in subsidised, registered centres, do not necessarily have a higher quality programme than those in unregistered centres, despite receiving funding from the government.

According to the National Association for the Education of Young Children [NAEYC] and the National Association of Early Childhood Specialists in State Departments of Education [NAECS/SDE] (2002), effective learning programmes stimulate cognitive, physical, social and creative development. They make use of materials such as arts and crafts, music, blocks, beads, shapes, puzzles, dolls, animals, cars and books, and outdoor equipment such as jungle gyms, hula-hoops and skipping ropes (DSD & EPRI, 2014). They are evidence-based, goal oriented, and developmentally and culturally appropriate (NAEYC & NAECS/SDE, 2002). A successful learning programme builds on prior learning, experiences and knowledge gained from the home and community, and is inclusive of children with disabilities (NAEYC & NAECS/SDE, 2002).

Various studies, however, found that ECD centres lacked infrastructure that was suitable for children with disabilities (Human Sciences Research Council [HSRC], 2010; Atmore, 2013; DSD & EPRI, 2014). Furthermore, children with potential medical issues or disabilities were seldom identified and referred for assessment and treatment, indicating that holistic care was not prioritised, and families were not being referred to services that could assist (HSRC, 2010). The HSRC (2010) found that ECD centres lacked policies and procedures that accounted for children with disabilities and illnesses, which resulted in those with potential medical issues or disabilities not being identified and referred for assessment and treatment (HSRC, 2010).

According to the national audit on ECD centres which was conducted by DSD and EPRI (2014), 30% of registered and 33% of unregistered centres have learning programmes that account for children with behavioural challenges, while only, 28% of registered and 27% of unregistered centres have learning programmes that account for those with developmental delays (DSD & EPRI, 2014).

Children with learning disabilities are even less likely to be supported with only 22% of registered and 20% of unregistered centres having learning programmes that have such interventions in place. An even lower 6% of registered and 5% of unregistered centres have interventions to support children with mental disabilities, while 8% of registered and 7% of unregistered centres have interventions in place for those with chronic illnesses (DSD & EPRI, 2014).

The lack of appropriately qualified ECD practitioners also impacts on the centres' ability to implement norms and standards as they relate to ECD learning programmes. ECD centres in poor communities' often employ untrained, unqualified women who are willing to accept low pay (DSD & EPRI, 2014). Patel, (2009) and Loffell et al., (2008), found that smaller ECD centres who lack finances are less likely to employ appropriately qualified ECD practitioners, which in turn, impacts on the centres' ability to support children with disabilities.

The HSRC (2010), in their audit of ECD centres of the Western Cape, found that practitioners interactions with children were mostly positive and that overall, they promoted a warm climate in their classrooms. They also found that training opportunities were provided to ECD practitioners, and that support from government departments such as the DSD, was limited, but when provided, found to be greatly valuable (HSRC, 2010).

Additionally, it was found that the more qualified ECD practitioners were (in terms of training levels), the better the quality their learning programmes were (HSRC, 2010). According to NAEYC and NAECS/SDE (2002), ongoing professional development is necessary to enable practitioners to develop, select, implement and engage in ongoing evaluation of learning programmes and practices (NAEYC & NAECS/SDE, 2002).

2.3.3 Factors that Inhibit Effective Implementation of Norms and Standards for Partial Care Facilities and ECD Learning Programmes.

Poverty-stricken communities that have a lack of sufficient funding, often struggle to implement the norms and standards pertaining to both the partial care facility and the ECD learning programme. Since resources are limited in these communities, ECD centres struggle to meet the minimum norms and standards as their building structures are often made of

undesirable materials such as wood, plastic and iron and are situated in garages and backyards (Ilifa Labantwana, 2016; Atmore, 1998).

Altman (2008) argues that while a subsidy exists for registered ECD centres with NPO status, the current funding model is inadequate and that coupled with low fees and high operational costs, ECD centres barely cover the costs associated with maintaining buildings, equipment and replacing resources in line with minimum norms and standards (Altman, 2008; Biersteker et al., 2010; DBE, DSD & UNICEF, 2010). Since funding is only available to registered ECD centres who also hold NPO status (Parliamentary Monitoring Group, 2013), many do not benefit from the subsidy that can be applied for through the DSD. This is because they either do not meet the minimum norms and standards for both partial care facilities and learning programmes required for registration with the DSD, nor are they able to obtain and/or maintain NPO registration status due to extensive reporting requirements (The Housing Development Agency, 2014). Not meeting these two criteria excludes many ECD centres from receiving government support.

Poor financial, organizational and management systems also hamper the provision of services according to the norms and standards. Biersteker et al., (2010) and DBE, DSD and UNICEF (2010) found that ECD centres who are in receipt of a state subsidy, are often characterised by poor organisational and financial management systems. The HSRC (2010) also indicated that leadership and management skills played a vital role in the provision of quality management and administrative systems in ECD centres, and that adequate management and administrative systems were essential in the provision of quality ECD services.

The HSRC (2010) found that the quality of subsidised ECD centres in the Western Province charging less than R250 per month for fees, were no better than unsubsidised centres charging the same amount of fees (HSRC, 2010). The only difference in the provision of quality ECD services in centres charging less than R250 per month (whether subsidised or unsubsidised), was the quality of their management and administrative systems.

They also identified that in unsubsidised, affluent centres, the quality of management and administrative systems were better because parents paying higher fees insisted on a better quality services, while poorer parents were more concerned about placing their children into

centres that they could afford and that were in close proximity to their workplaces and/or homes (HSRC, 2010).

In a study looking at the working conditions of ECD workers in registered ECD centres in Mitchells Plain, participants indicated that DSD has extensive requirements that need to be upheld in the centre, which often results in the centre being unable to spend money on the resources that they need to implement quality learning programmes (Ross, 2017). Instead of utilising and maximising the support from the DSD, ECD centres feared visits due to what they viewed as constant criticism and extensive demands (Ross, 2017).

2.3.4 Support Structures that Exist to Assist ECD centres with Implementing Norms and Standards for Partial Care Facilities and ECD Learning Programmes.

The DSD remains a pillar to registered ECD centres with non-profit status upholding norms and standards through the provision of a subsidy per child/per day. Altman (2008), however, argues that the current funding model for government-subsidised centres is inadequate and subsidised centres, as well as private and community run initiatives in poor communities, can barely cover their operational costs (Biersteker et al., 2010; DBE, DSD & UNICEF, 2010).

ECD forums are a relatively new form of support within the ECD sector and have been established in different areas across Cape Town as an informal support network (City of Cape Town, 2015). They are informal support networks that are located in different areas which consist of representatives from local ECD centres and are established and run on a voluntary basis (City of Cape Town, 2015). Clampett (2016) found that ECD forums are a major resource for successful ECD facilities, in that they provide guidance and support for common issues that centres are experiencing by acting as a platform for voicing concerns and communicating with government, as well as developing solutions. ECD forums also allow practitioners to stay abreast of the latest ECD developments in the sector by sharing ideas, resources, training opportunities and information about potential donors (Clampett, 2016).

Families, communities, parents and guardians of the children at the ECD centres should be critical support structures to ECD centres. According to Jacobs (2008), teachers try to establish relationships with parents through a common technique known as an 'open-door

policy'. By informing parents about an open-door policy, they encourage parents to visit their classroom at any time and welcome communication with parents.

Furthermore, the lack of parental involvement greatly inhibits ECD centres' ability to execute norms and standards. Ross (2017) found that despite ongoing requests for parent's cooperation, they lacked commitment and involvement in their child's care and education. Similarly, in a study conducted by Heystek and Louw (1999), it was found that parents are not involved in their child's education because they are unsure of what their roles at home should be. Patrikakou (2008) however believes that the onus should be on the centre to create a positive relationship with the parents to make use of these relationships to drive support in terms of income generation, funding and learning support, and furthermore, need to do this through creating a positive, welcoming climate with adequate opportunities for the parents to be involved. At times, however, barriers exist because communication is sometimes only ever initiated with parents when a child is exhibiting problems. Some parents also shy away from engaging with ECD practitioners as they fear that their questions or criticism might disadvantage their child in the class (Patrikakou, 2008).

Smit and Liebenberg (2003) also found that parents feel as if teachers are qualified and are paid to be responsible for their child's education. Additionally, studies conducted by Myeko (2000) and Patrikakou (2008) indicated that the following factors hinder parental involvement: the lack of time, work commitments, finances, problems within the family and home environment, and parent illiteracy.

According to the HSRC (2010) parenting support was rarely offered to the parents of children in their centre, and never offered to parents in the greater community whose children did not attend their ECD centres. This is because centres in poorer communities felt as if they did not have the resources to do outreach work and furthermore parents and other members of the community were not informed about the minimum norms and standards so that they could apply influence on the centre to improve (HSRC, 2010).

While the literature speaks to various aspects of how norms and standards are implemented in poorer communities as it pertains to partial care facilities and learning programmes, there is minimal literature on how practitioners perceive and experience implementing these norms and standards in ECD centres that are situated in middle-class

communities. Furthermore, most research on the implementation of norms and standards were carried out in the form of audits, with its main aim to gather statistical data on programme components. While the findings from these programme components are useful, they do not provide an in depth understanding on how ECD practitioners experience implementing norms and standards and perceive its effectiveness.

2.4 Summary

This literature review has been able to give insight into how the Constitution (Republic of South Africa, 1996), the Children's Act (No. 38, 2005) and the Children's Amendment Act (No. 41, 2007) play a role in understanding the content in this study. Furthermore, the Top-Down and Bottom-Up Approach to Policy Implementation and the Ecological Systems Perspective were identified as theoretical lenses in which the phenomenon in this study can be viewed. Lastly, literature relating to the main themes of the study was also valuable in understanding the main research questions of this study.

CHAPTER THREE: METHODOLOGY

Introduction

This chapter outlines the methodology that was used when conducting the study. Mouton and Marais (1996) state that methodology are the measures needed to perform certain steps in the research process. This section will begin by looking at the research design, the population and sampling and the data collection approach and instruments. This will be followed by sections on data analysis, data verification, research limitations and reflexivity.

3.1 Research Design

Babbie and Mouton (2001) define research design as the intended research plan. The study adopted an exploratory qualitative design. According to Creswell (1994) qualitative research is used when one wants to make sense of experiences from the perceptions of those being studied. It does this through the process of narratives gathered by research participants and through trying to understand the meanings they offer. This design therefore allowed the researcher to elicit the meaning that ECD practitioners attached to their experiences in implementing ECD policies, thus providing a deeper understanding of the phenomenon.

3.2 Population and Sampling

The population of a study refers to a group of people who are important to the researcher due to a common denominator that they display (Babbie & Mouton, 1991). To define a population, one needs to stipulate a set of characteristics for the population of interest. The population for this study included all ECD practitioners at any registered ECD centre in Blouberg. These targeted ECD centres were all affiliated with the DSD through having registered with them and most were listed on their database of registered ECD partial care facilities in the Western Cape (Western Cape Government, 2018). In respect of the ECD practitioners', the population included any full-time, paid employee that was either in a management role, or was engaged in implementing the learning programme in an ECD centre

in Blouberg. They also had to be working at the centre for more than one year, be over the age of 18 years old, of any race and of any gender.

The sample, however, refers to a subset of the population that is used to represent the entire group (Babbie & Mouton, 1991). In this study, the sample included 20 participants from 18 different ECD centres who partook in in-depth, semi structured interviews. For the study to be effective and produce a variety of results, the aim was to focus on the different experiences that centres had, and thus the sample included as many practitioners from as many different centres as possible.

A non-probability, purposive sampling method was used when selecting the ECD centres, and similarly, the participants from each centre for the semi-structured interviews. According to Rubin and Babbie (1992), this technique involves the researcher selecting participants who they thought would be appropriate for the study. A non-probability, snowball sampling technique was also used when recruiting additional participants. Snowball sampling is when initial participants are approached to refer other potential participants that meet the eligibility criteria of the study (Rubin & Babbie, 1992).

The ECD centres were initially selected from the list of registered ECD centres in the suburb of Blouberg that are on the DSD's database of registered ECD partial care facilities in the Western Cape (Western Cape Government, 2018). There were 45 of these centres on the database that were in the designated areas namely Parklands, Parklands North, Tableview, Bloubergstrand and Sunningdale. All these centres were contacted telephonically and participation from the principal or ECD centre manager was requested. The researcher communicated her intentions of the study and listed the requirements in terms of the sample that she sought. The principal or ECD centre manager then informed the researcher of how many suitable participants the centre had and interviews with these participants were scheduled. Of 45 centres on the database, 30 were either no longer operating, were uncontactable, or declined participation. The researcher only managed to obtain 17 participants from 15 centres on this database. The researcher then purposively sought out additional participants through making use of snowball sampling. An additional three participants were obtained, making up the sample of 20 participants.

3.3 Data Collection Approach

Data collection clarifies the procedures to be employed when conducting research. This is done through specifying techniques and activities such as the data collection approach, the data collection instrument and the recording approach (Grinnell & Unrau, 2013). The data collection approach in this study entailed an in-depth face-to-face interview. An in-depth face-to-face interview, as described by De Vos et al. (2011), is when the researcher asks open-ended questions orally, while sitting in front of the participant. This approach was chosen primarily because the researcher has had lots of interviewing experience in her working environment and could build on these skills for research purposes. Additionally, because the researcher wanted to find out about the participants understanding and ability to implement norms and standards, this data collection approach was most appropriate in gathering the required information.

3.4 Data Collection Instrument

The data collection tool that was used is a semi-structured interview schedule. The semi-structured interview schedule is a list with guiding questions which need to be covered in line with the research objectives (De Vos et al., 2011). This tool was selected as it allowed the researcher to stray into areas that were beneficial to the study while simultaneously allowing the researcher to gain a detailed picture of the participant's views, observations and accounts of the topic, through the flexibility of the process for both the researcher and participant (De Vos et al., 2011). The semi-structured interview schedule acted merely as a guide but did not dictate the interviews.

3.5 Data Recording

The data recording apparatus that was used when collecting qualitative data through the semi-structured interview, was a digital recording device. This was used with the written consent of the participant and allowed the researcher to record all the information accurately from the interview for analysis.

3.6 Data Analysis

Data analysis is the process whereby patterns in the data are searched for, organized and structured, allowing for interpretations and conclusions to be drawn (Neuman, 1997). In this research study, the qualitative data was analyzed, reported and discussed. (Creswell, 2014).

In order to analyse the qualitative data, the researcher made use of an adaption of Tesch's (1990) eight steps as cited in De Vos, Strydom & Schurink (1998), whose process entailed the following:

1. The researcher began by reading through all of the transcriptions and made notes of any ideas that came to mind;
2. The researcher chose one interview and read it to try to make sense of the data in relation to the research questions, once again, writing down any thoughts in the margins;
3. After going through all transcripts, the researcher began to label these thoughts. This is also called coding. Similar labels were colour coded for easier identification;
4. These labels were grouped together and unpacked in a logical framework in terms of themes, sub-themes and categories;
5. The frameworks were then revised;
6. Once the framework was completed, the findings were written up as per the logical sequence laid out in the framework;
7. Actual quotes were used within each category of each different theme;
8. These quotes were compared and contrasted with studies from the literature review, while the researcher critically commented
(De Vos, Strydom & Schurink, 1998).

3.7 Data Verification

For the purpose of this study, Lincoln and Guba's (1985) model, as cited in De Vos et al. (2011), was used for data verification. Data verification refers to the processes involved in verifying the data of a study. The data verification process promotes trustworthiness in the study and makes it more valuable. Lincoln and Guba (1985), as cited in De Vos et al. (2011) identified the following four measures which must be used to verify the data:

Credibility refers to the internal validity of a study and occurs when the study's findings are congruent with reality (Lincoln & Guba, 1985 as cited in De Vos et al., 2011). Credibility was assessed as follows:

The adoption of well-established research methods such as the data collection and data analysis methods assisted in establishing credibility, as they were congruent with the research design and methods used in similar studies (Lincoln & Guba, 1985 as cited in De Vos et al., 2011).

Certain tactics were used by the researcher to promote honesty in informants contributing data. This involved giving participant's adequate time to read through the interview schedule, giving participants the opportunity to ask any questions about the study, and using interviewing skills to build rapport with the participant. The researcher was also available to answer any questions that the participant had, and the interviews were conducted in a language that was comfortable to the participants (Lincoln & Guba, 1985 as cited in De Vos et al., 2011).

Frequent debriefing sessions between the researcher and supervisor also occurred. In this study, the researcher made use of her supervisor's expertise, as she had extensive experience with research in this field (Lincoln & Guba, 1985 as cited in De Vos et al., 2011).

Detailed, evidence-based descriptions of the problem, such as through providing detailed, accurate and in-context quotes of the participants was done to assist with data verification and establishing credibility (Lincoln & Guba, 1985 as cited in De Vos et al., 2011).

Transferability refers to the findings of a study being meaningful because it can be transferred to other studies in similar conditions and settings (Lincoln & Guba, 1985 as cited in De Vos et al., 2011). Because there are certain boundaries within the study, such as with the centres geographical limitations, as well as the limited time available for the study to be completed, the context is particularly specialised, making it difficult to establish transferability. The researcher however, attempted to establish transferability through providing detailed, contextual information about the study's population, sample and

phenomenon under research. This enables the reader to have a proper understanding of the data, thereby enabling them to compare the occurrences described in the research report and make such transfers.

Dependability refers to the stability and consistency of data and findings over time (Lincoln & Guba, 1985 as cited in De Vos et al., 2011) and would mean that findings will remain the same if the study were to be repeated. Dependability was improved through the researcher detailing and thickly describing the research design, data collection methods, procedures and processes.

Confirmability evaluates the quality, neutrality and objectivity of the data (Holloway & Wheeler, 2002). The researcher attempted to establish confirmability through reviewing the raw and analysed data of the study; ensuring that the reconstruction of statements, themes, codes and categories were adequate; elaborating on the research process, designs and procedures used; and through careful development and use of the data collection instruments. (Lincoln & Guba, 1985 as cited in De Vos et al., 2011).

3.8 Limitations

This research may have certain limitations; however, it is important to note that the researcher is aware of them.

Incorrect interpretation of dialect or social cues may have limited the process of data analysis. Because South Africa is a culturally diverse country, various languages and dialects could influence the interpretation of the results. More specifically, based on the context wherein the study took place, participants responded in multiple languages – mainly English, Afrikaans, leaving a chance for misinterpretation. The researcher, being fluent in English and Afrikaans, tried to ensure that misinterpretation did not occur by asking participants to clarify anything that the researcher did not understand, as well as by summarising content that had been shared throughout the interview.

Another limitation of the study may occur as a result of the lack of suitable, private interviewing rooms within the ECD centre itself. Because some ECD centres were run within private homes, some qualitative interviews took place in lounges or informal open spaces.

The researcher attempted to solve this issue by asking other employees to leave the vicinity for the period of the interview, so that privacy could still be maintained despite the lack of adequate interviewing rooms.

3.9 Reflexivity

This research was carried out by a trained and qualified Social Worker and Social Policy and Management graduate, who is equipped with knowledge about the field of research, as well as with the required interviewing skills and awareness of her own perceptions and judgements. The researcher was thus guarded against any researcher biases that may have hindered the research process. Additionally, the researcher has lived in the Western Cape for many years and is familiar with the Blouberg area. Because Blouberg is such a diverse community in culture, language, dialect and socioeconomic status, the researcher had some difficulty capturing certain feelings, views and experiences of some participants. The researcher addressed this through interviewing different community members in the area who have had experience living and working in the Blouberg community.

Since the researcher has previously conducted research on ECD practitioners, she had to be aware that her knowledge of the previous results did not influence the way in which the current study's data was analysed.

Furthermore, the researcher lacked confidence in her ability to conduct an independent research study, as she has only ever conducted research that was formed in conjunction with her colleagues. This was the first time that the researcher undertook to conduct independent research. The researcher, however, equipped herself with extensive research and engaged in supervision and support throughout the process.

3.10 Summary

This section explored the methodology pertaining to this study. An exploratory qualitative design making use of both purposive and snowball sampling techniques were used in selecting participants. The study used in-depth face to face interviews with a semi-structured interview schedule and a digital recording device as its data recording tool.

Furthermore, Tesch's (1990) and Creswell's (2014) approach to data analysis was used and data verification examined in terms of Lincoln and Guba's (1985) criteria of dependability, transferability, credibility and confirmability. Projected limitations of the research were then discussed along with a section on the researcher's reflexivity.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF FINDINGS

Introduction

The following chapter presents findings from in-depth interviews conducted with twenty participants working at ECD centres in Blouberg. This chapter will begin by presenting a profile of the participants mentioned above. This will be followed with a framework for discussing the findings that will be presented according to the logical sequencing in the framework table. An in-depth discussion and critical argument of the main themes will then be presented in relation to the main objectives of the study and the literature review done.

4.1 Profile of Participants

Table 1: Profile of Interviewed Participants

Participant	Age in Years	Gender	Highest Qualification	Position at ECD Centre	Years at ECD Centre	Years in ECD Sector	No. of Children at ECD Centre	No. of Staff at ECD Centre	Suburb ECD Centre Located in
Participant 1	45	Female	ECD NQF level 4	Principal	7	14	31	6	Parklands
Participant 2	45	Female	Postgraduate Certificate	Teacher	10	18	90	13	Parklands
Participant 3	59	Female	Diploma	Principal	27	27	19	3	Table View
Participant 4	35	Female	Bachelor's Degree	Principal	1	1	65	11	Table View
Participant 5	40	Female	ECD NQF level 6	Principal	12	20	72	18	Parklands
Participant 6	38	Female	Postgraduate Diploma	Principal	4	16	25	3	Sunningdale
Participant 7	44	Female	Honours Degree	Principal	15	19	170	33	Parklands
Participant 8	41	Female	Diploma	Principal	17	18	170	33	Parklands
Participant 9	48	Female	Diploma	Principal	13	15	83	14	Parklands
Participant 10	34	Female	ECD NQF level 5	Principal	5	12	90	22	Parklands North

Participant 11	39	Female	Bachelor's Degree	Principal	17	21	16	3	Table View
Participant 12	27	Female	Honours Degree	Principal	1	10	72	13	Table View
Participant 13	54	Male	PhD	Principal	15	15	170	20	Sunningdale
Participant 14	32	Female	ECD NQF level 5	Principal	8	13	28	4	Parklands
Participant 15	46	Female	Grade 10	Principal	9	15	26	2	Table View
Participant 16	34	Female	ECD NQF level 5	Principal	12	15	94	14	Parklands
Participant 17	30	Female	Certificate	Principal	7	7	31	6	Parklands
Participant 18	47	Female	ECD NQF level 6	Principal	18	30	80	12	Table View
Participant 19	55	Female	Diploma	Principal	11	15	30	6	Table View
Participant 20	31	Female	Diploma	Principal	6	7	35	7	Table View

Table 1 presents the demographic profile of the participants who partook in the in-depth interviews. 95% of participants were females, in other words, only one of the 20 participants were male. The average age of the participants (mean) was 41 years. The youngest participant was 27 years old and the oldest participant was 59 years old. Nineteen of the 20 participants were principals of an ECD centre in Blouberg, while the other one was a teacher.

The participant's qualification levels varied: one participant held a Grade 10 certificate; one participant held an ECD NQF level 4 certificate; three participants held an ECD NQF level 5 certificate; two participants held ECD NQF level 6 certificates; 1 participant held another Certificate; five participants held a Diploma; two participants held a Bachelor's Degree; one participant held a Post-Graduate Certificate; one participant held a Post-Graduate Diploma; two participants held an Honours Degree; and one participant held a PhD.

Their years of ECD experience varied from one year to 30 years, with the average years of experience amongst the participants being 15 years. The number of years at their

respective ECD centres also varied with the least number of years being one and the most number of years being 27. The average years at the participant’s respective ECD centres were 11 years.

The number of children that the participant’s respective ECD centres had also varied from as little as 16 children to 170 children, making 70 children the average number of children who attended the respective ECD centres. The number of staff employed at each ECD centre also ranged from two staff to 33 staff, with the average number of staff employed being 12.

The ECD centres were also located within various areas within the suburb of Blouberg: 45% of the centres were located in Parklands, while 40% were located in Tableview, 10% in Sunningdale and 5% in Parklands North.

4.2 Framework for Discussing Findings

Table 2: Findings Framework

	Themes	Categories	Sub-Categories
A.	Norms and Standards for Partial Care Facilities	• Safety	
		• Monitoring	
		• Resources	
			• Finances
			• Time
B.	Norms and Standards for ECD Learning Programmes	• Benefits	
		• Curriculum	
		• Inclusive Learning Programme	
C.	Factors that Inhibit Effective Implementation of Norms and Standards	• Registration and Reregistration Process	
		• Economy	
		• Government Support	
D.	Support Structures that Assist with Implementing Norms and Standards	• ECD Forum	
		• Department of Health and Fire and Rescue Services	
		• Local Community	

4.3 Discussion of Main Themes

The following section will highlight the perceptions and responses of the participants in relation to the study's main themes.

It is important to note that the qualitative questionnaire was set up in a way whereby participants were not asked to analyse the effectiveness of specific norms and standards, but instead, elicited their perceptions on the effectiveness of the group of norms and standards as a whole as they related to ECD learning programmes and partial care facilities. This allowed the researcher to gain a clearer understanding of their knowledge about specific norms and standards, as well as how they perceived what contributed towards their effectiveness and inefficiencies.

4.3.1 ECD Practitioners Perceptions of the Effectiveness of Norms and Standards for Partial Care Facilities.

Section 79 of the Children's Amendment Act (No. 41, 2007) sets out the 11 norms and standards that regulate partial care facilities (DSD, 2011) (refer to section 2.1.2 of this report). This theme will be discussed in relation to the participants' perceptions of the effectiveness of these norms and standards under three key categories, namely Safety, Monitoring and Resources.

- **Safety**

Most participants indicated that norms and standards for partial care facilities were effective in that it was perceived to enhance the safety of the children in their care. They indicated that having minimum guidelines ensures that the risk to the child's safety is minimised and that their protection is enhanced such as through the provision of legislation which forces a centre to have to employ suitable staff, have facilities that are well maintained, and have policies in place that can protect children from abuse. Similarly, participants indicated that when the centre can show that they adhere to these norms and standards (through producing their registration certificate), parents are more likely to trust that the facility is safe and secure. The excerpts below illustrate the participants' perceptions of how

norms and standards for partial care facilities promotes protection and safety amongst their service recipients:

...With a safe and secure facility as well as trained staff, our children are assured of the best care. Parents can have peace of mind when leaving their children with us, knowing that they are being cared for in a safe and secure environment with staff who are trained to care for their children. The community will have a trusted facility to which children can be sent to for care...(Participant 4)

...I think it gives you structure in terms of that it's not just a teacher watching children do nothing. Uhm, you need to have proper facilities that are going to stimulate the children. That are gonna keep the children safe, that are gonna give the parents value for their money. And that's going to stimulate the teacher as well as the child. So if you have a proper programme in place, you know what you're looking at, you know where you want to take your children to.. we're not just aimlessly coming in and...you know. So it does help if uhm, the place is structured in a way that this is my classroom, that is my playground, that is the music room. Because ideally, I'm teaching my children to cope, you know. Ten, 20 years from now and you can't want to teach them things then, you need to teach those things now, so it does help when things are organized, when there's a strategy, when there's a plan. But first of all, it needs to be safe environment. It needs to be stimulating environment for the children and the teacher...(Participant 2)

Interestingly, the HSRC (2010) found that registered, unsubsidised centres were found to have higher quality learning programmes and infrastructure when compared to unregistered centres, as well as registered, subsidised (or subsidy pending) centres (HSRC, 2010). Since unsubsidised, registered centres (as with all of the participating centres in the study) are more likely to include those that charge higher fees, have better resources, and are situated in wealthier communities this finding can be anticipated. Participants indicated that adhering to norms and standards by having a sought-after infrastructure, facility and learning programme adds value to their centre as it promotes the safety and protection of their service recipients.

As with the top-down and bottom-up approach to policy implementation (Matland, 1995), one can see how the relationship between policy makers at the top and ECD centres and other implementers at the bottom, interact to enhance value to service recipients. Since the Children's Amendment Act (No. 41 of 2007) is a framework that is provided by top structures such as government policy makers and legislators whereby ECD centres must adhere, service recipients such as children, parents, and ECD employees can benefit from enhanced services. Furthermore, the ecological perspective also proves to be equally

important in understanding the findings, as it provides a framework of how the macro-system and the exo-system affect the way in which ECD policies and legislation shape the child's overall educational experience in the microsystem and mesosystem (Bronfenbrenner, 1979).

- **Monitoring**

While participants felt as if the norms and standards for partial care facilities were effective when implemented correctly, such as through promoting the safety of its service recipients, there are a number of factors that are perceived to compromise the way in which these norms and standards are implemented. One of these factors is attributed to the lack of monitoring processes.

They indicated that they receive little to no monitoring from the DSD, and furthermore, that when they are meant to monitor the implementation of norms and standards visit the property, they do not conduct a thorough inspection. They further mentioned that they do not physically inspect equipment, visit classrooms, conduct headcounts, nor count the number of potties amongst other examples. Participants also indicated that the only time the DSD comes to the ECD centre, is when they register or reregister and thereafter, they do not see or hear from them. Most participants also observed ECD centres non-compliance to norms and standards once they had submitted their documents and gained registration status. The participant's perceptions about the lack of monitoring is reflected in the quotes below:

...You have been told you can only have 28 kids in the class and that pushed to 35. So they come to us and go, we're not gonna look in your classroom. They measure and say we need to fill this. But nobody will come and actually say, 'right, you've been told that you can have 12 babies. Let's count how many you have.' There is no monitoring of that or regulation at all...(Participant 1)

...They don't even look. They literally just stand in front of the school and sign. They say 'I've seen this class.' But they don't realize there could have been a cracked tile. Something that is dangerous that could have happened in a month that could happen at any school. I'm not saying there is, but they need to check on that. Or what I did pick up at a previous school, the stairs were broken and wobbly. That's also something they need to check. Is it safe for the kids? Can they fall on their heads? So they have to check for safety but they don't. They just stand in front of the school and sign the piece of paper...(Participant 20)

Section 87 of the Children's Amendment Act (Act No. 41, 2007) states that it is a requirement that all ECD centres are registered. Section 79 states that registration can only be

obtained once the proposed ECD site is visited and an inspection conducted by both the social service practitioner from the DSD, and the environmental health practitioner. This is done in order to assess the condition of the building, the administrative and financial systems, the daily programmes and whether the norms and standards are met (DSD, 2011). Once the assessment is complete, a report completed and if compliant, the centre will be granted registration status – which is effective for five years (DSD, 2011). Section 87 further states that the provincial DSD must keep a record of all partial care facilities in that province, and these facilities need to be inspected regularly. As seen with the experiences of the ECD practitioners in ECD centres in Blouberg, regular inspections by the DSD are not occurring as they should, and furthermore, when those inspections take place, they are not being done effectively.

DSD and EPRI (2014), Atmore (2013) and Biersteker et al., (2010) state that ECD centres in impoverished communities are often characterised by poorly maintained infrastructure, equipment and buildings. In addition, there is a lack of adequate monitoring processes of these practitioners' working conditions and qualifications (Hyde & Kabiru, 2003, DSD & EPRI, 2014). Without adequate inspections and monitoring, ECD centres can place the child's safety and protection at risk, as they may be exposed to dangerous equipment and infrastructure, as well as untrained and unqualified practitioners who have inferior knowledge on the implementation of norms and standards (Patel, 2009, Hyde & Kabiru, 2003, Biersteker et al., 2010, DBE, DSD & UNICEF, 2010).

As with the first norm and standard for partial care facilities, ECD centres need to have a safe physical structure and as well as safe indoor and outdoor equipment (DSD, 2011). The fifth requirement states that every child under the age of three years should have its own potty that is disposed of and cleaned appropriately after each use. For children over the age of three years, there must be one washing basin and one toilet for every 20 children (DSD, 2011). Since participants indicated that these norms and standards are not inspected and monitored, one can see how the top down and bottom up approach to policy implementation (Matland, 1995) is useful in understanding the disconnect that can occur between policy makers and policy implementers, which in this case refer to the inefficiencies of the DSD to carry out ECD legislation.

Furthermore, the ecological perspective is also important in understanding the findings as it provides a framework of how the macro-system and the exo-system affect the way in which ECD policies and legislation shape the child's overall educational experience in the microsystem and mesosystem (Bronfenbrenner, 1979). When the implementation of policy is not effectively monitored, a disconnect between systems becomes apparent.

- **Resources**

Another factor that participants feel compromise the way in which norms and standards for partial care facilities are implemented, is the amount of resources that it requires. This category will therefore be discussed in relation to two main sub-categories, namely Finances and Time.

- **Finances**

ECD practitioners perceived implementing norms and standards for partial care facilities as expensive and therefore difficult to adhere to. Participants indicated that the cost of adhering to the requirements involved investing finances into maintaining the facilities on an ongoing basis. Participants stated that they were spending large amounts of money on replacing all windows with safety glass, putting extractor fans into their kitchen, replacing mattresses, painting, installing gates, changing taps, fixing paving, replacing toys, equipment and furniture and attending as well as sending staff on training. Participants also indicated that the registration and re-registration process in itself is expensive, as they often have to pay for professional services that will assist with the entire process to ensure legal compliance and complete and accurate implementation of the norms and standards. The following quotes best illustrate ECD practitioners' perceptions about the costs involved with implementing norms and standards for partial care facilities:

...Now security, like a little child proof friendly gate. You're looking at anywhere between R600 and R700. If we've just lost two kids last month, that like.. 'oh my goodness, oh my goodness' and we stress. So sometimes finances can get in the way but the thing is, you've gotta do it...(Participant 1)

...We physically paid someone to do it [the registration process]. That's been quite hectic for a little day-care it's quite hectic. But we're doing what we're doing. I'm not running it to make millions. So to charge me to park in my own driveway was a little bit of a knock to anybody's budget...Very costly. It was, its R20 000 for us to use the driveway which comes with the house. Uhm, then it was, it's R15 000 for someone to help you get the plans together and write your application for you. R5 000 to apply. It's like R650 for this and R650 for that. R500 for this, R450 for that. So it's, document and document, and then they need to come and assess the house and the owner of the property has to be here. So it's very, they make it so difficult...(Participant 14)

○ Time

Participants also perceived implementing norms and standards for partial care facilities as time-intensive and therefore challenging to adhere to. The findings indicated that most of the participants either did not have the time or staff available to effectively implement norms and standards, neither did they have the time to leave their centres to attend meetings and training on norms and standards, nor to follow up with the DSD on their re-registration status and administrative requirements. These participants' day-to-day responsibilities often included teaching, managing staff, assisting parents and other administrative duties. Participants also stated that their working hours were often from as early as 6 am in the morning to 6 pm or later in the evening, with very little time to ensure that anything other than the children in their care were being looked after and taught. The following excerpts best illustrate how participants experience time constraints when implementing norms and standards for partial care facilities:

...I mean I come to school, I'm here at 6 in the morning. I close up at 6 o'clock at night. Well I actually pick up my first staff member at 5:45 because she arrives at the bus at that time, and then we come in and we're here until 6 at night. Its mornings, its parents, it's to chat, its problems...it's you know, and then the day has to get started. I am needed wherever there's a problem, or wherever I need to slot in. So whether it be paperwork stuff, or whether it be a teacher absent or an assistant absent. Or we forgot to order bread. Or those are the things that I need to do. And I could say tomorrow I'm gonna go to social development. Tomorrow could be in 3 weeks time because every day there's something more important. And it shouldn't be like that but really, at that moment, in this school, your day is so busy, you don't have the time. And then when you do phone them. Well, if someone answers the phone, or they will put you through to the next person. They say they will phone you back and they never do...(Participant 10)

...Time is a very big constraint. Uhm, I find it very difficult to get all the admin prepped in a normal working day so I have to do things late at night or weekends to get things done. So it is very time consuming. Yes, after hours. There's no ways you

can do it during hours. Which is also a problem I found. A lot of departments only work during my school operating hours. It's very difficult to go back and sort out plans and do what has to be done...(Participant 11)

Interestingly, the findings coincide with the literature on ECD centres in poorer communities in that centres do not always have the resources (finances and time) readily available to implement norms and standards. According to Ikamva Labantu, an organisation that assists with ECD centre registration, the minimum norms and standards pertaining to a centres' premises are often unfeasible and unattainable given the resources available to them (Ilifa Labantwana, 2016). Altman (2008) argues that the current funding model for government-subsidised centres is inadequate and subsidised centres, as well as private and community run initiatives in poor communities, can barely cover their operational costs as well as lack resources to purchase basic equipment (Atmore, 2013; Biersteker et al., 2010; DBE, DSD & UNICEF, 2010; DSD & EPRI, 2014).

In the HSRC audit on a sample of ECD centres in the Western Cape, it was found that supervisors attributed the lack of financial and human resources, as the biggest challenge in providing quality ECD services (HSRC, 2010). They found that they were unable to purchase the necessary equipment and build adequate facilities, as well as attend training that would assist staff with implementing norms and standards within their ECD facilities that respond to children's' diverse needs (HSRC, 2010; NAEYC & NAECS/SDE, 2002).

Since access to learning materials are necessary for any successful ECD learning programme (DSD & EPRI, 2014), ECD centres who do not have the funds to purchase and maintain these resources may experience implementing norms and standards as costly and unobtainable. Similarly, Ross (2017) found that DSD has extensive requirements when implementing norms and standards in the centre, which often resulted in centres being unable to spend money on the resources that they deemed necessary for quality learning programmes.

As with the top-down and bottom-up approach to policy implementation (Matland, 1995) one can easily identify the disconnect that can occur between policy makers (top) and policy implementers (bottom). While extensive policy and legislation exists to enable ECD centres to function optimally, factors on the ground, such as the lack of resources such as finances and time, make implementing norms and standards challenging.

Furthermore, the ecological perspective also proves to be valuable in understanding the findings, as it provides a framework of how the macro-system and the exo-system affect the way in which ECD policies and legislation influence the practitioners overall teaching experience in the microsystem and mesosystem (Bronfenbrenner, 1979). When ECD practitioners do not have adequate resources such as finances and time available to implement policy and legislation on the ground, one can see how the child's overall educational experience may be affected. As with the top-down and bottom-up approach to policy implementation (Matland, 1995) one can easily identify the disconnect that can occur between policy makers (top) and policy implementers (bottom). While legislation such as the norms and standards for partial care facilities exist to enhance the value of the facility and service recipients, factors on the ground, such as the lack of resources and finances, compromise the way in which they are implemented.

4.3.2 ECD Practitioners Perceptions of the Effectiveness of Norms and Standards for ECD Learning Programmes.

Section 93-95 of the Children's Amendment Act (No. 41, 2007) sets out the six norms and standards for the registration of ECD learning programmes with the DSD (refer to section 2.1.2 of this report). This theme will be discussed in relation to the participants' perceptions of the effectiveness of these norms and standards under three key categories, namely Benefits, Curriculum and Inclusive Learning Programme.

- **Benefits**

Participants indicated that norms and standards for ECD learning programmes had multiple benefits for the children in their care. They found that having minimum guidelines whereby ECD centres needed to align their learning programmes to, ensured that the social, emotional, sensory, spiritual and cognitive development of the children in their care were enhanced and that all children exposed to ECD learning programmes realised their full potential. It was also found that implementing norms and standards for ECD learning programmes cultivated diversity, respect and tolerance amongst children and parents of different background, languages, religions, and educational needs. The following quotes

illustrate how ECD practitioners experience enhanced value through norms and standards for ECD learning programmes:

...Okay, for me the value in number one is the protection of the child. So it gives the child a safe place to be, because they spend most of their time here. So for instance, if they can be fed, they can be loved. They can be nurtured. They can be looked after. They can be taught. They can socialise. They can develop on all the levels, cognitively. So their cognitive development can actually reach its full potential. Because it's foundational. Like where we are, this is the most important phase – time-in a child's life. So if a school is gonna do it wrong, they're gonna mess that child up, you know, it is like that. They have to do it correctly. But I think they need to think out the box as well and all the standard norms and conditions and terms that we all have to meet and all the inspectors come around and we get our ticks – that's not enough. So for me, the value is adding value to the child's life. So don't just do what you're meant to do legally, you've got to do more. You have to do more than that. You're dealing with children. Different types of children, you're dealing with their parents, you're dealing with the different types of communities that they come from, everyone is different. This is more so family than a business. It's not just your silly little CAPS that your children are on, it's educating them in different ways. It's educating the families...(Participant 1)

...We've had children with special needs. We've had children with different religions and cultures. We obviously respect and obviously tailor our programme and also XXXXXX, she takes it according to 2 little groups. So she differentiates her learning. So it's not even really like, age, but more milestones. So these children are more able, these children are less able. So she works in smaller groups...(Participant 6)

The benefits of an effective learning programme correlate with various literature, whereby it is found that learning programmes with clear goals and that are developmentally and culturally appropriate, ensure cognitive, physical, social and creative stimulation and development by encouraging exploration, thinking and inquiry (NAEYC & NAECS/SDE, 2002; EFA Global Monitoring Report, 2007; Clampett, 2016). A successful learning programme also builds on prior learning experiences and knowledge gained from the home and community and is inclusive of children with disabilities and who speak different languages (NAEYC & NAECS/SDE, 2002). Effective learning programmes ensure that there is structure, that the content is based on theoretical knowledge and expertise, while making use of play activities, numeracy, literacy, reading, writing and life skills (EFA Global Monitoring Report, 2007; Atmore, 2013).

As with the top-down and bottom-up approach to policy implementation (Matland, 1995), one can see how the relationship between those who establish the norms and standards

for the learning programmes at the top and those ECD centres and practitioners who implement them at the bottom, interact. Since the norms and standards for ECD learning programmes acts as an ideology rather than a checklist, it can influence centres' learning programmes as opposed to dictating it – which improves synchronicity between the top and the bottom and enhances services.

- **Curriculum**

While participants indicated that having norms and standards for ECD learning programmes were beneficial to children, they felt as if there were several factors that compromised their effectiveness. One of these factors is attributed to their experiences with the curriculum. To begin with, participants stated that the curriculum changes continuously which poses various challenges. Firstly, having to train staff on the new requirements and format of the curriculum is costly and requires training sessions which ECD practitioners do not always have the time and financial resources to attend. Furthermore, participants stated that the ongoing changes to the curriculum and the difficulties that ECD practitioners experienced in implementing them, often resulted in different ECD centres following different curriculums.

Additionally, due to the lack of monitoring by the DSD (as discussed in section 4.3.1), participants felt as if the norms and standards for ECD learning programmes were upheld differently in different ECD centres and that the monitoring of these differences was not prioritised by the DSD. The following excerpts illustrate ECD practitioners' perceptions about their experience with the curriculums:

...The learning programmes. It drives us insane. For I think about 2 years, they were nagging us, because this whole programme they were doing... I can't even think what it is. National Early Learning Development Standards, or something like that. So I take forever. A month. And I plan and prepare work and all that.. outcomes and this and that. Every single theme, every single topic, every single activity. The outcomes, age group.. bla bla bla. And then they say, 'you gotta change it now.' I even have my [unclear] certificate! What do I do with it? Do I pull it out my ass? It's useless. So I've gone through all that trouble, and then you know what? Oh no, not everyone is able to do that. Let's try this. So there's a new one and I couldn't actually be bothered until they bring it up and make it law or whatever. I'm not doing it anymore. There's new things constantly then a couple of years ago I think you needed like a university degree to become a Grade R teacher or...and then they said, you know what? Not everyone can do that! You only need up to NQS level so and so. So that'll be okay.

You know? One of the schools I knew had to let go of their teacher because she wasn't qualified enough to be the teacher. That's one thing that annoys me is that, we're the ECD facilities. Yes, we're learning and, you know, I've bought a lot from the UK when I was working there...so my standards are very high as far as what I'm expecting and what we're doing learning-wise. My child is in another school and he is pre grade R now. And the teacher wants to know how is his writing and tracing of letter? And she says, oh no we only introduce that in Grade R. Are you insane? We introduce just tracing, they don't need to know what it spells! Tracing of their name and things like that you know? So not everyone is following the same thing which frustrates me...(Participant 5)

...I think the only problem is if they were to offer training on the new, uhm, standards and norms, like they did in the past. It was 5 days during school holiday. But what they don't realise is most ECD centres do not close. We don't have school holidays, we only close in December. And staff work 5 days a week and an 8 hour day. When are they supposed to do this training? Luckily because I'm so invested in my business and my staff, I will take 5 days off work and go and sit there but what about those people who don't take 5 days off because they have to watch their staff? It means that that information is not being implemented anywhere!...I have a car that can drive there and drive home. They gotta catch two taxis and a bus and a train. Get there and sit there for 5 days. Who's looking after the children at the school? They might be the teacher and the principal!...(Participant 9)

These findings agree with the literature on the topic. The HSRC (2010) found that where learning programmes met the minimum norms and standards, there were substantial differences in the quality of these programmes across different areas, different registration statuses, different ECD types and those with different funding sources. DSD & EPRI (2014) found that in pre-Grade R classes only 70% of registered centres, 71% of partially-registered centres, and 34% of unregistered centres had actually registered both their curriculum and learning programme with the DSD, confirming the degree to which the curriculum being implemented at different ECD centres vary (DSD & EPRI, 2014). The statistics for registration of the Grade R curriculum painted a similar story - whereby only 77% of registered centres, 85% of partially-registered centres and 74% of unregistered centres were using the correct curriculum (DSD & EPRI, 2014). These national findings are similar to that of the HSRC (2010) who found that the quality of learning programmes in Western Cape ECD centres were lower in pre-Grade R classes than in Grade-R classes.

Furthermore, when looking at the profile of participants (see 4.1), it is important to note that they held varying levels of qualifications, as well as various years of ECD experience. The lack of unqualified, underqualified and unexperienced practitioners running

ECD centres are of concern, especially since they indicated that they did not think that they had sufficient input in relation to curriculum issues.

As with the ecological perspective (Bronfenbrenner, 1979), these inconsistencies cause a disconnect between systems which increase the service delivery gap and prevent children from being able to follow a curriculum that is designed to prepare them with the necessary skills and background for formal education, ultimately affecting their overall educational experience.

- **Inclusive Learning Programme**

Another factor that participants felt compromised the way in which norms and standards for learning programmes were implemented, is its ineffectiveness in incorporating a learning programme that is inclusive of children with disabilities. While participants indicated a willingness to incorporate an inclusive learning programme, they stated that they were not equipped to do so and did not have adequate knowledge, training, resources, finances or support. They further stated that because they are already struggling to finance their day-to-day operations, they are unable to cater for special needs children in that they cannot afford to employ appropriately qualified and trained teachers. They also indicated that while they could only afford to employ a minimal number of staff in line with the teacher to child ratio, the ratio itself is in fact, too low, and does not consider the demands of a child with barriers to learning. Participants highlight their challenges with implementing an inclusive learning programme in the excerpts below:

...You go into a classroom. I've got 3-12 months. I have 4 teachers in there. Because 2 is not gonna cut it! And I have to go in there sometimes because babies are fussy. They're teething. And I'm not saying they have to be quiet all the time. Yah they're gonna cry, but... 1 to 6. Can you feed 6 babies at one time? Not a chance! And then toddlers. It's even worse! They're running around, biting, pushing, pinching. 6 people. No. so some of them, yah. And then they go on to the other extreme where you have to have, uhm, forms for HIV policies and disability policies. My biggest one is the disability one. So you write a policy only because they need it. But you state 'I am not capable of having children with disabilities in my school.' Physical disabilities. That is. I'm not asking to have wheelchairs come in here because I know I can't. We're not equipped for it. But I need to have a policy for it?...(Participant 10)

...Especially the child teacher ratio. I think, you're sitting with classes where you're dealing with a teacher and an assistant with, in your 3-4, 4-5 class. 24 children in a class. So that's 12 – 1. Uhm, on paper it makes sense but in practice, especially now that you're dealing with a whole lot more of children dealing with barriers to learning. And you have to deal with that on top of the other 23 children in the class. Teachers in the ECD sector, they're not really trained to deal with inclusive education however you are expected to deal with it. Only once you get to your BEd, and those qualifications do they really delve into it and pay you more....And that's when you leave children behind for a matter of speaking. Because how do you bridge that gap if you're not trained to do that. And that specific child could take up as much as 2-3 other children spaces just by the needs that they have...(Participant 16)

As per sections 94(2) of the Children's Amendment Act (Act No. 41, 2007), where the norms and standards for ECD learning programmes are listed, it is a requirement that ECD centres be accessible to vulnerable children as well as children with disabilities (DSD, 2011).

As with the DSD and EPRI's (2014) national audit and the HSRC (2010) provincial audit of the Western Cape's ECD centres, it was found that the majority of ECD centres (across all registration statuses and across all provinces) did not have learning programmes which supported children with disabilities (HSRC, 2010; DSD & EPRI, 2014). They also lacked knowledge of community resources and appropriate protocol for referrals to treatment and supportive services (HSRC, 2010).

According to NAEYC and NAECS/SDE (2002), ongoing professional development is important to any successful learning programme and crucial when dealing with children who have barriers to learning (NAEYC and NAECS/SDE, 2002). The HSRC (2010) found that the more qualified ECD practitioners were, the better quality their learning programmes were (HSRC, 2010). The adverse too, is correct, as it relates to unqualified, untrained ECD practitioners. Patel (2009) and Loffell et al., (2008), found that smaller ECD centres who lack finances are less likely to employ appropriately qualified ECD practitioners, which in turn, impacts on the centres' ability to support children with disabilities.

As with the top-down and bottom-up approach to policy implementation (Matland, 1995) one can easily identify the disconnect that can occur between policy makers (top) and policy implementers (bottom). While extensive policy and legislation exists to enable ECD centres' to enhance the educational experience of the child through promoting inclusivity,

factors on the ground, such as the lack of resources, capabilities and qualified staff, make implementing policy and legislation challenging.

4.3.3 Factors that Inhibit Effective Implementation of Norms and Standards for Partial Care Facilities and ECD Learning Programmes.

While participants felt as if the norms and standards for partial care facilities and learning programmes were effective when implemented correctly, there are a number of factors that are perceived to compromise the way in which these norms and standards are implemented. This section will be discussed in relation to these factors by means of three key categories, namely Registration and Reregistration Process, Economy and Government Support.

- **Registration and Re-registration Process**

Participants indicated that the initial registration and re-registration processes were amongst the biggest challenges that they faced when it came to implementing norms and standards within their ECD centres. Firstly, it was found that the process was extremely difficult, expensive and took considerably long, some even up to four years - this mainly due to poor administrative processes from the DSD. Participants indicated that their registration forms and supporting documents would continuously get lost, that they would need to follow up with the DSD on the process of the application on an ongoing basis, and still, would not receive any feedback. Furthermore, they stated that they received little to no support from the DSD and that they were not provided with any guidelines or procedures on the process nor any contact details of representatives that could assist them. Many also struggled with obtaining zoning clearance mainly due to challenges with earth addresses, parking restrictions, building plans, and paperwork from property owners when the building was leased. The difficulties that ECD centres faced in obtaining their registration and re-registration certificates proved to be a great challenge. Their difficulties with the process is illustrated in the quotes below:

...It was lengthy in the beginning because uhm, the health department were fine.. It was the other department like Social Services were shocking. The forms got lost all the time and then to register for land use departure, I think it took me about 3 years to get that done, because of paperwork going missing all the time...(Participant 3)

...Okay so, we have two dilemmas here. We have 1 which is a municipal dilemma with the Blouberg municipality, and we have Social Development. Now unfortunately Blouberg municipality does not like ECDs. They will tell you they do. I'm telling you categorically they do not. They would prefer us to be in an industrial area where we are away from residential because it presents a whole lot of challenges. One is that most schools don't have ECD zoning, or placement instruction zoning. What they do have, is what we call 'consent use.' So consent use allows us to deviate from the departure that the school has. So for example, it might be classified or zoned as a single residential. Consent use allows us to operate as a placement structure under consent in terms of the [unclear] requirements in terms of the municipality. The challenge with that is that it's a bit of a chicken and the egg because the Department of Social Development won't register you until the municipality has given you the go ahead. The municipality usually doesn't want you to do it unless Social Development is aware. So it's a bit of a chicken and the egg but normally what we do is, we try and get consent from the municipality and then go to Social Development, register with their form 20a, b and all the rest of that, 16 and do all of that and get compliant and make sure that we're done. Now the challenge with Social Development comes in from the fact that they are incompetent. They do not know what they are doing. There is absolutely zero feedback. The MEC, and we have an ECD counsellor in Cape Town called, used to be called XXXXX I don't know if she's still there. We never hear from her. She doesn't exist. Between the municipality and Social Development, they have very hardworking social workers, but the top structure in terms of regional and going to MEC level etc., are clueless. We have a requirement in law that says if we submit an application to you, that application has to be signed by the minister within 6 months. That's a proclamation in law. That's not what I want, that's what the law says. It never gets done. You wait 2, 3, 4 years before we get a registration done...(Participant 13)

These findings echo what the literature indicates, such as with the HSRC (2010) who states that ECD practitioners experience limited support from government departments such as the DSD. Furthermore, according to Ikamva Labantu, ECD centres that operate in undesirable settings such as garages and backyards, often do not meet the minimum requirements in terms of the building's structure, which poses a huge challenge in terms of gaining zoning clearance (Ilifa Labantwana, 2016; Atmore, 1998), ECD centres in more affluent areas such as Blouberg experience similar challenges with zoning – these are mainly due to the administrative inefficiencies of the DSD.

As with Matland's (1995) top-down and bottom-up approach to policy implementation, while extensive policy and legislation at the top exists to enable ECD centres to function optimally, factors at the bottom, such as the complicated processes involved with gaining and maintaining registration status and the administrative inefficiencies, hinder ECD centres' from effectively implementing norms and standards.

- **Economy**

The findings also indicated that external factors such as the local economy posed a huge threat to how effectively ECD practitioners could implement norms and standards. Participants stated that increasing cost of living resulted in a decreasing number of children at their centre as well as an increasing number of children who could no longer afford to pay fees. This increasing cost of living also places pressure on parents in the workplace who cannot afford to take leave or stay at home when their children are sick, which puts centres in a difficult position when having to implement norms and standards as it relates to policies and procedures for children who are sick. Since most of these ECD centres themselves, are struggling financially, this impacts on the amount that they can pay their staff. Low salaries mean that staff cannot afford private medical treatment and have to rely on state medical services when they or their children are ill, which often means a day missed at work. The following excerpts illustrate how ECD practitioners perceive the impact of the economy on their ability to implement norms and standards:

...Sickness. Illness. Disease. Parents don't adhere to the rules and regulations that the school has. If the child is sick just keep them home for 24 hours...Because the parents are battling to take time off work. So they get X amount of days leave. Then they go into unpaid days. We get that whole thing. But the thing is, we need to protect 31 children. You need to just protect your one child for 24 hours please. But no...We've lost kids because of that. It affects us financially. How long do we wait... Germs spread so quickly. And the parents do get antsy with us when we call and say 'you need to come pick them up' and they do get antsy with us. 'Oh my child's temperature is only 38 and a half, no that's not high. Two kids have convulsed. Please come because I'm not going to the hospital again with another child...because their boss is coming down on them. It's a huge ripple effect...(Participant 1)

... have another staff member who every once a week, there's something. Oh you know, her child is absent, or this or, she got another bus ticket and stuff. and I give second chance, second chance, and it ends up reflecting badly on my business. I feel so blessed I can get in the car and go. Take me child to hospital, and I don't have to sit in the clinic in a line. That's kind of how I ... and then I get grief at the end of the day...(Participant 5)

While provisions are made by section 27 of the Basic Conditions of Employment Act (BCEA) (No. 75, 1997) which allows for three days of family responsibility leave to be taken if your child is sick, and 30 days of sick leave every three years to be taken if the employee is sick, literature has indicated that the economy still plays a role in the implementation of norms and standards. The HSRC (2010) identified that in unsubsidised,

affluent centres, parents paying higher fees insisted on better quality services, while poorer parents were more concerned about placing their children into centres that they could afford and that were near their workplaces and/or homes (HSRC, 2010).

Furthermore, as with the findings above, the literature indicates that the economy has an influence on the extent to which parents can be involved with implementing norms and standards. Research conducted by Myeko (2000) and Patrikakou (2008) found that the lack of time, work commitments and finances limit the extent to which parents are involved with their child's education.

Through the lens of Bronfenbrenner's (1979) ecological model, one can see how exosystems such as the political and economic environment, as well as legislation such as the BCEA (No. 75, 1997) and norms and standards within the Children's Amendment Act (No. 41 of 2007) impacts on mesosystems such as the parents and similarly, ECD practitioners place of employment and in turn, influences the parent-child relationship and the parent-centre relationship.

- **Government Support**

Most participants found that the lack of support from government and more specifically, as it relates to financial support and resources, made implementing norms and standards challenging. They indicated that there was no funding available to privately run ECD centres that were not registered as Non-Profit Organisations (NPO's) or who catered for pre-Grade R's. Furthermore, most participants felt unsupported in that government did not provide them with resources such as access to free or subsidised training that could assist them with implementing norms and standards in their centres. The following excerpts illustrate how the lack of government support impacts on the ECD centres ability to implement norms and standards:

...but I think the government should, whether you're an NPO or you're anything like that, I just think, like ECDs, they're all privatised. I wish there could be a way where we could be private but we could also have support of the government. So there are skills development programmes that are implemented – everybody could go to them. You know, also for instance, like us. We very small. So if we lose 1 or 2 kids, financially it knocks us like you cannot believe. Next door is huge, and she's got the other campus. We offer two totally different setups. An ECD and a small day-care. I

think if we could try and get some form of, for the smaller day-cares, of like a government grant, I think it would help us as well because, that is, providing you are offering something really good as well. But we help learners and when they can't afford it they just up and leave...(Participant 1)

...And all I'm asking is geez Government. Just help us! Government has a scheme in their finance department, that you can get resources for ECDs but only if you're an NGO. And I'm going, excuse me! Only if you're an NGO? So what if in Du Noon there's no NGOs? Maybe there's 1 or 2, but the rest are not NGOs, they can't get resources now? What nonsense is that? Why? Why can't they get it? And you see in the paper, you get it, it's a file! So you've got all these things that are available. I understand you need checks and balances, but sheesh, you make it so complicated!...It is not gonna happen! These guys here have zero-education, these principals in the informal settlements have zero-education, some of them can't even read English properly, they are now being expected to fill out a finance document like that for the City of Cape Town? Please man, that's never gonna happen! So they don't get the resources, so they come to me! Have you got any this? Have you got any that?...(Participant 13)

Registered ECD centres who are registered as NPO's are eligible for a subsidy per child/per day (Parliamentary Monitoring Group, 2013). Many ECD centres, however, either do not meet the minimum norms and standards for both partial care facilities and learning programmes required for registration with the DSD, nor are they likely to obtain and maintain NPO registration status due to extensive reporting requirements, ultimately resulting in them losing their NPO status (The Housing Development Agency, 2014). Not meeting these two criteria excludes many ECD centres from receiving government support.

Learning programmes in both unregistered centres and registered, subsidised centres, were no different in quality despite the latter receiving funding from the DSD (HSRC, 2010). This highlights the shortfall in the funding model for government support in that it does not reach unregistered, nor privately and community run centres that do not hold NPO status (Altman, 2008).

4.3.4 Support Structures that Exist to Assist ECD centres with Implementing Norms and Standards for Partial Care Facilities and ECD Learning Programmes.

This section will be discussed in relation to three key categories, namely ECD Forum, Department of Health and Fire and Rescue Services, and Local Community.

- **ECD Forum**

Participants considered the local Blouberg ECD forum to be a big support structure that assisted them with implementing norms and standards. This forum is voluntary and provides support to ECD principals in the area who are facing various challenges when it came to implementing norms and standards. The forum meets regularly and helps centres with registration difficulties, filling out application forms, building plans, and has information sharing sessions on things like playground safety, curriculum changes, available courses, and furthermore, acts as a direct connection to the DSD with any changes that the centres need to implement. The ECD forum also provides members with a space wherein they can voice their concerns and difficulties and get help from one another. They also assist unregistered ECD centres with registration. The following quotes illustrate ECD practitioners' experiences with the ECD forum:

...we belong to a forum and we are very fortunate that we have a chairman who is working closely with Department of Social Development and Grassroots. We have a connect with them uhm, through our chairman. So you know if there are any major [issues] there are no annual fees. There's nothing. So basically, we are all the principals of the ECD centres and we meet once a month and it's quite informal. I think there's about 20 -30 members there on any given month. Because we have a lot of ECDs in our area. Uhm, I think the information that we get there is invaluable in terms of delivery because like I said, nobody has ever contacted me to tell me, you know. Do you know your school needs to be registered? I hear it via the forum. So they will often have departments come and present at the forum meetings. So even for example, they're having a boost immune thing from the clinic, type of thing. They'll have a representative from the clinic to come and tell all the principals, this and we're running this campaign and we're doing this. So the school still independently deal with Grassroots for example. But if they are not getting joy from Grassroots then they will go to our chairman and say 'listen, I'm not getting any joy from Grassroots, I've done this. I've sent this email and they haven't responded yet. He will jump up and say, 'come guys, we're supposed to have this open line of communication, what's happening to this clients file?', you know. So the schools still independently have to do their own thing. They don't do it or us. You still have to put your own eggs in the basket, you know. It's just when there's no follow through because the idea is collectively, you have a bigger voice as opposed to one little crèche going 'help me! Nobody is coming! ...'(Participant 9)

...greater forum for registered educare centres and its run, our chairperson is XXXXX, who is the principal of XXXXXX. So he helps us to follow the procedure of going to City Planning, getting all your documents in order. Then doing your health, your fire certificate and all those things... (Participant 15)

While the concept of ECD forums are still relatively new, limited research exists which examines the level of support that they bring to ECD centres. The City of Cape Town (2015), however states that it has been established as an informal support network to all ECD centres in their respective areas and create a space for support, learning and discussion. These networks of ECD centres allow practitioners to easily network with colleagues in the same area, and furthermore, provides a meeting space where government sectors can share various information and be given feedback on different issues that arise (City of Cape Town, 2015). Clampett (2016) also found that ECD forums are a major resource for successful ECD facilities, in that they provide guidance and support for common issues that centres are experiencing by acting as a platform for voicing concerns and communicating with government, as well as developing solutions. ECD forums also allow practitioners to stay abreast with the latest ECD developments in the sector, by sharing ideas, resources, training opportunities and information about potential donors. Overall, the findings demonstrate that the benefit of ECD forums is the potential they have to uplift the standard of ECD centres in communities through learning from each other and working as a group (City of Cape Town, 2015; Clampett, 2016).

ECD policy in South Africa does not consider local support structures such as ECD forums, despite practitioners considering them an important resource. The top-down and bottom-up approach to policy implementation (Matland, 1995) thus highlights the importance of creating policy and legislation that considers local support structure as a way of implementing norms and standards.

- **Department of Health and Fire and Rescue Services**

Participants considered the Department of Health (DOH) and the Fire and Rescue Services instrumental support structures in the implementation of norms and standards within their centres. They indicated that the Fire and Rescue Services assisted them with fire extinguishers, signage, conducting fire drills, and furthermore, provided them with guidance and information regarding gaining their fire clearance certificate – which is required for an ECD centre to maintain its registration status. Additionally, the DOH were found to be exceptionally reliable in terms of conducting regular inspections of the centres – anywhere between every two weeks, to every three months. These inspections assisted ECD practitioners with implementing norms and standards as health inspectors wrote reports with

specific health issues that needed to be addressed so that the centre could ensure compliance. The following excerpts illustrate ECD practitioners' experience with government departments such as the DOH and Fire Department:

...So the Department of Health and Safety, they're the ones who come randomly. They've been here three times already. And then the other department has only come out twice because I needed to get a certificate of fire clearance from them. So the fire captain of Milnerton came, he inspected the facility and told me I needed to move signs around. Then he emailed me. He was amazing actually. He came on the same day that I called him to come out. I thought I was gonna need to make an appointment and that type of thing but he came on the same day, inspected. Just told to get two extra exit signs and then I'd be compliant and then came again and brought me my certificate. He was really awesome. He checked the date of the expiration of the fire hoses and extinguishers and everything. Yah...No that's one department, I just checked. The department of Safety and Security, Fire and Rescue. So the Health Department, this is what she does, she inspects our kitchen, our toilets, our play area and she makes notes on everything. And that's with every visit, she gives us a report like this. They've really been on top of it this year...I can see the difference, really. Even chatting to another principal at a school in Du Noon that I'm at, when she went through the registration process, she was telling me she was having difficulty with the Fire Department because it takes them a while to come out. But when I called he came the very same day. He even emailed me the list of things he asked me to change. Like silly things he didn't need to do. The hose reel was on the other side, and he said, take it off and move it but he put it all in email for me. Then he came personally and brought me the certification himself. So very helpful...(Participant 4)

...We've got the fire inspector to come in to do that which is not a problem. That's what we do anyway. But we had our stuff checked before. Uhm, they think, then there was the Health Department, XXXXX. We have a very good relationship with XXXX. She comes here roughly every 4 months to check the property. She was very efficient. From everybody I've dealt with, XXXXX with the national Health Department has been incredibly efficient...(Participant 12)

In line with the findings, the DOH and Fire and Rescue Services appear to be compliant in terms of the legislated requirements. Section 80 of the Children's Amendment Act (Act No. 41, 2007) states that it is a requirement that all ECD centres are registered, and furthermore, in order for registration to occur, the ECD centres need to obtain a health clearance certificate from the DOH. This health clearance certificate means that an environmental health practitioner has inspected the physical condition of the building as well as whether the norms and standards for partial care facilities are met and a report compiled (DSD, 2011). Section 87 further states that all partial care facilities need to be inspected regularly. These inspections appear to be happening in ECD centres in Blouberg.

As with the ecological perspective, one can see how structures in the exo and meso systems such as the DOH and the Fire and Rescue Services - impacts on the micro systems in the way in which ECD practitioners are able to effectively implement norms and standards in their ECD centres (Bronfenbrenner, 1979). With the guidance and support from departments such as the DOH and Fire and Rescue Services, ECD centres can ensure compliance with norms and standards, thus promoting the safety of the children in their care.

- **Local Community**

Participants viewed the local community to be a great support structure when it came to implementing norms and standards within their centres. The local community that ECD practitioners referred to, consisted of parents and businesses who would support the centre by giving their second-hand toys and equipment and support fundraising events and loyalty programmes; as well as a network of professionals such as Occupational Therapists and Speech Therapists who would offer their time to do talks, as well as pro-bono and reduced rate assessments and referrals. The excerpts below illustrate how supportive participants found the local community:

...I would say there is quite a lot of community support in my school because it's such a small school, I do get a lot of parents' support. And also, from other schools. We kind of chat to each other and if there's something we need we can ask each other. That kind of thing. I would say it's quite a bit of a school community and support from the parents. Uhm, you know like I said there are a few little organizations that will send out newsletters about how to deal with stress in the classroom and behaviour and things like that...(Participant 11)

...And then we do get your OTs coming out and having a talk. And your speech therapists. So they help out. They have a speech therapist and all the therapists actually, they do, if you're struggling with a certain area, they'll come out and say 'let's listen to what your problem is,' and will give advice. Obviously, they have to see the child to be able to make a full recommendation. But they will tell you what to try...(Participant 16)

These findings are similar to what the literature states. According to Jacobs (2008), families, communities, parents and guardians of children at ECD centres should be critical support structures to ECD centres. The establishment of 'open-door policies' drives support, income generation, funding and learning support from the local community and especially

parents, as it encourages open communication and transparency and fosters relationships amongst practitioners, the schools and parents (Patrikakou, 2008).

In poorer communities, however, the literature states that ECD centres struggle to gain parents cooperation which greatly inhibits their ability to execute norms and standards (Ross, 2017). In a study conducted by Heystek and Louw (1999), it was found that parents are not cooperative because they are unsure of what their roles should be, while Smit and Liebenberg (2003) found, that parents feel as if teachers are qualified and get paid enough and therefore responsible for their child's education. Additionally, studies conducted by Myeko (2000) and Patrikakou (2008) indicated that work commitments, finances, familial problems, illiteracy and the home environments, hinder support and involvement from parents.

As with the ecological perspective (Bronfenbrenner, 1979), structures in the mesosystem such as the local community which includes parents, local businesses and professionals, can positively impact on the ECD centre's ability to implement norms and standards. With the help and support of the local community in these systems, ECD centres are able to purchase some of the required resources for their centre, as well as address the educational, social and academic barriers that children display more effectively.

4.4 Summary

This chapter of the research report has attempted to present and discuss the findings emanating from the research conducted. It began by detailing the profiles of the 20 interviewed participants. A table that provided a framework for the discussion of the findings, presenting main themes categories and sub-categories, followed this. Findings were then analysed and presented in the form of quotes, and discussed in relation to these main themes, categories and sub-categories. Then, through looking at the literature review and theoretical frameworks, the findings were thoroughly analysed. The findings have clearly indicated that if a top-down and bottom-up approach is adopted when implementing norms and standards in partial care facilities and ECD learning programmes, it will encourage the integration of ecological systems amongst all spheres of ECD service delivery. Furthermore, implementation of the Constitution (Republic of South Africa, 1996) and the Children's Act

(No. 38, 2005) and Children's Amendment Act (No. 41, 2007) will entitle ECD recipients to enhanced ECD services, ultimately improving their educational ability and contributing to their holistic development.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter will present the conclusions and recommendations emanating from the study.

5.1 Main Conclusions

The main conclusions are presented according to the key objectives of the study.

To understand ECD practitioners' perceptions of the effectiveness of the norms and standards for partial care facilities.

The findings indicate that having norms and standards for partial care facilities is beneficial in that these minimum guidelines promote the safety of the children through ensuring that suitable staff are employed, facilities are well maintained, and having protocol that protect them from abuse. When a centre is able to show that they adhere to norms and standards for partial care facilities, the value of their centre is enhanced as parents are more likely to enrol their children in what they consider to be a safe and secure facility.

While participants felt as if the norms and standards for partial care facilities were effective when implemented correctly such as through promoting the safety of the children in their care, there were a few factors that participants felt compromised the way in which these norms and standards for partial care facilities were implemented. One of these factors is the lack of monitoring processes. The study found that ECD centres in Blouberg receive little to no monitoring from the DSD, and furthermore, that when they are inspected, that they are not done thoroughly and that they do not physically inspect equipment, visit classrooms, conduct headcounts, nor count the number of potties and toilets. Findings also indicated that the DSD only ever visits the centres at the time of registration or re-registration, which can be as long as a five-year interval. Participants found this highly problematic as they would observe ECD centres dropping their standards after registration status was obtained.

The study also found that implementing norms and standards for partial care facilities and adhering to the requirements was expensive and involved investing finances into maintaining the building, buying and replacing resources, upgrading facilities and going on training. Participants also indicated that the registration and re-registration process is expensive, as that it requires paying for professional services which can assist them.

Furthermore, the findings indicated that ECD centres lacked time and human resources to be able to effectively implement norms and standards for partial care facilities, and that they could not always attend meetings and trainings on the latest developments and furthermore, struggled to meet the administrative requirements and challenges posed by the DSD.

To discover ECD practitioners' perceptions of the effectiveness of the norms and standards for ECD learning programmes.

Participants indicated that norms and standards for ECD learning programmes had multiple benefits for the children in their care. They found that having minimum guidelines whereby ECD centres needed to align their learning programmes to, ensured that the social, emotional, sensory, spiritual and cognitive development of the children in their care were enhanced and that all children exposed to ECD learning programmes realised their full potential. They were also of the perception that these norms and standards cultivated diversity, respect and tolerance amongst children and parents of different background, languages, religions, and educational needs.

While the findings indicated that having norms and standards for ECD learning programmes were beneficial to children, participants felt that several factors compromised their effectiveness - one of these factors being their experiences with the curriculum. Participants were increasingly frustrated at the various changes of curriculum, as it resulted in wasted resources such as time and finances. Participants also indicated that the ongoing changes to the curriculum and the difficulties that ECD practitioners experienced in implementing them, resulted in different ECD centres following different curriculums, which was not monitored by the DSD.

Lastly, the findings indicated that while the norms and standards for ECD programmes was inclusive of children with disabilities, ECD centres were not equipped to incorporate an inclusive learning programme as they did not have sufficient knowledge, training, resources, finances or support, nor could they afford to employ appropriately qualified and trained teachers to assist them. They also indicated that the teacher to child ratio set out by the norms and standards for ECD learning programmes is too low and does not consider the resources and demands required for a child with barriers to learning.

To determine the factors that inhibit effective implementation of norms and standards for partial care and ECD learning programmes.

Participants indicated that the initial registration and re-registration processes were amongst the biggest challenges that they faced when it came to implementing norms and standards within their ECD centres. This process was found to be difficult to navigate, expensive and time consuming. Participants also perceived the DSD to be disorganised, poorly run, and inefficient. Documents would get lost, nobody would get back to them and very little information or support was given by the DSD to guide them in the registration and re-registration process. Gaining zoning clearance was also perceived to be challenging to navigate due to issues with obtaining earth addresses, parking restrictions, building plans, and paperwork from property owners when the building was leased.

The findings also indicated that the local economy impacted how effectively ECD practitioners could implement norms and standards within their centres. The increasing cost of living resulted in a decreasing number of children at their centre as well as an increasing number of children who could no longer afford to pay fees. Work demands were also seen to place pressure on parents who could not afford to take leave or stay at home when their children were sick, making it difficult to implement norms and standards as it relates to procedures for children who are sick.

Lastly, participants indicated that there is no funding available by government to privately run ECD centres that are not registered as Non-Profit Organisations (NPO's) or who cater for pre-Grade R's with parent's income who fall above a certain threshold, which makes adhering to norms and standards challenging since they are quite costly.

To ascertain the support structures that exist to assist ECD centres' in the implementation of norms and standards.

Findings ascertained that the local Blouberg ECD forum was a great support structure that assisted ECD centres in the area with implementing norms and standards. This forum meets regularly and assists ECD centres with navigating the registration processes, addressing administration difficulties that centres have with local municipalities and the DSD, being a vessel to government departments and acting as a platform where information sharing occurs.

The DOH and the Fire and Rescue Services were also viewed by participants as instrumental support structures in the implementation of norms and standards within their centres. The Fire and Rescue Services provided guidance and information regarding gaining fire clearance, as well as provided various fire equipment. Additionally, the DOH were integral support structures in that they conducted regular inspections of the centres and provided detailed reports ECD practitioners used to be able to implement norms and standards effectively.

The local community, which consisted of parents, businesses and professionals, were also seen to be valuable support structures to ECD centres. The local community would assist with obtaining resources for the centres, as well as offer their professional services to children with social, emotional or educational barriers.

5.2 Recommendations

Based on the findings, the following recommendations can be put forward:

- Government could provide tax incentives and exemptions to private companies that support ECD centres - both NPO's and privately run centres. This will encourage participation of the private sector in supporting these ECD centres so that they have access to more funds and can focus on improving the implementation of norms and standards.

- More research into the effectiveness of ECD Forums needs to be conducted. Further recommendations can be for ECD Forums to be incentivized to take over the majority of the responsibility and duties from the DSD and be given authority which allows them to monitor the implementation of norms and standards; regulate unregistered ECD facilities that are emerging; as well as provide support with registration and re-registration processes to ECD centres in their areas. This can make the process of implementing norms and standards more accessible and effective.
- Furthermore, the DSD should carry out regular monitoring and evaluation procedures with all registered ECD centres and establish a more refined and effective reporting and investigation process that will help them ensure that norms and standards are being adhered to at all times, and not just when a centre's re-registration comes up. A partnership between the DSD and the DOH can also be beneficial as the DSD can learn from the DOH's monitoring processes and model of service delivery.
- Since a national school feeding scheme already exists, government should extend these programmes to include ECD centres who are struggling financially, so that the centre has more funds for both material resources, outdoor equipment, rental and improved salaries to improve the implementation of norms and standards. Another way in which this could be addressed, is for the DSD to include a food allowance in addition to the per-child/per-day subsidy for NPO's, as well as to provide a subsidy for smaller, privately run ECD centres – which could be based on a means test. Additionally, for smaller, struggling, privately run ECD centres (non NPO's who do not qualify for subsidies), the DSD could assist with providing a registration/re-registration grant which can be applied for and granted depending on a means test.
- Government could assist ECD centres with catering for children with special needs and barriers to learning by providing them with funding and/or access to special materials, resources, and the services of professionals which will support, equip and enable them to comply with norms and standards in this regard. Additionally, since children with barriers to learning require more resources and time, government needs to provide an additional subsidy to centres who cater for these children. For example, as with the subsidy of R15

per child per day, for every child with special needs/disabilities/barriers to learning, the centre will receive an increased amount per-child/per-day.

- Partnerships between health professionals and ECD centres need to be promoted so as to drive training and awareness programmes on disabilities and development delays for early identification. An annual screening campaign can be established in different areas.
- The DSD could provide ECD centres' with access to special curricula and interventions that address the needs of children with disabilities and barriers to learning.
- Another recommendation that can encourage parental and community support would be for ECD centres to find ways to recognize and reward positive parent-practitioner partnership efforts. This can be done by regularly informing parents about classroom routines, inviting parents for visits, asking for their feedback, and providing parents with ideas on how they can participate and contribute.
- Additionally, policy makers need to promote parent involvement practices within ECD centres amongst workplaces. Examples of such initiative could include flexible working hours as well as work from home opportunities which encourage parents to be involved in their children's care and development.
- For the study to be of more value, ECD centres that are registered as NPO's (and not just those who are privately run) also need to be included in the study.
- It is further recommended that for norms and standards for partial care facilities and learning programmes to be better implemented, ECD centre staff and management need to be appropriately qualified so that they can critically and adequately assess implementation of these norms and standards more effectively.
- Upon the completion of this research, a decision was made to migrate responsibility for ECD centres from DSD to the DBE (Ramaphosa, 2019). At the time of undertaking the research, this shift in responsibility had not been finalised and the findings thus point toward relieving the DSD from some of their responsibilities. A recommendation

resulting from this decision thus involves ensuring that the DBE focuses on improving implementation of the norms and standards specifically for ECD learning programmes in order to ensure that all learners exiting ECD centres and entering Grade R facilities are exposed to a standardised and regulated learning programme.

- Lastly, policy makers within the ECD sector need to be intentional about including a bottom-up approach to policy formation and implementation. This can be done through undertaking more research on the “bottom” structures prior to creating legislation and policy that will ultimately affect them. By advocating for a bottom-up approach to policy formation and implementation, the integration of the different ecological systems will be better encouraged amongst all spheres of ECD service delivery and will entitle ECD recipients to enhanced ECD services as a close relationship between policy frameworks, minimum standards, policy implementation and service delivery is encouraged.

5.3 Conclusion

In this final chapter of this research report, the topic under investigation was briefly summarised. This was followed by presenting the conclusions the researcher arrived at relating to the research process applied to investigate the said topic. Based on the conclusions, recommendations were formulated specifically in relation to the main objectives of the study. The research project aimed to use qualitative research in order to provide a space where new bodies of knowledge could be induced and co-created by the sharing, description, and exploring of multiple experiences and meanings unique to each participant.

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APPENDIX 1: PARTICIPATION AND CONSENT FORM



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Mrs. Lauren Van Niekerk

Dear Sir/Madam,

Request for Participation and Consent Form

I am currently a Masters student at the University of Cape Town, requesting voluntary participation in a research study. This research study forms part of the Masters in Social Policy and Management Degree programme in the Department of Social Development at the University of Cape Town.

The study will be used to generate information on the implementation of ECD minimum norms and standards and make recommendations for the improvement of legislation and policy implementation.

Title of the Study

“Exploring Early Childhood Development Practitioners’ Perceptions of the Implementation of Norms and Standards in Educare Centres in Blouberg”

The objectives of the study are:

1. To understand ECD practitioners’ perceptions of the effectiveness of the norms and standards for partial care facilities.
2. To discover ECD practitioners’ perceptions of the effectiveness of the norms and standards for ECD learning programmes.
3. To determine the factors that inhibit effective implementation of norms and standards for partial care and ECD learning programmes.
4. To ascertain the support structures that exist to assist ECD centres’ in the implementation of norms and standards.

Please read the following and sign if you agree to participate in this study:

.....

Research Procedures: I understand that I will be participating in an interview process to explore ECD practitioners perceptions of the implementation of Norms and Standards within their ECD centres. The interview will last approximately 1 hour. During the interview, I understand that notes will be taken and a digital recorder will be used. The notes, the information held on the recorder and the transcripts will be kept in a secure place. Once the research has been completed, this material will be used only for academic purposes and the actual transcripts will be destroyed at a later stage.

Risks and Harm: There are no foreseen risks or harm to the participants in this research study. Although, in the event of any emotional trauma there will be a debriefing session and if there is a need for further counselling I will be referred to an appropriate agency by the researcher.

Benefits/Incentives: I understand that this research will not benefit me directly and that I will not be paid for agreeing to do this interview. However through my participation, this study will be used to generate information on the implementation of ECD norms and standards and make recommendations for the improvement of legislation and policy implementation.

Participant's Rights: I understand that I am free to withdraw from participating in this study at any time, without giving any reason or being disadvantaged in any way.

Confidentiality: I understand that the interview process will be kept strictly confidential and that information will be available to the researcher and the supervisor. Extracts from the interviews will be included in the final research report without anyone being able to link my quotes to my identity. The final report will be examined by an external examiner and the findings will be made available to participants. Under no circumstances will my name be revealed in the report or any other publications related to this research.

I understand that if at any time I would like any additional information about this research, I can contact the researcher or supervisor of the study at the following details:

Jetara Ross (Researcher)

Jetara.c@gmail.com

082 754 4331

Lauren-Jayne van Niekerk (Supervisor)

lauren.vanniekerk@uct.ac.za

021 650-5356

By signing this informed consent form, I confirm that I have read it or that the researcher has read it to me and that the study has been explained to me. I voluntarily agree to participate in this study.

By signing this, I agree to participate in this study.

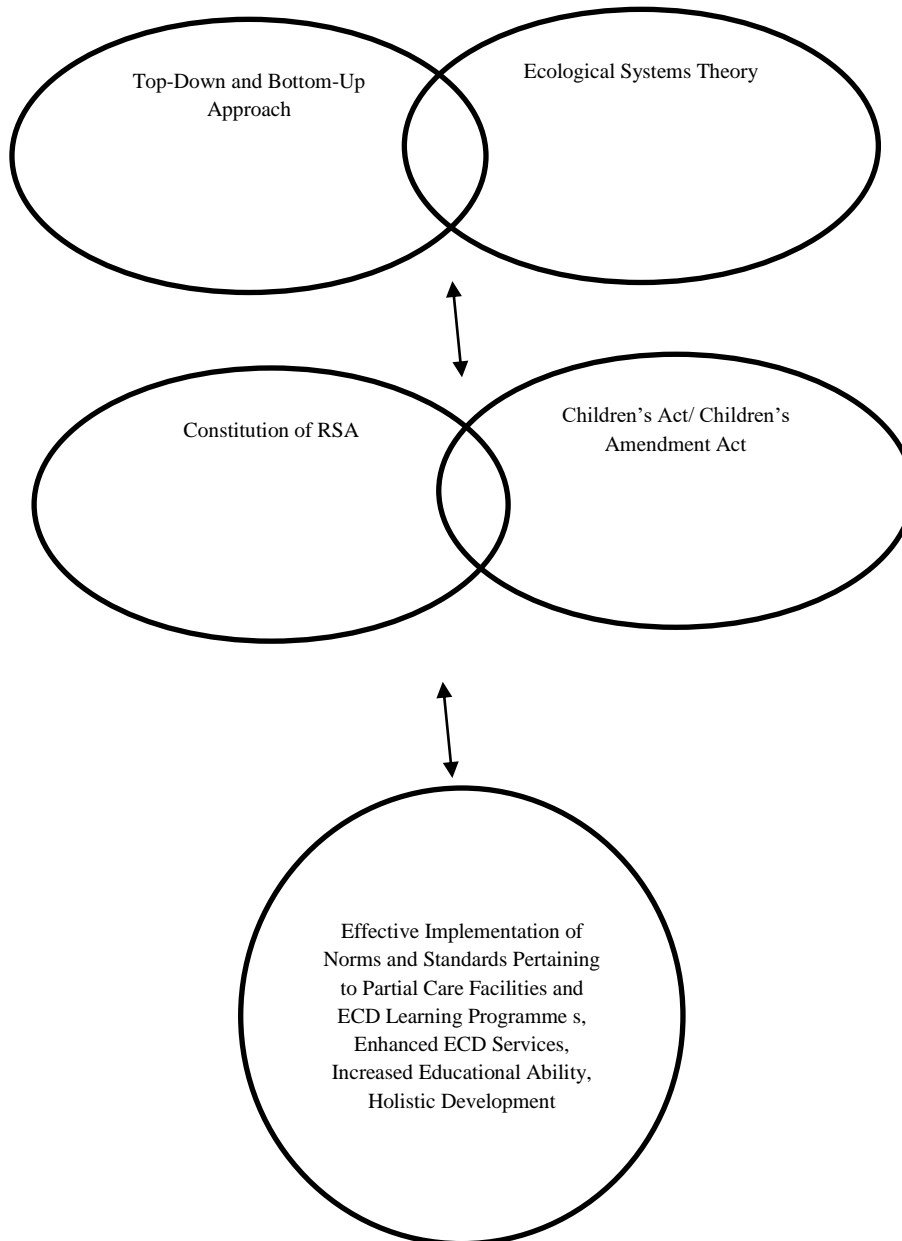
Participant's name, ECD centre and signature

Date:

Signature of researcher

Date:

APPENDIX 2: CONCEPTUAL DIAGRAM



APPENDIX 3: QUALITATIVE INTERVIEW SCHEDULE

SECTION 1: Demographics

- 1.1 Age?
- 1.2 Gender?
- 1.3 Highest qualification?
- 1.4 Position at ECD centre?
- 1.5 Years at respective ECD centre?
- 1.6 Years in ECD sector?
- 1.7 Number of Children at ECD centre?
- 1.8 Number of Staff at ECD centre?
- 1.9 Suburb ECD centre is located in?

SECTION 2: Norms and Standards for Partial Care Facilities

2.1 Are you aware of the norms and standards for partial care facilities as stated in section 79 (2) of the Children's Amendment Act? (If the participant is not aware of this, the researcher will briefly explain what they are and then move onto the next question to explore the amount of knowledge that participants have).

2.1.1 Can you tell me what you know about these norms and standards as it pertains to partial care facilities?

2.2 In your opinion, what is the purpose or value of implementing norms and standards as it relates to your ECD centre?

2.3 How do/did you ensure that your ECD centre implements these norms and standards as it relates to your ECD centre?

2.4 How do you think implementing norms and standards for partial care facilities impacts on the services your ECD centre is able to provide? (Give examples).

2.4.1 Impact on the service recipients such as:

Children? (Probing)

Parents? (Probing)

Communities? (Probing)

2.4.2 Impact on the ECD staff? (Probing)

2.4.3 Impact on the ECD centre? (Probing)

2.5 What would you recommend to government that could help make implementing norms and standards easier (as it pertains to Partial Care Facilities) so as to help improve service delivery within the ECD sector?

SECTION 3: Norms and Standards for ECD Learning Programme s

3.1 Are you aware of the norms and standards for ECD learning programme s as stated in section 94 (2) of the Children’s Amendment Act? (If the participant is not aware of this, the researcher will briefly explain what they are and then move onto the next question to explore the amount of knowledge that participants have).

3.1.1 Can you tell me what you know about these norms and standards as it pertains to ECD learning programmes?

3.2 In your opinion, what is the purpose or value of adhering to these norms and standards when developing your ECD learning programme?

3.3 How do/did you ensure that your ECD centre implements these norms and standards as it relates to your ECD learning programme?

3.4 How do you think implementing norms and standards for ECD learning programmes impacts on the services your ECD centre is able to provide? (Give examples).

3.4.1 Impact on the service recipients such as:

Children? (Probing)

Parents? (Probing)

Communities? (Probing)

3.4.2 Impact on the ECD staff? (Probing)

3.4.3 Impact on the ECD centre? (Probing)

3.5 What would you recommend to government that could help make implementing norms and standards easier (as it pertains to ECD learning programme s) so as to help improve service delivery within the ECD sector?

SECTION 4: Inhibiting Factors in implementing Norms and Standards

4.1 Do you feel you know and understand what is expected of you regarding implementing these norms and standards? (Explore)

4.2 Do you feel as if your ECD centre is well equipped to implement these norms and standards? (Explore. Explain in what way it is well equipped).

4.3 In your opinion, do you/the ECD centre possess enough time and resources to implement norms and standards properly? (Explore).

- 4.4 What inhibits ECD centres from implementing these norms and standards effectively?
- 4.5 What are the challenges that are involved in implementing norms and standards? Can you give me examples?
- 4.5.1 Administrative challenges? (Probing)
 - 4.5.2 Staffing challenges? (Probing)
 - 4.5.3 Financial challenges? (Probing)
- 4.6 Do you receive adequate support and guidance when implementing these norms and standards? (Explore).
- 4.7 Describe how you have attempted to overcome/deal with these challenges when it comes to implementing norms and standards?

SECTION 5: Support Structures

- 5.3 Who all is involved with monitoring implementation of these norms and standards?
- 5.1.1 Internally? (Probing)
 - 5.1.2 Externally? (Probing)
- 5.4 Do you receive support and guidance with implementing these norms and standards? If so, what type of support do you receive?
- 5.2.1 Mentoring? (Probing)
 - 5.2.2 Regular visits? (Probing)
 - 5.2.3 Training? (Probing)
 - 5.2.4 Financial assistance? (Probing)
 - 5.2.5 Other? (Probing)
- 5.5 From whom do you receive this support?
- 5.3.1 Government? If so, which government departments and in which way? Describe the relationship. (Probing)
 - 5.3.2 Other NGO's? If so, in which way? Describe the relationship. (Probing)
 - 5.3.3 Community members? If so, in which way? Describe the relationship. (Probing)
 - 5.3.4 Businesses? If so, in which way? Describe the relationship. (Probing)
 - 5.3.5 Parents/Guardians? If so, in which way? Describe the relationship. (Probing)
 - 5.3.6 ECD centre staff, management and/or committee members? If so, in which way? Describe the relationship. (Probing)
- 5.6 How have these relationships benefited the ECD centre?
- 5.7 Do you have anything else to add? Do you have any final remarks?