

Early Childhood Development provision in rural and urban contexts in the North-West province

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DECLARATION

I, Anna Magrietha Kirsten, hereby declare that the work contained in this dissertation is my own work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature: 

Date: 10 / 05 / 2017

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ABSTRACT

South Africa is facing numerous educational challenges in the foundational stage of learner development. The National Development Plan (NDP) focuses on developing Grade R children, but conceptual growth and stimulation need to begin far earlier than Grade R, according to Biersteker (2010) and Henning (2012). The focus of this dissertation is therefore on the grade R and pre-Grade R years, specifically on the quality of programmes offered at selected registered and unregistered sites in rural and urban contexts in the North-West province. The aim was to determine to what extent the programmes on offer effectively address key aspects of early childhood development (ECD). Quality was assessed in relation to three key areas that are critical to ECD, namely teacher development, curriculum development and child development, as well as the five main areas of child development, namely physical, social, emotional, cognitive and linguistic development. The study focused on six centres – 20 practitioners and 5 principals took part in the study. Data were collected by means of interviews with the practitioners and principals, as well as observations and journal keeping of the daily activities at the ECD centres. Data were analysed thematically according to the five developmental areas. Descriptive vignettes were created from the interviews and observations for each centre. Findings revealed that the quality of ECD provisioning is affected by factors such as underqualified or unqualified practitioners, inadequate resources, lack of parental and societal support, and language barriers. The latter are creating challenges for effective ECD provisioning as parents tend to send their children to better-resourced centres where the home languages of the children are often not spoken. This is a challenge for the future training of ECD practitioners.

Keywords: Early childhood development (ECD), practitioner, ECD centres, quality, urban, rural, teacher development, curriculum development, qualifications, physical, social-emotional, cognitive, linguistic development

OPSOMMING

Suid-Afrika staar tans talle opvoedkundige uitdagings in die grondslagfase van leerderontwikkeling in die gesig. Die Nasionale Ontwikkelingsplan fokus op die ontwikkeling van graad R-kindere, maar volgens Biersteker (2010) en Henning (2012) moet konseptuele groei en stimulasie redelik vroeër as graad R begin. Die fokus van hierdie verhandeling is dus op die jare voor graad R, spesifiek op die gehalte van programme wat by geselekteerde geregistreerde en ongeregistreerde sentrums in stedelike en plattelandse kontekste in die Noordwes-provinsie aangebied word. Die doel was om vas te stel in watter mate die programme wat aangebied word die sleutelaspekte van vroeë kinderontwikkeling (VKO) aanroer. Kwaliteit is bepaal in verhouding tot drie sleutelaspekte, naamlik onderwyser-, kurrikulum- en kinderontwikkeling, asook die vyf hoofareas van kinderontwikkeling, naamlik fisieke, sosiale, emosionele, kognitiewe en linguistieke ontwikkeling. Die studie het op ses sentrums gefokus – 20 praktisyns en 5 skoolhoofde het aan die studie deelgeneem. Data is ingesamel deur middel van onderhoude met praktisyns en skoolhoofde, en ook deur middel van waarneming en joernaal inskrywings van die daaglikse aktiwiteite in VKO-sentrums. Data is tematies volgens die vyf ontwikkelingsareas ontleed. Beskrywende vinjette is geskep uit die onderhoude en waarnemings vir elke sentrum. Bevindinge het getoon dat die kwaliteit van VKO-voorsiening beïnvloed word deur faktore soos ondergekwalfiseerde of ongekwalifiseerde praktisyns, onvoldoende hulpbronne, gebrek aan ouerlike en maatskaplike ondersteuning en taalhindernisse. Laasgenoemde skep uitdagings vir effektiewe VKO-voorsiening, aangesien ouers geneig is om hul kinders na sentrums met beter hulpbronne te stuur, waar die huistale van die kinders dikwels nie gepraat word nie. Dit is 'n uitdaging vir die toekomstige opleiding van VKO-praktisyns.

Sleutelwoorde: Vroeë kinderontwikkeling (VKO), praktisyns, VKO-sentrums, gehalte, stedelik, plattelands, onderwyserontwikkeling, kurrikulumontwikkeling, kwalifikasies, fisiek, sosiaal-emosioneel, kognitief, linguistieke ontwikkeling

LIST OF ACRONYMS AND ABBREVIATIONS

ASHA	American Speech-Language-Hearing Association
CAPS	Curriculum and Assessment Policy Statement
DBE	Department of Basic Education
DSD	Department of Social Development
ECD	Early childhood development
ECERS	Early Childhood Environment Rating Scale
ELOM	Early Learning Outcomes Measure
ELRU	Early Learning Research Unit
FCM	Family and Community Monitoring
FETC	Further Education and Training Certificate
GHS	General Household Survey
ISASA	Independent Schools Association of Southern Africa
KZN	KwaZulu-Natal
NATED	National Accredited Technical Education Diploma
NELDS	National Early Learning and Development Standards
NC	Northern Cape
NCF	National Curriculum Framework
NCV	National Certificate Vocational
NGO	Non-governmental organisation
NDP	National Development Plan
NQF	National Qualifications Framework
NSC	National Senior Certificate
NWU	North-West University
PCK	Pedagogical Content Knowledge
SAQA	South African Qualifications Authority
StatsSA	Statistics South Africa

SSP	Sector Skills Plan
TREE	Training and Resources in Early Education
TVET	Technical and Vocational Education and Training
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USDA	United States Development Agency
VKO	Vroeë Kinderontwikkeling
WC	Western Cape
ZPD	Zone of Proximal Development

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CHAPTER 1

INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

While early childhood development (hereafter ECD) programmes in South Africa for children between the ages of 0 and 4 have the potential to assist in closing the education gap, South Africa is facing numerous challenges that should be identified and addressed. Addressing these challenges will be vital to successful ECD programme implementation as ECD in South Africa is vulnerable to many factors that would ultimately determine its success (National Integrated ECD Policy for South Africa, 2015). Quality provisioning in ECD centres is essential to help children grow and develop holistically. The literature review for this study shows that many of the ECD centres in South Africa struggle to provide quality provisioning due to the fact that they cannot provide qualified practitioners or quality programmes; they lack quality resources and infrastructure; they do not receive the necessary support from the parents or government; and the practitioners are not equipped to develop children's five developmental areas.

To investigate this further, albeit on a small scale, the current study focused on six under-resourced centres in rural and urban contexts in the North-West province. Three of the selected centres were registered with the Department of Social Development (DSD) and the other three were not registered because these centres did not meet the specific norms and standards set by the DSD to become registered centres. This study compares the quality being provided by these centres and also compares the factors affecting the provisioning of quality programmes for children in the different centres. The quality provisioning of each centre was assessed in relation to three key areas that are critical to ECD: teacher development, curriculum development, and child development, as well as the five main areas of ECD, namely physical, social, emotional, cognitive and linguistic development. The researcher visited these six centres three times over a period of fifteen months, which makes it eighteen visits with a six-month interval between each visit to give time for progression and development. The first visit focused on interviewing the practitioners and principals, and the second visit focused on observing the daily programmes of the practitioners to learn more about how they provide quality provisioning in their centres. The third visit focused on disseminating the findings to the participants in order to give them feedback and include the analysis of their participation (see Chapter 4, section 4.2.1, for more information on the methodology of this study). It is hoped that this research will help the practitioners and principals build on their current knowledge of ECD and to help them progress where they feel they need assistance.

The quality provisioning and the success of these centres are understood in terms of the three key areas of development. These aspects are interconnected and changes in one of these aspects of development will

influence the other areas. The aspect of teacher development will focus on the qualifications and training of the practitioners from the centres as well as the support Government provides for the practitioners and children in terms of the monthly subsidy provided for children by the DSD. The aspect of curriculum development will focus on the quality programmes and resources that the ECD centres use in their daily programmes. The aspect of child development will focus on the five developmental areas of a child and also on the support of the parents. As mentioned above, these three aspects have certain criteria which will be used to form a standard against which quality provisioning at selected ECD centres will be assessed and compared.

1.2 EARLY CHILDHOOD DEVELOPMENT (ECD) IN SOUTH AFRICA

The DSD (2015) crafted a national early childhood development policy for South Africa which focuses on enabling all children from birth to Grade R to receive quality ECD provisioning. The policy focuses on providing all vulnerable young children in South Africa with access to ECD in order to provide them with the opportunity to receive early stimulation. Children that are in a non-stimulated environment will have a delay in growth, speech retardation, social withdrawal, delayed cognitive abilities and retarded psychomotor skill development, which basically includes all five areas of development (DSD, 2015). According to the DSD (2015) South Africa still has certain challenges that need to be addressed, which includes lack of parental support, lack of nutritional support for children from poor circumstances, poor quality education for young children, and also a lack of specialised education for children with disabilities. The aforementioned challenges have a negative effect on the education of young children in South Africa. The policy also focuses on encouraging all responsible role players to commit and work together to achieve the common vision of ECD in South Africa. These role players include the Government, non-governmental stakeholders, the private sector, parents, caregivers, and practitioners (DSD, 2015).

In South Africa, The National Integrated ECD Policy for South Africa (DSD: ECD policy, 2015) aims at providing the best quality start in life for children by building an excellent foundation for emotional, social, physical, linguistic and cognitive development. The National Development Plan (NDP) endorses the importance of investing in ECD interventions which are essential for the community and broader society and for children to develop into lifelong learners (Henning, 2012). According to Biersteker (2010), the main problem is that the focus of the NDP is on developing Grade R, with little attention given to children from birth to 4 years old. In 2013, around 779 370 children were attending Grade R, but in 2016, up to 784 117 children were attending Grade R, which indicates an increase of 4 747 children in Grade R enrolments (Wildsmith-Cromarty, 2016). According to Biersteker (2010) and Henning (2012), Grade R is not sufficient for children to form the foundations for their development, especially for children living in poverty in South Africa. The current study therefore focused more on children between

the ages of 0 and 4 in under-resourced rural and urban contexts, because this stage plays a critical role in a child's overall development (UNICEF, 2015).

These early years are essential to later health, achievement and holistic development. According to the Early Childhood Development Sector Skills Plan (2016-2017), more than 66% of children from birth to 4 years old stay at home in South Africa, and only 34% of children in this age group attend any form of ECD facilities outside their home. Statistics South Africa (2011) found that 80% of children in this age group in the poorest 40% of the population have no access to registered ECD programmes. This shows that the children living in circumstances of poverty are most vulnerable to not having any access to quality ECD facilities. In 2014, there were 37 000 early learning centres serving the 65% poorest children and families, where only 19 000 of these centres are registered with the DSD (Richter, Berry, Biersteker, Harrison, Desmond, Martin, Naicker, Saloojee & Slemming, 2014). The DSD national ECD investigated 17 846 ECD centres across the country and found that “8032 were fully registered (46%), 1922 were conditionally registered (11%) and 7892 were unregistered (43%)”. According to Albino and Berry (2013), unregistered centres usually cannot meet the norms and standards for registration due to financial problems, so the centre would rather focus on survival, which includes buying food for the children and paying salaries, rather than upgrading their infrastructure, appointing more qualified practitioners, and getting more quality resources in order to meet the criteria to be registered by the DSD. Although the DSD expenditure on the sector targets children in the poorest quintiles, less than 1% of the total basic education budget is spent on programmes for children from 0 to 4 years (Albino & Berry, 2013). This creates an enormous obstacle for education in South Africa, because children who did not have any early childhood care will most likely not be able to keep up with the education standards provided in primary schools (Davids, Samuels, September, Moeng, Richter & Mabogoane, 2015).

In her report on ECD for the Sector Skills Plan (SSP) (2016-2017), Wildsmith-Cromarty (2016) presented statistics on the population of 0- to 4-year-olds attending a day care centre, crèche, ECD facilities, playgroup, nursery school or pre-primary school per province (see Table 1.1). The table focuses on the number of children attending or not attending any form of ECD services in South Africa.

Table1.1: Population of 0 to 4 years old attending any form of ECD facilities per province (Wildsmith-Cromarty, 2016-2017)

Province	Attending	Not attending	Total	Attendance %	Non-attendance %
Western Cape	191 032	349 120	540 152	35.4%	64.6%
Eastern Cape	205 695	504 041	709 736	29%	71%

Northern Cape	30 795	87 152	117 947	26%	74%
Free State	106 605	139 250	245 854	43%	57%
KwaZulu-Natal	209 614	864 762	1 074 376	20%	81%
North-West	112 553	268 091	380 644	30%	70%
Gauteng	414 814	549 673	964 487	43%	57%
Mpumalanga	115 398	325 268	440667	26%	74%
Limpopo	222 498	393 362	605860	36%	64%
South Africa	1 609 005	3 480 719	5089724	32%	68%

Source: GHS (updated figures from STATSSA, 2015)

The highest figures for non-attendance are found in the poorer, more rural provinces, such as Northern Cape (74%), KwaZulu-Natal (80%), North-West (70%), and Mpumalanga (74%). The reason for this could be that the caregivers of these children are not able to pay the school fees or the fact that they live too far away from ECD facilities. The Free State (57%) and Gauteng (56%) have the lowest figures for non-attendance, but the attendance in these two provinces is still extremely low, with Gauteng having an attendance of 43% and the Free State having an attendance of 43%. According to the table above, South Africa has a 32% attendance rate and a 68% non-attendance rate for 0- to 4-year-olds (Early Childhood Development Sector Skills Plan, 2016-2017). According to Atmore (2013), it is more effective to work on one province at a time in order to correctly assess the requirements of the province for ECD development according to its own unique support structures. Provincial level studies on ECD require significant work to determine the different needs of each province regarding ECD centres and their practitioners working in different contexts (Kohen, Uppal, Khan, & Visentin, 2010).

1.3 RESEARCH AIMS AND OBJECTIVES

The National Integrated Policy for Early Childhood Development in South Africa has proclaimed that all children should be provided the opportunity to be part of a home, community or centre-based programme (Richter, *et al.*, 2014). Early learning can take place in the home where children, usually between the ages of birth and 2 years, have the opportunity to develop into lifelong learners, where the parents and other primary carers take the role of facilitators to help children develop holistically. However, South Africa is struggling to provide this home stimulation to children due to the fact that many of these caregivers are from poor circumstances and they do not have the time or financial support to stimulate these children at home (Richter, *et al.*, 2014). In South Africa, about 30% of women with children from this age group have other work occupations and are not able to care for and stimulate their own children. That is why most children from birth to 2 years old usually stay at home with their grandparents or other caregivers, where they do not get the opportunity to develop to their fullest potential (Richter, *et al.*,

2014). The non-governmental organizations (NGOs) in South Africa are providing many home-based programmes and training for facilitators who care for children in a home learning environment to support these vulnerable caregivers and children, and to provide them with the necessary guidance to assist children with their overall development (Essa, 2014). These programmes are offered by Early Learning Resource Unit (ELRU's) Family and Community Monitoring (FCM), Cotlands, Ilifa Labantwana, Bridge, Training and Resource in Early Education (TREE) and Grassroots. The programmes aim to improve the quality of services provided to these children from poor circumstances (ELRU Annual Report 2013/2014). Ilifa Labantwana is a South African early childhood development programme founded in 2009. Their goal is to enable children aged zero to five, to access quality ECD through the Early Learning Subsidy. Ilifa Labantwana focuses on the poorest 40% of the population under 6 years old to provide them with quality ECD programmes – not only at ECD centres, but also to home and community-based interventions. The table below from Statistics South Africa (2015) shows the percentage of children aged 0 to 4 years using different child care arrangements by province.

Table 1.2: Percentage of children from 0 to 4 years using different child care arrangements

Care arrangement for children (0-4)	Western Cape (WC)	Eastern Cape (EC)	Northern Cape (NC)	Free State (FS)	KwaZulu-Natal (KZN)	North-West (NW)	Gauteng (GP)	Mpumalanga (MP)	Limpopo (LP)	South Africa (RSA)
Grade R, Pre-school, nursery school, crèche, education care centre	35,6	35,4	25,8	46,4	20,8	29,7	46,0	26,7	37,0	33,8
Day mother	12,8	8,4	16,3	17,7	25,6	2,9	26,2	7,0	9,0	16,0
At home with parent or guardian	41,8	50,0	53,6	29,2	42,1	63,9	23,6	57,3	45,9	42,7
At home with another adult	7,8	5,2	3,2	6,0	10,0	2,9	3,5	6,2	7,7	6,4
At home with someone younger than 18	0,0	0,1	0,0	0,0	0,1	0,0	0,1	0,3	0,0	0,1

years										
At somebody else's dwelling	2,0	0,9	1,2	0,6	1,3	0,7	0,4	2,2	0,4	1,0

Source: Statistics South Africa (2015)

The table above shows that most of the children living in South Africa (66,2%) stay at home with a parent or guardian, and 33,8% of children attend some form of ECD facility. Only 0,1% of children stay at home with someone younger than 18 years old, and 16,0% stay with a day mother. Gauteng has the highest number (46,0%) of children attending an ECD facility, and KwaZulu-Natal has the lowest number (20,8%). The North-West has the highest number (63,9%) of children staying at home with a parent or guardian, and Gauteng has the lowest number (23,6%). With only 34% of all South African children attending ECD centres, there is an enormous need to look at the quality being provided at ECD centres in South Africa. Therefore, the focus of this study is on children in ECD centres and not children who are staying at home.

Government and parental support in South Africa plays an important role in ECD centres, especially for children from under-resourced ECD centres. According to Rakabe (2016), approximately half (465 009) of the children enrolled in ECD centres in South Africa receive some kind of subsidy from Government, where there are a total number of 992 093 children enrolled in ECD centres. KwaZulu-Natal has the highest number of children (approximately 86 309 children) receiving a subsidy. The two provinces with the lowest levels of subsidy are the North-West, where only 23 093 children receive any form of subsidy, and the Northern Cape, where only 4 948 children receive a subsidy. These under-resourced centres do not receive enough support from Government, which leaves them with unqualified practitioners and poor quality programmes as shown in Table 1.3 below. These centres do not only struggle with Government support, but with parental support as well. According to Brewer (2007), children whose parents are more involved in their children's lives and ECD centres will most likely receive better grades, have better school attendance, and will have a higher quality of physical, emotional, social, linguistic and cognitive development. It is difficult for practitioners to involve parents, especially parents from poor families who are under pressure. Most of the children from poor families come from households where they only have one parent, and these parents do not have the time or energy to be involved in their children's care (Brewer, 2007). Fourie (2013) states that without the necessary support and commitment of parents, the practitioners of ECD centres struggle to use their knowledge and skills in their practice to help children develop. These practitioners need the support from the parents and caregivers to help children develop, especially children who struggle to keep up with the norms and standards of the class. These children need individual help from their parents or caregivers at home with extra work to develop their five developmental areas. The table below from Rakabe (2016) focuses on the subsidy rate allocated for children in South Africa by province. It also focuses on the number of children that received subsidy from 2014 to 2015.

Table 1.3: Subsidy rate, allocation and beneficiaries by province for 2014/15

Province	Rate per child per day	Allocation per annum	Number of children receiving the subsidy	Total number of children enrolled for ECD
Eastern Cape	R15	R227 165 400	57 365	83 613
Free State	R15	R181 173 960	45751	110275
Gauteng	R15	R279 548 280	70993	168822
KwaZulu-Natal	R15	R364 569 216	86309	145169
Limpopo	R15	R274 075 560	69211	147818
Mpumalanga	R15	R193 066 440	48739	127685
North-West	R15	R91 448 280	23093	73587
Northern Cape	R15	R19 994 080	4948	31924
Western Cape	R15	R233 640 000	59000	103200
Total		R1 864 221 216	465009	992093

Source: Rakabe (2016)

The table above shows that the subsidy rate for children per day is R15 for all the provinces. KwaZulu-Natal is the province that receives the highest allocation per annum with R364 569 216, and the Northern Cape receives the lowest allocation per annum with R19 994 080. KwaZulu-Natal is the province with the highest number of children receiving the subsidy rate with 86 309 children, and the Northern Cape is the province with the lowest number of children receiving a subsidy rate with 4 948 children. Gauteng has the highest number of children enrolled in ECD facilities with 168 822 children, and the Northern Cape has the lowest number with only 31 924 children (Rakabe, 2016). The table above shows that half (465 009) of the children out of (992 093) children who are enrolled in ECD facilities do not receive any subsidy. The lack of subsidy to help support these children financially in an ECD centre could be the reason why so many children do not attend any form of ECD facility.

Another major challenge in South Africa's ECD education is practitioner migration, which leads to many practitioners with the correct qualifications moving from caring for 0- to 4-year-olds to Grade R because of the higher status, higher salary, and better service conditions (DSD, 2014). The complication is that after these ECD practitioners receive their training to become Grade R practitioners, they will not go back to their ECD sites, leaving unqualified and unskilled workers teaching the 0- to 4-year-old children. According to Atmore (2012), there are 23 482 ECD centres in South Africa and approximately 54 503 practitioners in these ECD centres. Only 12% of these practitioners are qualified, 88% of them are busy

with some form of ECD training, and 23% of these practitioners have no training of any kind. However, the quality that an ECD centre provides usually depends on the quality teaching of the practitioners. Practitioners without any form of qualification usually struggle to provide quality provisioning (DSD, 2006).

South Africa provides a variety of qualifications and training at different levels offered at various training facilities. The Western Cape and Eastern Cape have the highest number of Technical and Vocational Education and Training (TVET) colleges providing an ECD qualification. The North-West, Mpumalanga and Limpopo have the lowest number of colleges (only two colleges each) providing ECD qualifications, as shown in Table 1.4 below (Murray & Biersteker, 2014).

Table 1.4: Number of Technical and Vocational Education and Training (TVET) colleges offering qualifications per province (Murray & Biersteker, 2014)

College	Number of TVET colleges in South-Africa offering ECD qualifications.	Total number of TVET colleges
Eastern Cape	5	8
Free State	4	4
Gauteng	3	8
KwaZulu-Natal	5	9
Limpopo	2	7
Mpumalanga	2	3
Northern Cape	3	5
North-West	2	3
Western Cape	6	6
Total	32	52

Source: Murray & Biersteker, 2014

The table above shows that there are 52 TVET colleges in South Africa and only 32 of these colleges offer ECD qualifications. The Western Cape and the Free State are the only provinces where all the TVET colleges offer an ECD qualification to students. Limpopo and Gauteng are the two provinces that have the lowest number of colleges offering ECD qualifications. Limpopo has 7 colleges, but only 2 of these colleges offer ECD qualifications, and Gauteng has 8 colleges, with only 3 of these colleges offering ECD qualifications. Early Childhood Development (ECD) qualifications can also be obtained

from other providers like NGOs, which include Ilia Labantwana, ELRU, and private sectors like Monash South Africa.

According to Murray and Biersteker (2014), these TVET colleges provide learning programmes that lead to ECD qualifications from Levels 2 to 4 of the National Qualifications Framework (NQF). These ECD qualifications include:

- National Certificate (Vocational) Education and Development (NQF Levels 2–4) (NCV);
- National Diploma Educare (NATED);
- Further Education and Training Certificate: ECD (Level 4);
- Higher Certificate ECD (Level 5);
- National Diploma ECD (Level 5);
- Occupational work-integrated programmes: learnerships and apprenticeships, as well as trade tests;
- Skills programmes and non-formal short courses (Murray & Biersteker, 2014).

However, training does not always guarantee quality provisioning in ECD centres for a number of reasons: a lack of proficient instruction during training; a lack of support to help assist the students with work; a lack of knowledge; and a lack of follow-up support after the training is complete to ensure constant implementation (DSD, 2006). That is why it is necessary to help educate practitioners and to constantly supervise their progress to make sure they implement the appropriate activities in their daily programmes for children to reach their full potential (UNICEF, 2005). Teacher migration and unqualified or untrained practitioners create a substantial problem in the development of children between the ages of 0 and 4 (Atmore, 2012).

The above-mentioned educational problems that South Africa faces with regard to ECD are interconnected. In order for ECD centres to provide quality provisioning, all these factors should work as a whole, which includes the three major aspects of development. These three aspects have certain criteria which include Government and parental support, quality resources, qualified practitioners, quality programmes, and also effective development of the five developmental areas. Each of the criteria plays an essential role in the overall success of the centres and can be seen as equally important. The three major aspects of development from the theoretical framework for this study will be discussed in Chapter 2.

1.4 OUTLINE OF DISSERTATION

Chapter 1 provides an introduction and an orientation to the study with regard to birth to 4-year-olds in under-resourced ECD centres. This chapter explains the background and rationale for this study. Chapter 2 presents the theoretical framework of the study which focuses on quality provisioning in ECD centres.

The focus is on the three major aspects of development crucial for this study, namely teacher development, curriculum development, and child development. Chapter 3 covers the literature review, and focuses on ECD nationally and internationally, especially on children between the ages of birth to 4 years. This chapter focuses on ECD in general and what people have found related to this specific subject, as well as what is needed to provide quality provisioning in ECD centres. Chapter 4 presents the methodology for the study, and provides information regarding the research questions, aim of the study, research design and methods used. Chapter 5 focuses on the analysis of the centres and provides narrative descriptions. A case study on each centre has been completed relating to the quality provisioning being provided at each centre. Chapter 6 concludes the study by summarising the study and findings, and focuses on the interpretation of findings.

1.5 SUMMARY

In this chapter, the topic was introduced and the background that led to the research questions was presented. The rationale for this study was also explained. The theoretical orientation was briefly described and will be explained in more detail in Chapter 2. Lastly, a short description of every chapter in this study was provided. The next chapter present the theoretical framework for the study.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

In this chapter, I will discuss the theoretical approach to this study by focusing on the three key areas that are critical to ECD: child development, teacher development and curriculum development, in order to provide a basis for their application in the other chapters. These themes play an important role in the quality being provided in ECD centres. In this chapter, I will discuss the importance of ECD, which consists of the five areas of development, namely physical, social, emotional, cognitive and linguistic development. In the section on teacher development, a definition and explanation of the importance of quality teaching for practitioners and parents and the different ECD qualifications available in South Africa will be provided. The last section on curriculum development will focus on the different curricula and programmes that are implemented in ECD centres.

Atmore, Van Niekerk, and Cooper (2012) stated that the largest part of a child's brain develops before the age of 4 and it is in this critical period that children develop the ability to think, speak, learn, reason and lay down the solid foundations for their values and social behaviour for the future. In their studies, Atmore *et al.* (2012) and Biersteker (2012) found that it is essential for the Government and NGOs that are part of ECD in South Africa to invest more in this critical period of a child – not only to develop children's physical and mental health, but also to enhance long-term effects such as improved school attendance, lower dropout rates, economic enhancement for South Africa, social productivity, academic performance, and increased primary school enrolment. Quality provisioning in ECD centres is essential to help children develop holistically. The three aspects of development, as discussed in the theoretical framework, will be used as a guideline to measure the quality being provided at the selected ECD centres.

2.2 EARLY CHILDHOOD DEVELOPMENT (ECD)

World Bank (2010) refers to ECD as a child's overall development, from the prenatal stage up to 8 years old (Grade 3). According to Anderson, Shinn, Fullilove and Scrimshaw (2003), ECD is there to help children set a foundation for academic success, health and overall well-being. A good foundation in a child's early years makes a difference throughout adulthood and even helps the next generation to have a better start in life. It does not only help children to reach their full potential, but it also contributes to the financial and social health of their societies. The five developmental areas of children and the important role they play in children's overall development will be discussed below. The interviews and observation instruments for this study were developed according to the criteria of the theoretical framework for

assessment of these five developmental areas in order to establish whether practitioners and principals implement these developmental areas in their daily programmes.

Trawick-Smith (2014) defines development as the process whereby children change as they grow older and transform into a new person. The areas of early development include physical, social, emotional, linguistic and cognitive development (Trawick-Smith, 2014). The Early Learning Outcomes Measure (ELOM) is intended to provide all types of early learning programmes with a psychometric instrument assessing their effectiveness. The ELOM measures the development of children through the six domains: gross motor development; fine motor coordination and visual motor integration; emergent numeracy and mathematics; cognition and executive functioning; social and emotional development and awareness; and emergent literacy and language (Dawes, Biersteker, & Girdwood, 2017). These six domains are all part of the five developmental areas as described in this study. According to Berk (2013), each area of development is different from another, but they are all combined in a holistic way to help children develop to their full potential. Each area influences the other areas of development and they are interdependent. This development occurs in a variety of settings, such as home, schools, community-based centres and health facilities. It is during this period that children set their foundation for future learning. Berk (2013) identifies three periods of development for children in ECD:

- The prenatal period: from conception to birth. This period is the most important part for children's brain development.
- Infancy and toddlerhood: birth to 2 years old. This period is essential for cognitive and physical development.
- Early childhood: between 2 and 6 years old. Children develop their social, emotional, cognitive, physical and linguistic skills, which is important for lifelong learning.

2.2.1 Physical development

Physical development is essential for a child's overall development because it enables children to be able to move their body parts, to sit up, to roll, crawl, walk, run, jump, hold and manipulate objects – thus, the development of children's gross, fine and large motor skills. Children develop their physical abilities during interactions in their daily activities, which include large muscle development, like running. It also includes small muscle development, like smiling and tying shoelaces. It is the ability to discover and interact with the world (Brotherson, 2006). These qualities of physical development form the criteria for assessment through the instruments used in this study to establish if the centres are implementing these qualities in their ECD centres.

Feldman (2014) and Krakow (2011) focused on different stages of a child's physical development:

- **Physical growth. There are four principles of growth:**
 - The first one is the cephalocaudal principle (0–6 months old). Development tends to progress from the child's head and then downwards. This means that children first gain control through the head and then through the rest of the body.
 - The second principle is the proximodistal principle (6–12 months old). Development starts at the centre of a child's body and then outwards; for example, the child's spinal cord develops before other parts of the body. The children also start to develop rudimentary movement skills.
 - The third principle is the hierarchical integration (1–3 years old). Children develop simple skills independently (e.g. grasping something), but these skills are still part of more complex skills.
 - The last principle is independence of systems (3–5 years old) that suggests that different bodies grow and develop at different periods of time (Feldman, 2014). At this age, children further develop their balance, locomotor and manipulative skills.

Parents or caregivers can help to assist children in progressing through the stages of physical development as mentioned above. Parents and caregivers play an important role in a child's physical development, where they can encourage and support children to walk or run, to throw a ball, hold a crayon with their fingers, jump up and down, play physical games, create a safe environment, provide them with the correct nutrition, and help them to grow and develop effectively (Brewer, 2007). The following factors affect these areas of development. These facts will be used as a reference for the analyses of centres in chapter 5.

- **Factors affecting these areas of development**

Safety

A safe environment for children plays an important role in their physical development. The policy for ECD outlines the important factors that influence the safety of the environment, which include: the need for adequate space for all the children to play outside; fencing around the playground; safe play equipment; qualified practitioners who supervise children; and clean facilities. The most injuries in ECD centres take place during outdoor play, so practitioners need to make sure equipment is safe for children to play with and follow the four guidelines during their daily programmes: advanced planning, establishing rules, safety education, and careful supervision (Charlesworth, 2004).

Nutrition

Nutrition plays an important role in a child's development, especially during the first two years, because a child's body, brain and other abilities grow and develop rapidly during this period. Practitioners, parents and caregivers can focus on providing children with the correct nutrition every day by following the United States Development Agency (USDA) food guide: bread, cereal, rice and pasta (6–8 servings); vegetables (3–5 servings); fruit group (2–4 servings); milk, yogurt and cheese (2–3 servings); meat, fish, eggs and nuts (2–4 servings); and fats, oils and sweets (use sparingly) (Berk, 2013). Many South African children struggle with their physical developmental abilities due to the fact that more than half of South African children live in circumstances of poverty. This creates problems for children because they do not receive the correct nutrition to grow physically and then they tend to fall behind other peers with regard to physical activities (Charlesworth, 2004).

Krakov (2011) focused on structured and unstructured physical activities that practitioners and parents can do to help children develop to their fullest potential, as mentioned in Table 2.1 below. This table focuses on a variety of structured and unstructured activities for children to engage in from different ages in order to develop to their fullest potential. These activities are used as guidelines for practitioners, parents or caregivers to enable them to help children develop their physical skills. These activities form the criteria which will be used in this study to measure if the ECD centres implement activities to develop children's physical abilities.

Table 2.1: Structured and unstructured physical activities for children from birth to 5 years old

	Structured physical activities	Unstructured physical activities
Infants (0–12 months)	Encourage physical activities which include moving their arms and legs. Provide children with physical objects to encourage them to move. For example, place a toy a few feet away from the child and let them reach for the toy. This will encourage the child to roll, crawl or walk to the object.	Provide children with a safe and nurturing environment, where they can play. Encourage children to engage in gross motor play and exciting locomotor activities like crawling, rolling, free movement, sitting up, reaching, pulling up and walking
Toddlers (1–3 years old)	Provide toddlers daily with 30 mins of structured play.	Provide toddlers daily with 60 mins of unstructured physical

	Encourage activities that can develop movement skills. Activities include using a soft ball to encourage children to catch and throw the ball or kick and bounce the ball, play music and encourage children to dance, do animal movements, like jumping like a rabbit, let children play with bicycles, scooters or tricycle.	play, which include outdoor activities like walking around, swinging, running, playing in the sandpit, playing in the fantasy corner with friends, jumping, playing on outdoor resources.
Pre-schoolers (3–5 years)	Provide children with 60 mins of structured physical activities. Make sure that all the children participate and that they develop their movement skills. These activities include playing with a hula-hoop, set up an obstacle course where children can jump over boxes and crawl under chairs, using scissors to cut paper, drawing pictures, playing with clay, play games like Simon says.	Provide children with 60 mins of unstructured physical activities. Make sure that the environment is safe and allow children to explore and experience new things. Some of the activities include running, jumping, leaping, climbing and fantasy play.

(Source: Krakow, 2011)

2.2.2 Cognitive development

This refers to the achievement of mental growth which is essential for thinking and making sense of the world around us (Schandy, 2011). According to Brewer (2007), cognitive development includes all mental activities such as categorising, problem-solving, creating, fantasising, symbolising and dreaming. It is the development of a child’s thoughts and reasoning activities. For children to develop their cognitive skills, it is necessary for ECD facilities to provide an enriched environment where children will have the opportunity to stimulate their brain functions. Piaget’s theory of cognitive development is based on giving children the opportunity to learn actively rather than being taught through teaching (ESSA, 2014). Children develop their cognitive abilities through active learning where they construct new things for

themselves. These qualities of cognitive development form the criteria in my study which will be the criteria for assessment through the instruments used to establish if the centres are implementing these qualities in their ECD centres. Jean Piaget's four stages of cognitive development provide practitioners and parents with guidelines to be able to facilitate children's cognitive developmental stages. These four stages include:

- **Sensorimotor stage (0–2 years)**
In this stage, cognitive activity is based on immediate experiences through senses. The most important activity is the children's interaction with the environment. Children begin to understand that an object still exists even when it cannot be seen.
- **Pre-operational stage (2–7 years)**
In this stage, children learn through pretend play, but they still struggle with logic and taking the point of view of other people. Children learn to associate words and symbols with objects; for example, children are able to pretend that a broom is a horse.
- **Concrete operational stage (7–11 years)**
Children begin to think logically, but their thinking could still be unclear. They may experience problems with understanding abstract concepts.
- **Formal operational stage (11–15 years)**
In this stage, children are able to communicate and consider other people's ideas. They develop adult patterns of thought which involve logical, rational and abstract thinking (Simatwa, 2010; Essa, 2014).

According to Trawick-smith (2014), who focused on Vygotsky's (1978) theory about the importance of mediated play and how it assists in cognitive development, parents and practitioners can provide opportunities for children to play to develop cognitive abilities. Pretend play is useful in developing these abilities: it is when children transform themselves into make-believe people, animals or objects. Parents and practitioners can encourage children to pretend-play by providing fantasy corners with props in ECD facilities and at home. Vygotsky also focused on the zone of proximal development (ZPD), which is where a child can almost, but not fully, do a task on his/her own, but is able to do the task with the help of someone else through mediation. This helps children to learn new things and develop their cognitive abilities. Scaffolding is also used to give children guidance in order for them to solve problems and learn new things. Scaffolding occurs when teachers provide successive levels of temporary support that help students reach higher levels of academic skills that they would not have achieved without assistance (Feldman, 2014).

According to Papalia and Feldman (2011), children develop their cognitive abilities in the following ways:

- The symbolic function is when a child uses symbols, words, numbers or images to which they have attached meaning. Children who use these symbols are able to remember them without having them physically there.
- Understanding the spaces used by objects is when children understand the relationship between pictures and maps and the larger or smaller objects or the spaces they provide.
- Understanding causality means that children reason by transduction. Children link experiences, even if there are no causal relationships. For example, a child may think that his bad behaviour caused his mother to get sick.
- Understanding identities and categorisation is when children realise that people are the same, even if their size or appearance differs. Categorisation is when children are able to identify similarities and differences of certain things.
- Understanding numbers means that children from a young age are able to understand the concept of numbers.

2.2.3 Social and emotional development

Social and emotional development refers to children's ability to understand others' feelings, to get along with peers, and to control their own feelings and emotions (Berk, 2013). Children's emotional signals (which include crying, smiling, etc.) affect the behaviour of others. They learn to use their emotions to communicate and learn different emotions through observing others in everyday situations (Berk, 2013). Children struggle to control their emotions and are easily frustrated, but over time they learn to control their emotions. It is important for parents and practitioners to help children develop their social and emotional abilities through different activities. They can teach them to share, communicate with other children, and help them to develop their personality and self-esteem. By the time children reach preschool, they should have a good set of emotional responses. These responses are developed through the feelings children have towards other people and events in the environment. Children must know that they are allowed to have feelings and be able to share them with other people (Charlesworth, 2004). According to Frost, Wortham, and Reitfel (2008), there are seven characteristics of social-emotional development:

- Self-concept: children compare their appearances, abilities and accomplishments with other children, which help them to make social comparisons. What other people say and think about them will influence how they see themselves.
- Self-esteem: children start to make their own decisions about their self-esteem. Children feel that people like or dislike them based on how well they do certain things.

- Self-regulation of emotions: children develop an understanding of their feelings and emotions. Children learn how to control their emotions from their parents and caregivers. If their parents do not cope with emotions, the chances are that children will also struggle with that.
- Empathy: children start to develop an understanding for other people’s emotions and feelings. Children start to comfort one another with words and gestures.
- Parent-child relationships: The most important way for children to develop their social and emotional abilities is through their parents. Factors that influence this relationship include parenting style, the child’s temperament and the discipline used.
- Sibling relationships: a child’s social-emotional development is also influenced by siblings and family. They can have a supporting or negative influence on these children.
- Peer relationships: social and emotional development is dependent on the relationship with other children. Children in an ECD facility will have more opportunities to interact with other children, but quality programmes are needed to develop these abilities.
- Social competence: good social development leads to social competence, which means that children have a more positive attitude towards others and have social behaviours that help them to be liked by others (Trawick-Smith, 2014).

According to Berk (2013), there are certain milestones of emotional development that children reach at a specific age. Table 2.2 was adapted from a study done by Berk (2013) and it focuses on the emotional expressiveness and the emotional understanding of children when they reach a certain age.

Table 2.2: Milestones of emotional development

Age	Emotional expressiveness	Emotional understanding
Birth–6 months	<ul style="list-style-type: none"> • Smiles appear • Laughter emerges • Happiness of children develops when familiar people are interacting with the child • Emotional expressions become organised 	Becoming aware of emotions by seeing the caregiver’s face-to-face communication.
7–12 months	<ul style="list-style-type: none"> • Emotions of anger and fear develop • Use caregivers as a secure base • Control emotions through stimulation 	Becoming involved in social referencing
1–2 years	<ul style="list-style-type: none"> • Self-conscious emotions appear, 	Children begin to realise that other

	<p>but they depend on the encouragement of the parents or caregivers.</p> <ul style="list-style-type: none"> • Children start to use language in order to help them with emotional self-regulation 	<p>people's emotions may differ from their own and they develop a sense of empathy.</p>
3–6 years	<ul style="list-style-type: none"> • Children can start to show an emotion they do not feel. • Self-conscious emotions are combined with self-evaluation. • When children start to develop their language abilities, they also develop strategies to regulate emotions. 	<p>As children's language abilities develop and improve, their empathy becomes more reflective. Children's understanding of emotions develops.</p>

(adapted from Berk, 2013)

The qualities of social and emotional development were included in my interviews and observation instruments to assess if children's social-emotional abilities were being developed in their ECD centres.

2.2.4 Linguistic development

Language development is defined as the ability to read and write in order to solve one's problems, learn new information, meet one's own needs, and to find pleasure in the written word. It is the foundation on which to build a social life (Brewer, 2007). For children, language is seen as a way to express themselves through communication with others. The language of children differs from adult language. It is not only learnt through imitating adults, but actively by communicating with other children and understanding them. Experiences also help to build a child's language abilities. Therefore, children need to have the opportunity to communicate and build their vocabulary. In fact, the language experiences children have during their early years will determine their success in later literacy (Gordon & Browne, 2004). Table 2.3 below shows the different stages that children go through in their language development at different ages (Frost, Wortham, & Reitfel, 2008).

Table 2.3: Stages of language development: Birth to 6 years

2 months	The infant is developing a variety of noises, which include crying, laughing, cooing and fussing.
3–6 months	Parents and caregivers usually give the description of the objects babies are looking

	at or playing with.
6–10 months	Babies start to babble and begin to use gestures to communicate.
10–12 months	Babies start to understand simple words.
13 months	Babies speak their first words. They understand more than they can say.
13–18 months	They use one-word communication.
18 months	Increase of vocabulary development.
21 months	Start to combine two words. Children begin to understand the rules of grammar.
24 months	The child has a vocabulary of up to 200 words.
2–6 years	Children are able to learn more than 10 000 words. They are able to use 3 words or more in sentences which are grammatically correct. These children can follow the rules of language including grammar and pragmatics.

2.2.5 Summary

Early Childhood Development (ECD) plays an important role in a child’s future success. Children who do not develop their physical, social, emotional, cognitive and linguistic abilities between the ages of birth and 4 years will most likely always tend to fall behind their peers. Practitioners, caregivers or parents play an important role in a child’s overall development during these early years as they need to help children to develop these abilities at an early age and to stimulate them. Children need to develop their small and large muscles to enable them to crawl, run, tie shoelaces, or to do any other physical movements. Cognitive development is important to enable children to do any mental activities such as problem-solving. Social and emotional development is essential for children to develop relationships with people and to enable them to control their emotions and feelings. Children also need to develop linguistic abilities to be able to read and write and build their social life. All the developmental stages are essential for children to develop holistically and to form the foundation on which future learning can take place. Early Childhood Development (ECD) focuses on developing children to reach their full potential in life. The above-mentioned theories of developmental milestones were used as guidelines to develop my own theoretical model of ECD, which was used to determine the quality being provided at the selected centres. The model was used as a guideline during my interviews and observations in order to establish if the five developmental areas of children were being developed in the centres’ daily programmes. The following Table (2.4) presents a comprehensive model of the five developmental areas of early childhood.

Table 2.4: Early childhood development (EDC)

Early childhood development ECD has three periods of development which include	
<ul style="list-style-type: none"> • The prenatal period from conception to birth • Infancy and toddlerhood from birth to 6 years old 	
5 Developmental stages of children for ECD	Principals of ECD
Physical development	Four principles of physical development: <ul style="list-style-type: none"> • The cephalocaudal principle. Development tends to progress from the child’s head and then downwards. • The proximodistal principle. Development starts at the centre of a child’s body and then continues outwards. • The hierarchical integration. Children develop simple skills independently, like grasping something. • Independence of systems. Different bodies grow and develop at different periods of time (Feldman, 2014). <p>These principles all develop at different stages in a child’s life. These stages are divided into three groups: 0–12 months, 1–3 years, and 3–6 years old.</p>
Social-emotional development	There are seven characteristics of social-emotional development: <ul style="list-style-type: none"> • Self-concept • Self-esteem • Self-regulation of emotions • Empathy • Parent-child relationships • Sibling relationships • Peer relationship • Social competence (Trawick-Smith, 2014). <p>Children can develop their social-emotional development through different activities which will</p>

	<p>help them to learn to share, communicate with other children, and help them to develop their personality and self-esteem.</p>
<p>Linguistic development</p>	<p>Language has different stages of development:</p> <ul style="list-style-type: none"> • 2 months (Developing a variety of noises) • 3–6 months (Babies play with objects and focus on linguistic development) • 6–10 months (Start to babble) • 10–12 months (Understand simple words) • 13 months (Speak their first word) • 13–18 months (Use one-word communication) • 18 months (vocabulary development) • 21 months (Start to combine 2 words) • 24 months (Vocabulary up to 200 words) • 2–6 years (Learn more than 10 000 words)
<p>Cognitive development</p>	<p>Piaget’s stages of cognitive development for children:</p> <ul style="list-style-type: none"> • Sensorimotor stage (0–2 years) <p>Immediate experiences through senses.</p> <ul style="list-style-type: none"> • Pre-operational stage (2–7 years) <p>Children learn through pretend play</p> <ul style="list-style-type: none"> • Concrete operational stage (7–11 years) <p>Children begin to think logically, but their thinking could still be unclear.</p> <ul style="list-style-type: none"> • Formal operational stage (11–15 years) <p>Children are able to communicate and consider other people’s ideas.</p> <p>Cognitive development is essential to develop all mental activities such as categorising, problem-solving, creating, fantasising, symbolising and dreaming.</p>

2.3 TEACHER DEVELOPMENT

Teacher development is one of the three key areas of development. This area plays an important role in children's overall development and in the provision of quality in ECD centres. In the current study, teacher development includes quality teaching as well as the different qualifications of ECD practitioners and principals. It also includes access to training (see Table 1.4).

According to the DSD (2014), an ECD practitioner is a person who has been formally or informally trained to provide ECD services to children from birth to school-going age. A good practitioner is someone who plans, organises and conducts activities that will help children develop a wide variety of skills. The practitioners should know each child's talents and interests and should focus on children's development in all areas. These practitioners should be aware of the children's basic needs in order to support them where they need it most and also to support parents and families to be part of the child's growth and development (Brewer, 2007). The practitioners in an ECD centre care for the physical, social, linguistic, emotional and cognitive needs of infants, toddlers or preschool children. They both educate and nurture young children (Essa, 2014).

Teacher development is defined as a practitioner's inner change and growth to become the best educators they can be. Head and Taylor (1997) identify three characteristics of what teacher development entails which includes dealing with the needs of practitioners to enable them to assist in their diverse needs. Practitioners need to experience new challenges and help children develop the best they can; it does not only focus on linguistic development, but they need to assist in counselling skills, physical development, social-emotional development, cognitive development, etc. My study used the theoretical approach on teacher development to set criteria which were used to analyse and assess the selected centres, and to establish how they implemented quality teaching and qualifications of practitioners in their ECD centres.

2.3.1 Quality teaching

According to Robert, Aloisi, Higgins, and Major (2014), quality teaching is described as effective teaching that improves children's achievement for future success. The best way to measure quality teaching is to focus on children's progress during the year. Robert *et al.* (2014) state that there are six components that should be used to assess quality teaching, but the most important component is pedagogical content knowledge. Pedagogical content knowledge (PCK) is defined as a certain knowledge that is unique to a practitioner and is based on the knowledge practitioners have about teaching and the knowledge they have of the specific subject they teach, and how they use certain strategies to put across content knowledge in specific disciplines. Children do not only need practitioners who have knowledge about the subject they teach, but they need practitioners who can teach clearly and effectively (Robert *et al.*, 2014). The six criteria for quality teaching include the following:

- The first criterion is that practitioners PCK should be relevant and appropriate and they should implement it effectively.
- The second criterion is that practitioners should be aware of children's progress and change their methods if children do not develop effectively. Practitioners can assess children's learning continuously and adapt teaching to student needs. Practitioners can also use questioning behaviour to assess children's progress.
- The third criterion is that the classroom climate plays an important role in quality teaching. Practitioners can interact with children and provide active learning.
- The fourth criterion is the use of classroom management where practitioners can make use of lesson time, have clear rules for the children to follow, and use effective resources. Practitioners can also develop a collaborative classroom where all children are included.
- The fifth criterion is that practitioner's qualifications and training also play an important role in quality teaching.
- The sixth criterion is professional behaviour, where the practitioners can communicate with parents and co-workers, give them constant feedback and activities to help their children develop where they need extra attention. The quality of interactions between practitioners and the child is essential.

Berg (2007) also focused on the importance of quality teaching and found that there are a few things that practitioners can do to provide quality teaching, which include: providing time for children to learn and giving instructions accordingly; always making children feel that they have high expectations for their success; making sure all children are engaging in the activities; and ensuring success for children as they progress through the programme. Another important aspect in providing quality teaching is to focus on the children's families (Berg, 2007):

- Practitioners can build trusting relationships with the families of the children by supporting and respecting each family's culture and home language;
- Practitioners can include the families by sharing the child's weaknesses and strengths;
- Practitioners can invite parents or caregivers to events organised by the centre, where the parents can feel part of the child's environment; and
- Practitioners can offer information related to the programmes, activities, nutrition and development of the children.

According to the DSD (2015), the following table is used as a guideline for practitioners in order for them to provide quality provisioning and meet the norms and standards provided by the DSD. Table 2.5 below explains how many practitioners are needed for the number of children per classroom. According to the DSD (2015), babies between birth and 18 months need 1 practitioner per 6 babies in an ECD facility;

children between the ages of 19 and 36 months need 1 practitioner per 12 children; and children older than 36 months need 1 practitioner per 20 children. Practitioners need to implement this in their ECD centres in order to provide quality teaching. Children younger than 3 years old need personal attention from a practitioner in order to develop holistically. The following shows the proposed norms for practitioner-children ratios

Table 2.5: Proposed human resource norms adapted from the Department of Social (Development, 2015).

Category of worker	Worker/Practitioner	First level supervisor
Mother & child community worker	60 individual home visits per year	One supervisor per 25 mother & child workers
Playgroup facilitator		One supervisor per 25 playgroup facilitators
0–2 years old	1 playgroup facilitator per 75 children (5 groups of 15 children a week)	
2–4.5 years old	1 playgroup facilitator per 30 children (2 sessions of 15 children daily; the same children attend)	
ECD practitioner		1 supervisor per 25 centres
0–18 months	1 practitioner per 6 children	
19-36 months	1 practitioner per 12 children	
+36 months	1 practitioner per 20 children	

(adapted from the Department of Social Development [DSD], 2015, p. 138)

Table 2.5 is used as a guideline for practitioners working at ECD facilities. The table above shows that children who are being stimulated at home by their mothers need to be visited by practitioners sixty times per year. Children between the ages of birth and 2 years need to have one playgroup facilitator per 75 children (5 groups of 15 children a week). Children between the ages of 2 and 4 to 5 need one playgroup

facilitator per 30 children (2 sessions of 15 children daily). The above table was used as a guide for my interview and observation instruments for the centres.

2.3.2 Qualifications of ECD practitioners

Qualified practitioners play an important role in children's development, especially for children from low-income circumstances. According to Haycock (1998), in order for practitioners to provide effective teaching, they need to possess the following abilities: they need to have the necessary skills to develop children's linguistic and cognitive development; content knowledge; good teaching skills; and some form of qualification or training (Haycock, 1998). Elliott (2006) states that training and education for practitioners is essential in order for quality to be provided through the skills and knowledge that practitioners use to stimulate children. Practitioners who have received some form of training or qualifications have a better understanding of children's development as they are able to develop children's perspectives, ask stimulating questions to children and comfort them when needed. They also need to provide effective lesson plans, have a good vocabulary, and have a more successful number of children reaching their full potential.

The qualifications used in South Africa are based on the National Qualifications Framework (NQF) by the South African Qualification Authority (SAQA). The minimum qualification standard for an ECD practitioner is the NQF Further Education and Training Certificate in ECD – Level 4 Certificate. The Level 4 ECD qualification was developed to help practitioners from different ECD facilities to attain the necessary knowledge to help children to develop holistically and prepare them for formal school (Atmore, 2012). Table 2.6 below focuses on the different learning pathways for principles and practitioners working at ECD facilities. Table 2.6 was adopted from the Sector Skills plan 2013–2014.

Table 2.6: Learning Pathways for ECD-related Qualifications – Children 0–4 years

NQF Level (Current)	Formal Schooling & Higher Education Academic Pathway	ECD Vocational Pathway	SETA Occupational Pathway	
1	General Ed Certificate (GEC ID 63289)	GETC: ABET: ECD (LP against Qual 71751)	GETC: ABET: ECD (LP 73254 against Qual 71751) Level 1 ECD Unit Standards (SAQA ID 244261 & 244263)	
2	National Senior Certificate (NSC) ID 49647	National Certificate Vocational Level 2 (ID 50440) – Specialisation in ECD as a subject option	Level 2 ECD Unit Standards (SAQA ID 244255, 244528, 244262)	
3		National Certificate Vocational Level 3 (ID 50442) – Specialization in ECD as a subject option		Community Development Certificate-specialization in ECD a subject option (SAQA ID 66749)
4		National Certificate Vocational Level 4 (ID 50441) – Specialization in ECD as a subject option	FETC: ECD (SAQA ID 58761) Occ. Cert: ECD Practitioner (SAQA ID 58761)	FETC: Community Development: (SAQA ID 76984) Occ. Cert: Community Develop. Worker ID:
5		N4, 5, 6 Educare	Higher Certificate: ECD (SAQA ID 23117) National Diploma: ECD (SAQA ID 23118))	Certificate Community Development: ECD (83388) Occ. Cert. Community Development Practitioner NQF level 5 – The SAQA ID: 58761

6	Lack of degree specializations for those working with 0 – 4 age cohort Lack of articulation from Level 5 to B Ed Foundation Phase			
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(Source: ETDP-SETA SSP 2013–2014)

Table 2.6 starts with NQF level 1 - basic Certificate in Early Childhood Development. This qualification is equivalent to Grade 9. According to UNICEF (2011), the purpose of the qualification is:

- to provide access to training for many experienced people who work with young children, but have not had the opportunity to receive any training or education;
- to enable learners or practitioners to understand and respond appropriately to the basic needs of young children in all areas of their development and in a specific setting; for example, centre-based or home-based; and
- to improve the quality of ECD services for young children in different ECD facilities.

The next level is a Level 2 National certificate, which focuses on health and safety and on interactions with children. Practitioners with a Level 2 certificate are usually practitioners working under the supervision of others. They are usually assistant practitioners at ECD facilities. According to Richter *et al.* (2014), a useful entry point for previously untrained practitioners working in home, community and centre settings are the following qualifications:

- NQF Level 1: Maintain records and give reports about babies, toddlers and young children (244261)
- NQF Level 1: Prepare an environment for babies, toddlers and young children (244263)
- NQF Level 2: Care for babies, toddlers and young children (244255)
- NQF Level 2: Interact with babies, toddlers and young children (244262)
- NQF Level 2: Demonstrate basic understanding of child development (244528).

Practitioners who obtained the above-mentioned qualifications will be able to work as assistants at ECD facilities. These qualifications will help the practitioners to improve the quality provisioning being provided in their centres. Practitioners working at ECD centres must at least have a NQF - Level 4 qualification. The following qualifications are available:

- NQF Level 3 - National Certificate: Community Development (Qualification ID 66749)

	None
	Certificate
	Diploma
	Degree

South Africa provides a variety of ECD qualifications that can be obtained through different colleges, private sectors and NGOs as indicated in Table 1.4. These qualifications help practitioners to obtain the basic knowledge to help stimulate children, and to assist practitioners in helping to close the education gap in South Africa for 0- to 4-year-olds, and enable them to provide quality teaching. Teacher development plays an essential role in the quality being provided at ECD centres. Adults working with children should acquire the necessary knowledge to educate and stimulate children and this knowledge is usually obtained through ECD qualifications as mentioned above. Quality teaching is assessed by the stage of development that children achieve, which is obtained through practitioners who respect children, create a sense of belonging in the classroom, are caring, set high expectations for children, learn new methods of teaching, have knowledge of the field they work in, and have good people skills to build relationships with parents and children. The above-mentioned theories of teacher development helped the researcher to create their own theoretical model of teacher development (Table 2.7). This model helped the researcher to assess the quality being provided at the selected ECD centres:

Table 2.7: Theoretical model of teacher development

Teacher development	
Teacher development plays an important role in the quality being provided at ECD centres. Practitioners need to provide children with quality teaching to help them develop into successful learners. Practitioners need to be qualified in order to acquire the basic educational knowledge for early stimulation to take place with children.	
Quality teaching	Qualifications of practitioners
Measure quality teaching In order to measure quality teaching, practitioners can assess the children's achievement and progression during the year. <ul style="list-style-type: none"> • Qualified practitioners 	The minimum qualification standard for an ECD practitioner is the NQF Further Education and Training Certificate: ECD (Level 4). These qualifications are for assistant practitioners at ECD facilities: <ul style="list-style-type: none"> • NQF Level 1: Maintain records and give
The most effective ways to stimulate children are to:	

<ul style="list-style-type: none"> • give children enough time to learn new concepts. • let children know that their practitioner believes in them; • make sure that all the children in the classroom are engaging in the activities; • develop good relationship with parents; • interact with children. 	<p>reports about babies, toddlers and young children (244261)</p> <ul style="list-style-type: none"> • NQF Level 1: Prepare an environment for babies, toddlers and young children (244263) • NQF Level 2: Care for babies, toddlers and young children (244255) • NQF Level 2: Interact with babies, toddlers and young children (244262) • NQF Level 2: Demonstrate basic understanding of child development (244258). <p>The following qualifications are used for people specialising in ECD facilities and working at any ECD facility as a practitioner:</p> <ul style="list-style-type: none"> • NQF Level 3 - National Certificate: Community Development (Qualification ID 66749) • NQF Level 4 - Further Education and Training Certificate (FETC): Community Development (Qualification ID 76984) • NQF Level 5 - National Certificate Community Development: ECD (Qualification ID 83388) • NQF Level 4 - Occupational Certificate: Early Childhood Development Practitioner (Credits 131) (Occ. Code 234201 & SAQA ID: 58761) • NQF Level 5 - National Certificate: Early Childhood Development (Credits 212) (SAQA ID: 58761) • NQF Level 5: National Diploma: Early Childhood Development (SAQA ID: 64650)
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2.4 CURRICULUM DEVELOPMENT

Curriculum development is one of the three areas that are critical to ECD that is used in this study to establish the quality being provided in a variety of ECD centres. In relation to this study curriculum development includes the National Curriculum Framework (NCF), the National Early Learning and Development Standards (NELDS), Independent Schools Association of Southern Africa (ISASA) and Curriculum and Assessment Policy Statement for Grade R (CAPS). In addition two Early Learning assessment instruments -The Early Childhood Environment Rating Scale (ECERS) and Early Learning Outcomes Measure (ELOM)- will be discussed briefly in relation to how they monitor programmes for quality provisioning. These curricula and programmes are guidelines for ECD practitioners to use during their daily programmes. In this study, the different curricula programmes were used as guidelines to create a curriculum programme that was used to assess the quality of the programmes used in the six under-resourced centres that were visited during this study.

The purpose of curriculum development is to prepare children to become lifelong learners and to develop them holistically through a variety of teaching and learning activities. The main focus of curriculum development is on children's (0- to 4-year-olds) physical, cognitive, social, emotional and linguistic development (Royce, *et al.*, 2015). Curriculum development is defined as a planned, purposeful, progressive and systematic process to create a positive effect for children to reach their full potential. According to the World Bank (2010), quality ECD programmes improve outcomes by facilitating:

- Crucial health and nutrition contributions;
- Greater access to primary school;
- Lower numbers of children repeating a school year from grade 1 to grade 12;
- Higher achievement rates in education.

Early Childhood Development (ECD) programmes that focus on addressing different needs like nutrition, health, physical abilities and social-emotional stimulation have a more effective impact on children's achievements. The various programmes of early learning will be discussed below.

2.4.1 National Early Learning and Development Standards (NELDS)

The National Early Learning and Development Standards (NELDS) for children from birth to 4 years is also a curriculum used in ECD centres that focuses on early learning activities to meet children's learning needs (Department of Basic Education [DBE], 2009). The NELDS curriculum was developed before the NCF curriculum. NELDS is a curriculum that was developed to help practitioners, parents and principals provide children with the best learning environment and to help them reach their full potential. It is designed to develop children's linguistic, learning, cognitive, physical, social and emotional abilities and to help them become active and responsible citizens. The curriculum is designed to provide assistance for all forms of ECD facilities, such as: home-care facilities, private institutions, independent institutions, and

school-based services. Six developmental areas are used in the NELDS curriculum, which include thinking critically, solving problems and forming concepts, becoming more aware of themselves as individuals, demonstrating a growing awareness of diversity, learning to communicate effectively, learning about mathematical concepts and beginning to develop physical abilities.

It is a curriculum-related policy which mainly focuses on the early learning needs of children from birth to 4 years old. The main focus of the NELDS curriculum is to address children's social, health and educational needs, especially children from under-resourced circumstances. Practitioners and training organisations gave feedback on the implementation of the curriculum and the DBE (2009) found that NELDS helps practitioners and parents with creative ideas to use materials to develop children. These ideas can be used in under-resourced or resourced centres to improve children's holistic development and to ensure that they can become responsible citizens. The following principles can be followed by practitioners and parents to ensure that the NELDS curriculum is implemented successfully: practitioners and parents should ensure that children develop their self-identity; children should be developed into lifelong learners; diversity should be acknowledged and respected; and the practitioners and parents should allow children to explore and develop in their own unique way.

The NELDS curriculum has four sections that can be used as guidelines as mentioned below (Department of Basic Education, 2009):

Section 1: Characteristics of children birth to 4 years. NELDS divides children into three categories: babies, 0–18 months; toddlers, 18–36 months; and young children, 3–4 years.

Section 2: Strategies for enabling positive growth and development of children. The following strategies should be implemented by practitioners or parents: children need good nutrition and hygiene; children need routine doctors check-ups; active play must be provided; children need to have the opportunity to choose their own activities to play; outdoor and indoor environments must be safe and the necessary equipment should be available at all times; practitioners and parents should pay attention when children communicate with them; children's home language should be implemented; and practitioners and parents should encourage their children when they do difficult activities.

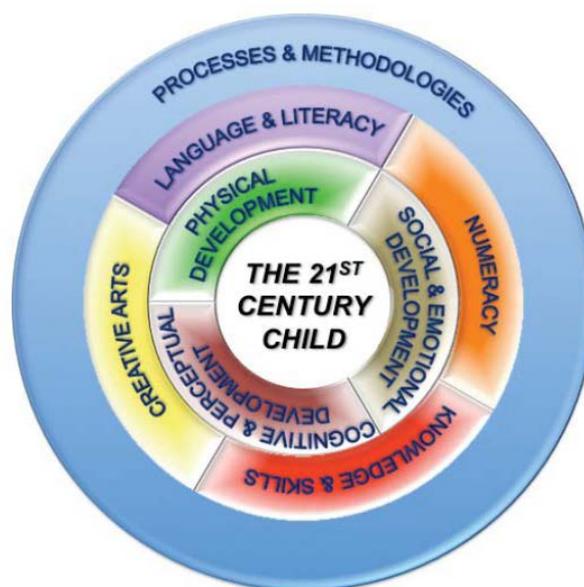
Section 3: Pointers to developing early childhood stimulation programmes. For practitioners to develop a stimulation programme, they need to keep a few things in mind such as: a programme is a guide to help practitioners to make daily, weekly and monthly planning, programmes should be flexible; the programme should be child-centred; the programme should be play-based, because children grow and learn through different forms of play and the programme should ensure age-appropriate activities for each age group.

Section 4: Assessment of children birth to four years. Assessment is used to gain the following information related to the child; their development, their abilities, their interests, their knowledge, their weaknesses and their abilities in certain areas.

2.4.2 Independent Schools Association of Southern Africa (ISASA)

Royce, Schmidt, Schafer, Evans, Johnson, Baine, Melvill-Smith and Rowley (2015) focused on the Independent Schools Association of Southern Africa (ISASA) curriculum. ISASA is a non-profit, voluntary association and schools choose to apply for ISASA membership. Each member pays an annual subscription fee, and in return, the members receive a variety of services, which include school best practice, professional development, and other services. This curriculum programme uses a model to implement their programmes, as shown in Figure 2.1:

Figure 2.1: Model to implement programmes of the Independent Schools Association of Southern Africa (ISASA)



At the centre of the ISASA model is the 21st century child. The core developmental areas include social, emotional, cognitive, perceptual and physical development. The secondary areas of development include language and literacy, numeracy, creative arts, and knowledge and skills development. These areas of development have been used to form the centre of previous curriculum programmes. The outside of the model contains the processes and methodologies of other curricula and programmes used in South Africa (Royce *et al.*, 2015). Each of these areas of the model focuses on certain aspects, which include:

Social and emotional development

- Play and interactions

- Relationships
- A child's behaviour
- Sympathy and caring
- Work ethic
- To be strong in difficult conditions
- Social awareness
- Aware of themselves

Cognitive and perceptual development

- Visual/auditory processing
- Visual/auditory memorisation
- Visual/auditory discrimination
- Organising things visually/auditory
- Identification of a whole object
- Visual/auditory analysis and synthesis
- Recognition of forms regardless of position
- Visual/auditory motor skills
- Cognitive skills, which include problem-solving, basic thinking skills, planning, organising, and moving from concrete to abstract.

Physical development

- General health
- Ability to move
- Stay in one position
- Balance
- Eye-foot coordination
- Eye-hand coordination
- Large motor skills, using large objects, like pushing and pulling
- Fine motor skills, using smaller objects, like drawing or writing
- General physical abilities such as: core strength, body awareness, body orientation, crossing the middle and using both sides of the body in a coordinated way.

Language and literacy

- Listening and speaking
- Phonics
- Reading, such as shared reading, independent reading and group reading
- Writing skills
- Drawing

Numeracy

- Number concept development, including counting, number symbols, problem-solving using money in fantasy play.
- Patterns, functions and algebra, which include understanding patterns made with shapes and colours.
- Space and shape, which include position and 2D shapes.
- Measurements such as time, length, mass and volume.
- Collection and sorting of physical objects.

Knowledge and skills

- Knowledge
 - Personal information (know your name)
 - Knowledge of health and safety rules
 - Interest in new topics
 - Understanding of thematic work, for example seasons
 - Awareness of our obligation to be citizens of our environment
 - Environmental awareness, for example no littering
- Skills
 - Awareness of basic life skills, such as personal hygiene
 - Ability to use basic technology
 - Following basic instructions
 - Using basic thinking skills
 - Personal skills, like relationships with other people

Creative arts

- Performing arts
 - Participation in activities
 - Music and movement, like singing songs and dancing to rhythm
 - Performing in drama activities
- Visual arts, which include using paint brushes, free drawing, etc.
- Appreciation of different forms of art (Royce, *et al.*, 2015)

2.4.3 National Curriculum Framework (NCF)

The DBE (2015) focused on the South African National Curriculum Framework (NCF) for children from aged 0 to 4. According to the DBE the first 1 000 days of a child's life are essential for children to form the building blocks for future health, social and emotional abilities and a child's physical and cognitive development. The NCF focuses on providing children with quality provisioning to ensure that they reach their full potential. The DBE (2016) defines six early learning and development areas as follows:

- **Well-being**

This refers to the emotional, social and physical abilities of a child's development. Children's well-being play an important role in their holistic development, because if children are healthy, physically active and well looked after, they will develop well. To develop children's well-being, practitioners need to focus on children's health, safety of the environment, and the development of children's physical abilities.

- **Identity and belonging**

A child's identity and belonging is essential for them to become stronger and to help them recover quickly from difficult conditions, which includes unstable homes, etc. In order for children to develop a sense of belonging and identity, they need to build strong relationships; they need to know what their needs are and be able to meet them; they need to be aware of who they are and be confident learners; and they need to be aware of the uniqueness of people around them and to learn to respect them.

- **Communication**

Communication is essential for children to enable them to build a sense of all six early learning developmental areas and to make sense of the world around them. Practitioners need to give children the opportunity to listen to sounds and hear other people talk; all children are unique and they use different forms to communicate. Children make meaning of things they see, hear, feel, taste and touch, and they develop their ideas through language, drama, etc.

- **Exploring mathematics**

Mathematics helps children develop an understanding of how to solve problems in their environment. Practitioners should understand that children are conscious of numbers and counting, and they start to make contrasts and solve problems: children start to realise different shapes, spaces and measurements and this helps them to understand mathematics.

- **Creativity**

Creativity is when children create new ideas and solutions to problems. The purpose of creativity is to motivate children to become original individuals who appreciate art and understand the value of problem-solving and critical thinking. If children want to become creative problem-solvers they need to create solutions to problems, solve problems through play, create solutions to obstacles through visual art activities, and solve problems through music, dance and drama.

- **Knowledge and understanding of the world**

Children between the ages of birth and 4 years are very interested in the world around them. Children learn more about the world through exploring new objects and by being exposed to new things around them such as animals, people, natural objects like rocks and flowers, books, etc. In order for children to improve their knowledge of the world, practitioners need to give children the opportunity to explore and examine their environment: children need to design new objects and use technology, and also need to explore time and places (Department of Basic Education, 2015).

2.4.4 Curriculum and Assessment Policy Statement for Grade R (CAPS)

The CAPS curriculum is used to help practitioners to assess and keep records of learner achievement in three subjects used in CAPS, which include language, mathematics, and life skills. All three of these subjects use formative assessment for Grade R children where the practitioners use day-to-day teaching and learning activities to help children develop. In this curriculum, there are three areas for assessment (Hindle, 2014):

1. To enable practitioners to know when children have reached their full potential.
2. To show the minimum requirements that children need for a specific grade.
3. To show children's achievements.

Three subjects

Language learning programme for Grade R

The CAPS uses the following to focus on language development: Listening skills, Speaking skills, Phonemic awareness, Phonics, Emergent Reading and Emergent Writing.

Mathematic learning programme for Grade R

The CAPS uses the following content areas: Numbers and Number operations, Measurement, Spaces and shapes, Patterns and Functions, data handling.

Life skills learning programme for Grade R

Life skills study areas focus on: Beginning Knowledge and Personal and Social Well-being, Creative arts, Physical education. Each off the above areas will focus on different topics: Me, At School, In the

classroom, Books, Days of the week, My body, Healthy living, Summer, Shapes and colours around us, etc. (Hindle, 2014).

2.4.5 Early Childhood Environment Rating Scale (ECERS)

According to Clifford and Reszka (2010), ECERS is used to measure the quality being provided in early childhood and is used as a programme improvement tool in different settings, such as rural or urban settings, for children aged 2 to 5 years, similar to the newly developed ELOM (see 2.4.6). The quality of ECD consists of the different interactions – this is where the ECERS differs from the other curricula that do not focus on interactions. The ECERS focuses on interactions between staff and children, parents and other adults, interactions between the children, and also the interactions that the children have with different materials in the environment. In order to provide quality ECD, practitioners and parents need to provide these three basic needs of children, which include: protecting the child's health and safety, providing children with the opportunity to receive stimulation, and building relationships. The Environment Rating Scale has 43 items which is organised into 7 subscales (Clifford & Reszka, 2010):

- **Space and Furnishings**

1. Indoor area
2. Furniture for routine care, play and learning
3. Furnishings for relaxation and comfort
4. Room arrangement for play
5. Area for privacy
6. Child-related display
7. Area for gross motor play
8. Gross motor equipment

- **Personal Care Routines**

9. Greeting/departing
10. Meals/snacks
11. Nap/rest
12. Toileting/diapering
13. Health practices
14. Safety practices

- **Language-Reasoning**

15. Books and pictures
16. Encouraging children to communicate
17. Using language to develop reasoning skills
18. Informal use of language

- **Activities**

19. Fine motor skills
20. Art activities
21. Music and movement
22. Playing with blocks
23. Playing with sand and water activities
24. Dramatic play
25. Nature and science activities
26. Mathematical activities
27. Use of TV, video, or computers
28. Educating children on accepting diversity

- **Interaction**

29. Supervision of gross motor activities
30. Supervision of children doing physical activities like playing
31. Discipline
32. Staff-child interactions
33. Interactions among children

- **Programme Structure**

34. The centre needs to follow a schedule
35. Free play
36. Group time to interact with one another
37. Provisions for children with disabilities

- **Parents and Staff**

38. Provisions for parents
39. Provisions for personal needs of staff
40. Provisions for professional needs of staff
41. Staff interaction and cooperation
42. Supervision and evaluation of staff
43. Opportunities for professional growth (Sakai, Whitebook, Wishard, & Howes, 2003).

2.4.6 Early Learning Outcomes Measure (ELOM)

The ELOM is used to assess children's development and to establish if quality teaching is being implemented in the centres. Dawes, Biersteker, and Girdwood (2017) focused on the ELOM, which is a programme that has been implemented in South Africa. The purpose of ELOM is to provide all early learning programmes with an assessment instrument in order to enable practitioners, parents and caregivers to monitor children's progress towards Grade R. ELOM focuses on children between the ages of 0 to 6 years and has been divided into three phases (Dawes *et al.*, 2017):

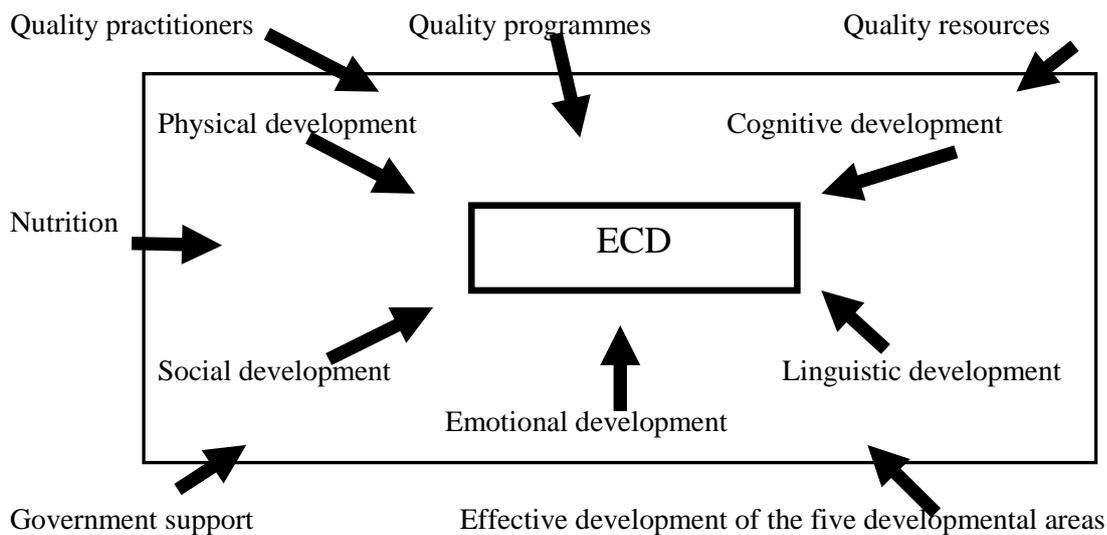
The ELOM used six domains to measure the children's early development:

- Gross motor development
- Fine motor coordination and visual motor integration
- Emergent numeracy and mathematics
- Cognition and executive functioning
- Social and emotional development and awareness
- Emergent literacy and language

The above domains are similar to those used in my study. They are used for children from birth to six years of age. These can be implemented in ECD centres to help children develop holistically. This study found that the majority of ECD centres do not use curricula provided, but they rather use their own weekly programmes of activities that they have created. The curricula mentioned above can be used as a guideline to assess what programmes and activities the practitioners use in the selected centres, and if these programmes provide quality provisioning. The three major aspects of ECD – teacher, curriculum and child development – were used in the interviews and observation sheets to measure the quality being provided.

These three areas of development play an important role in the overall success of the centres and they are interdependent, because without good quality teaching and a quality curriculum, children will not be able to develop their five developmental areas: physical, social, emotional, cognitive and linguistic development. The above-mentioned curricula were used in order to create my own theoretical model for curriculum development (see Figure 2.2). It also drew on the criteria for the measurement of quality in the early learning programmes.

Figure 2.2: Factors influencing the five developmental areas of ECD



At the centre of the model above is ECD. The core developmental areas are physical, cognitive, linguistic, social and emotional development. These areas of development play an essential part in a child’s overall development. If children are not able to develop in one of these areas, it will influence all the other areas of development. The outside of the model consists of factors influencing the development of children such as nutrition, government support, effective development of the five developmental areas, qualified practitioners, quality programmes, and quality resources. These factors all play a part in order to establish if the centre provides quality provisioning or not. The above-mentioned model is used as a guideline to see whether the selected centres were providing quality early stimulation in this study. The model is based on the principles that were used to develop my interview and observation instruments. The following criteria for the five developmental areas were used in my observation instrument to establish if the practitioners implement these areas in their daily programmes:

Physical development

- Play outside every day

- Dance to music
- Play physical games
- Teach children activities like jumping
- Teach children to catch and throw a ball
- Do art activities

Cognitive development

- Sing-a-longs
- Identify animal sounds
- Play mind games
- Practice shapes and colours
- Ask them questions
- Practise the alphabet
- Play with toys

Linguistic development

- Read books to the children
- Do musical activities
- Talk to the children
- Let children tell stories or talk
- Teach children new words
- Identify colours
- Learn animal sounds
- Ask questions to challenge and develop their thinking: how and why questions.

Emotional development

- Give children a chance to talk about their feelings
- Let children make their own decisions
- Read stories to the children about their feelings
- Teach children to share
- Listen when the children talk
- Give children time to colour in
- Give children time to do dramatic play by dressing up
- Let children sing songs about emotions
- Know how to identify sad children

Social development

- Children follow the rules of the centre
- Children ask for help when they need
- Children get along with friends
- Children have time to play with one another
- Children participate in group activities
- Children explore new things
- The practitioner praises children when they do something good
- Children listen to each other.

Chapter three will present the literature review which focuses on different studies that also include similar aspects in comparison to the current study. The literature review will also focus on the three major aspects as discussed in chapter two; Teacher development, Curriculum development and Child development.

CHAPTER 3

LITERATURE REVIEW: RELEVANT RESEARCH STUDIES

3.1 INTRODUCTION

The literature review will cover similar studies that focus on the various aspects of the areas of child development. The current study focuses on ECD centres in one district in the North-West province. The following are a selection of studies that have similar aspects to this study. The literature review helped to position my study within the field, and also contributed to the level of criteria for the interview and observation instruments used in this study to measure the quality provisioning of each centre.

3.2 PROVINCIAL-LEVEL STUDIES

The following studies were carried out at a provincial level and focus on teacher development, including qualified practitioners and centres receiving a monthly subsidy from the DSD. Kohen *et al.* (2010) found that provisioning for ECD at a provincial level is more effective in order to address the challenges of ECD. The results of these studies have enabled researchers to correctly assess the requirements of each province individually (Kohen *et al.*, 2010). These provincial-level studies are similar to my study which also focuses on one province, namely the North-West. Atmore's (2013) study also focused on the importance of qualified practitioners and the need that these practitioners have to receive the correct training and qualifications, which is a topic that falls under teacher development in the theoretical framework of my study. The next study, conducted by Girdwood (2013), also focused on registered and unregistered centres and how these centres can benefit from being registered with the DSD to receive a monthly subsidy to become stronger financially, which is relevant to my study which focused on comparing the differences between registered and unregistered centres. The third study, conducted at a provincial level by Giese and Budlender (2011), focused on government support and on centres receiving a monthly subsidy. This is also relevant to my study which focused on the government support that each of the six selected centres receives, as discussed in the theoretical framework under teacher development.

Working together with the Government, private organisations and communities, Atmore (2013) conducted intervention research on young children in South Africa. The action research was conducted in Gugulethu, a township community in Cape Town and Lavender Hill in the Western Cape. They provided a variety of ECD services such as training and equipment for ECD practitioners and parents so as to provide them with the necessary skills and resources to help children develop in a holistic manner. These services provided the centres with more qualified practitioners and more quality resources to enable the

practitioners to help children develop. However, the findings showed that these communities still have challenges that need to be addressed, such as a lack of qualified practitioners, lack of financial support, lack of nutrition, and institutional capacity (DSD, 2006; Atmore, 2013). Atmore (2013) found that these challenges are affecting the quality of South Africa's education for 0- to 4-year-olds – especially unqualified practitioners who are not able to implement the curriculum to facilitate holistic development of children. Atmore (2013) recommends that practitioners need to have the correct qualifications in order for them to possess knowledge about ECD and the curriculum, resources, capacity and quality programmes, and also to cater for children's diverse needs (Steyn, Harris & Hartell, 2014). This is relevant to my study, which also focused on one district. My study also investigated the importance of trained or qualified practitioners in under-resourced ECD centres and how it influences quality provisioning. The topic of the qualifications of practitioners was part of the criteria used in my interviews to assess the state of qualifications that the practitioners from the selected ECD centres actually had.

In terms of registered and unregistered ECD centres in Cape Town, Girdwood (2013) conducted a similar study at a provincial level and focused on young children from the Vrygrond community. The research focused on establishing the cost base of ECD centres and also establishing how ECD centres can support cognitive development of their children. Almost half of Vrygrond's child care centres were sampled (11 out of the 23 centres), and approximately 835 children were part of the study. The researcher used interviews to collect relevant information from the practitioners at the selected centres. The study found that ECD centres need special assistance to register if they have not done so in order to receive the financial support required. By being registered with the DSD as a Partial Care Facility, these ECD centres are more likely to be able to access the provincial ECD subsidy and become financially sustainable, as mentioned in Chapter 1, Table 1.3. However, many ECD centres do not qualify to register as they are not able to fulfil the norms and standards required for registration which have been set by the DSD (DSD, 2014). The study recommends that in order for ECD centres to help children develop with or without funding, they need to create an environment whereby early stimulation is facilitated. We also need to see the actual development of children as a main priority. This is relevant to my study which focused on the differences between registered and unregistered ECD centres and how this could influence quality provisioning at registered centres that received a monthly subsidy to support these centres financially. My study was similar to the aforementioned study; however it was also different in some ways: the aforementioned study focused on the strengths of registered ECD centres, whereas my study focused on the differences between registered and unregistered centres and the effects of not being registered. Girdwood's (2013) study also helps to give guidelines on the norms and standards that centres need in order to become registered with the DSD, which gave the researcher more insight into what these centres need to receive a monthly subsidy. This topic of registered and unregistered centres formed the criteria for the interviews which were conducted in this study to explore the differences between registered and unregistered centres.

A similar study, funded by Ilifa Labantwana, was conducted by Giese and Budlender (2011) to investigate how ECD service providers are able to access government funding for ECD at a provincial level. A multi-methods approach was used to explore a variety of topics, including: Government ECD funding; requirements for funding; support from local government for ECD services; and factors that enable state funding for ECD, which require that the ECD centres need to meet the norms and standards set by the DSD to become registered centres. The data were collected in three provinces, specifically the North-West, Eastern Cape and Western Cape. Interviews were used to collect data from 61 ECD practitioners and 37 government officials. The study found that subsidy funding for ECD facilities in South Africa has increased from R335 million in 2003/2004 to more than a billion rand in 2011/2012 (Giese & Budlender, 2011). However, less than 20% of all the ECD centres in these three provinces received a subsidy from the DSD, because most of the centres in the North-West, Eastern Cape and Western Cape were not registered (Giese & Budlender, 2011). The study focused on providing two solutions: supporting ECD centres to register with the DSD, and to provide training for practitioners working with 0- to 4-year-old children. It is suggested that there are different role players that can help ECD centres to achieve these solutions. The first role player is the local government which is responsible for the health and safety of the centres. They can also provide financial support to the local ECD centres. The DSD also plays an important role in the financial support of ECD centres, but these centres first have to be registered in order to receive this support. In order for them to become registered centres, they first need to meet all the norms and standards, which are impossible for poor centres to reach.

Another role player is True North in the Western Cape whose mission is: “To set a new standard for the education, nurture and holistic development of preschool children and their caregivers, preparing them to assume the fullness of their God-given potential in every sphere of their lives.” Giese’s & Budlender’s (2011) study focused on providing better training and access to ECD practitioners and to help more under-resourced ECD centres become registered. This relates to my study that also focused on ECD centres in under-resourced contexts to understand why some of these centres were not registered and how this influenced their quality provisioning. It also focused on centres that received a monthly subsidy and if this assisted them in providing quality care to all children. Giese’s and Budlender’s (2011) study helps to form a better insight into the effects of centres not being registered, which is similar to what my study focused on. This topic helped to form the questions asked during the interviews used in my study to focus on registered and unregistered centres and the effects of not being registered with the DSD.

The above-mentioned studies conducted at a provincial level show that it is critical for practitioners in ECD centres to have some form of qualification to enhance the quality of the ECD programmes being provided for the children. With regard to provincial-level studies, Giese and Budlender (2011) found that the majority of ECD practitioners do not have a matric certificate nor do they possess any of the ECD qualifications available for practitioners in South Africa, including: short courses on ECD; ECD

certificate Level 1, 4 and 5; a university degree; postgraduate degree; or diploma. This shows the lack of qualified practitioners in ECD centres, which has a negative impact on South Africa's education. Ilifa-Labantwana (2011) found that practitioners in ECD centres feel they do not have to hold any form of qualification to educate young children, and if they do have any form of qualification, they usually migrate to formal schooling (Grade R) for higher status and salary (UNICEF, 2005). Ilifa Labantwana (2011) found that unqualified practitioners in centres in rural and urban contexts will not be able to prepare children for formal schooling or interpret the curriculum which forms the basic development for Grade R. My study focused on provincial-level studies to investigate the challenges of ECD centres more effectively and to focus on the provinces' individual needs for ECD centres in rural and urban contexts.

3.3 STUDIES IN EARLY CHILDHOOD DEVELOPMENT (ECD)

Early childhood development (ECD) is one of the three major areas that are critical to ECD discussed in this study, as mentioned in section 2.2. The following studies all focus on child development, which is the first aspect of the current study. The developmental areas discussed under (2.2) are interdependent, and therefore difficulties in one of these areas will lead to difficulties in all of the other areas of development. The activities mentioned in the studies below have been incorporated into the interviews and observation sheet which were used to collect relevant data. Timesheets were also used to establish how much time was spent every day on each developmental area in the centres.

Betawi (2010) focused on the importance of social-emotional development for children and how a child's caregivers and practitioners play a vital role in developing his or her social and emotional skills. The study used descriptive research and observation instruments in order to describe preschool children's social and emotional abilities. The study used simple random sampling at eight preschools. A total number of 78 teachers and an average class number of 14 children were randomly selected. A total number of 956 children aged 3 to 5 years were part of the study. Betawi (2010) found that if children do not develop these abilities at an early age, they will continue to have problems in dealing with stress, attaining happiness in life, and getting along with other people. In order for children to achieve social and emotional development, it is recommended that ECD centres provide good qualified and equipped practitioners who have acquired the necessary skills and resources to help children reach their full potential. However, it is not only the responsibility of practitioners to help children develop these abilities, but it is also the responsibility of parents and caregivers to read their children's emotional signs, help them identify their emotions, caringly interact with their children, understand their feelings, desires and needs, and show them support in order for these children to develop positive social and emotional skills (Green, Malsch, Hood-Kothari, Busse & Brennan, 2012). More information regarding why social and emotional development is essential is provided in section 2.2.

My current study also focused on social and emotional behaviours in both urban and rural ECD centres' daily programmes. The following social and emotional activities were observed and assessed to investigate to what extent and how frequently they are used in the daily programme in order to develop children's social and emotional abilities: following the rules of the centre; asking for help when they need it; getting along with friends; having time to play with one another; participating in group activities; exploring new things; talking about feelings; making own decisions; reading stories about feelings; teaching children to share; listening when children talk; colouring; dramatic play by dressing up; singing songs about emotions; and listening to each other (Brewer, 2007). Every activity has an individual purpose in preparing children's social-emotional development. The study done by Betawie (2010) formed the criteria for social-emotional development which were used in the interview and observation instruments in this study to determine if children's social-emotional skills were being developed.

In terms of cognitive development, Schandy (2011) conducted a study focusing on the relationship between parents' education, a mother's vocabulary and cognitive development, and at which age problems in cognitive development begin to set in. Schandy (2011) used regression analysis to estimate the association between parents' education, the mother's vocabulary, memory, and visual integration skills of young children. The participant group in this study comprised of up to 50 families which were randomly selected, with young mothers who had at least one child younger than 6 years old. Schandy (2011) found that children with educated mothers with a richer vocabulary had an advantage in their cognitive development, which has a positive effect on a society's poverty and inequalities. Schandy (2011) recommends that ECD centres can consider having qualified practitioners, quality ECD programmes, and adequate resources in order for these centres to help children develop their cognitive abilities at an early age. Section 2.2.1.2 has more information with regard to why cognitive development plays an important role in a child's holistic development. My study was similar to Schandy's study in terms of the consideration of the developmental stages of children's cognitive development, but was also different in that it did not focus on the mother's vocabulary. However, the study was still relevant because my study focused on the stimulation that children received at home which helped cognitive development. I investigated how practitioners and principals implemented different activities in rural and urban centres in their daily programmes by means of interviews and observation sheets (Appendix F). The following activities were used as guidelines in order to establish how the centres developed children's cognitive abilities: sing-a-longs; identifying noises (animal sounds); playing mind games (building blocks); practising shapes and colours; asking children questions; practising the alphabet; and playing with toys. These activities were used as a guideline in order to determine whether practitioners implemented activities to develop children's cognitive abilities in their daily programmes.

On the linguistic aspect, a similar research study was done by Henning (2013), who focused on the issue of language in literacy and mathematics in the Foundation Phase, including the role of language and

mathematics learning in the conceptual development of young children. Henning (2013) found that language deficiencies are related to inadequate academic performance in children, which causes problems with cognitive development, information processing, short-term memory, and auditory processing. This affects all the developmental abilities of a child. It is essential for parents and practitioners to help children develop their language abilities at an early age in the children's home language (Beitchman & Brownlie, 2005). Henning (2013) recommends that children need to develop their brain abilities through activities which include practitioners and parents asking children stimulating questions, such as why, how, and when questions. Practitioners need to implement thinking skills in the classroom through group work or activities between the teacher and children, such as reading stories or telling stories. However, South Africa still has a long way to go to educate every child in their home language, as it is a multilingual country with 11 languages, and currently, the country does not have sufficient resources or qualified practitioners to educate all children in their home language, which makes it difficult to develop children's linguistic skills if they have not been developed at home. My study focused on investigating how ECD practitioners and principals can implement activities in order to develop children's linguistic skills. Examples of activities include: reading books to the children; doing musical activities; talking to the children; letting children tell stories or talk; teaching children new words; identifying colours; learning animal sounds; and asking questions to the children. These activities are used as guidelines in order to help children to develop listening skills, speaking skills, learn new words and their meanings, learn to talk to one another and to adults, enhancing their self-esteem and developing reasoning skills through questions. These activities were incorporated into the observation sheet used in my study (Appendix F) (Beitchman & Brownlie, 2005). Henning (2013) recommends that ECD practitioners should integrate linguistic activities with physical activities where children can learn through playing and practitioners can teach through playing. For more information on the importance of linguistic development, see section 2.2.1.4.

With regard to physical development, Botherson (2006) carried out an individual intervention on the importance of physical development and all the different physical abilities children should develop in order for them to adjust to their environment. The study also focused on how a child's body develops. The findings of the study were that children needed to have the opportunity to move and be active in different ways, which include jumping, running, drawing, playing and so forth to be able to reach their full physical development. Botherson (2006) recommends that it is essential that parents, caregivers and practitioners pay attention to a child's physical growth and give him or her the necessary support to develop these abilities. Beitchman and Brownlie (2005) recommend that practitioners and principals focus on the importance of physical development of children and make it a priority to give children the opportunity to develop these skills on a daily basis in their ECD centre. Early childhood development (ECD) practitioners and principals can include some of the following activities in their daily programmes: playing outside; dancing to music; playing physical games; teaching children activities like jumping and

skipping; teaching children to catch and throw a ball, and doing art activities. According to Botherson (2006), these activities will help children to discover and interact with the world around them. It includes large muscle or gross motor development, such as running, throwing, and so forth, and fine motor development, which includes activities like facial expressions, tying shoelaces, drawing, etc. (see par. 2.2.1, Brewer, 2007). My study also focused on children's physical development and the important role it played in a child's overall development. It focused on the amount of time practitioners spent on children's physical abilities daily. Detailed physical activities were used in my research instruments to measure whether practitioners implemented physical development in their centres.

The above-mentioned studies emphasise the importance of cognitive, social, emotional, linguistic and physical development, and how parents, caregivers and practitioners can assist children in developing these different abilities to ensure that these children become successful learners. The objective of my study was to focus on these five developmental areas in ECD centres and the extent to which these developmental areas were implemented in a centre's daily programme.

3.4 TEACHER DEVELOPMENT

Teacher development is one of the three major aspects of this study. It plays an important role in quality provisioning in ECD centres. Teacher development focuses on the quality teaching that practitioners provide in both urban and rural contexts. The following studies are similar to my study in certain aspects as they also focus on teacher development, which includes quality teaching and the qualifications of practitioners as discussed in Chapter 2 in the theoretical framework. Teacher development was integrated into the interviews used in my study to measure if practitioners and principals from ECD centres were implementing quality teaching in their centres, and if the practitioners and principals working at these centres had some form of qualification or training. Quality teaching is described as effective teaching to help children develop to their fullest potential. Quality teaching is best assessed by focusing on children's development during the year. It is usually obtained through trained or qualified practitioners that have knowledge about the specific field they teach.

Atmore (2012) conducted a study that focuses on the challenges facing the ECD sector in South Africa, especially the importance of quality teaching. The key questions used in this study included the challenges in infrastructure in ECD, ECD practitioners, nutrition capacity of ECD centres, and the norms and standards required for ECD centres to become registered by the DSD. I conducted a desktop search of recent important ECD documents and focused on the basic requirements and qualifications needed for practitioners working with children in SA to provide quality and quantity ECD services. The qualifications available in South Africa on ECD are described in section 2.3.2. Atmore recommends that quality teaching and learning are important in order for early stimulation to happen and effective teaching

can provide this early learning environment for children to develop holistically. The aforementioned study shows that in order to produce quality teaching, practitioners can attend various ECD training programmes or ECD qualifications; however, this does not always guarantee quality teaching as mentioned in section 2.3.1. According to Atmore (2012), practitioners working with children must be able to facilitate growth, interact with children, create a learning environment, develop a child's social, emotional, physical, cognitive and linguistic abilities, use the correct programmes, and build a good relationship with parents or caregivers. Atmore (2012) found in this study that there are 23 482 ECD sites across South Africa and only 16% of the child population were enrolled in these sites. The study shows that the major obstacle in ECD is that too many children have no access to ECD facilities and those who do attend have poor quality programmes. This study investigated quality teaching in a variety of ECD centres through research instruments which included interviews, observation sheets, and a journal. It also focused on the number of practitioners and principals that were qualified, busy with training, or had no training at all. This study also focused on the gap between practitioners' qualification in the selected centres and the qualifications needed in order to provide quality teaching.

With regard to teacher development, Budlender, Mapker and Parenzee (2015) conducted a study focusing on the funding of learnerships for ECD practitioners. This study was commissioned by Ilifa Labantwana with the purpose of establishing the funding resources for ECD practitioners working with 0- to 4-year-olds and also to establish what is needed to ensure quality provisioning for ECD facilities. The study used interviews and available literature to gain relevant information on ECD in the North-West, KwaZulu-Natal and Western Cape. The interviews were conducted telephonically or through email. The participants of this research study included two to three training providers from each province, including TVET and FET colleges. Budlender *et al.* (2015) found that practitioners working in ECD centres have low levels of qualifications, 35% of principals, and 40% of practitioners had not completed Grade 12 (see Chapter 2, Figure 2.2 for more information regarding ECD practitioners and principals' qualifications). In order for ECD practitioners to provide quality programmes and a stimulating environment in their centres, they need to be able to read, write, plan and reflect critically and this is mostly obtained through some form of training. Children who have practitioners who demonstrate the importance of reading, writing and quality organisation will usually be able to read and write with ease at a later age. South Africa has a number of accredited training providers, which include 32 colleges offering ECD qualifications across the country to ensure that ECD practitioners can receive the necessary training to develop children holistically (see Chapter 1, Table 1.4) (Budlender *et al.*, 2015). My study focused on the quality being provided at ECD centres with qualified and unqualified practitioners, and the effects that qualified or unqualified practitioners had on the children's development.

Ilifa Labantwana (2011) carried out a similar intervention on teacher development which focused on resources for ECD. This study used interviews and observation instruments to observe children and interview practitioners. ECERS was used in this study to measure the quality of teaching of practitioners. The study focused on the importance of qualified practitioners in order to create better ECD circumstances for children. The study found that children who do not have the opportunity to be part of a quality ECD programme will most likely earn up to 33% less than someone who had quality early learning experiences. This does not only affect the child in the long-term, but it will also have a negative impact on the economic growth of South Africa. The study found that it is important to address the following: insufficient training opportunities for ECD practitioners; very little pre-grade R training; insufficient funding opportunities for ECD practitioners to receive training from colleges; migration of highly qualified ECD practitioners, usually to formal schools for a better salary and status; inability to pay school fees; the practitioners from under-resourced ECD facilities feel that there is not a need for them to receive further training or qualifications (Ilifa Labantwana, 2011). Similar to the study mentioned above, the SSP (2016) found that about 70% of ECD practitioners and 80% of assistant practitioners have no training or qualifications. About 15% of practitioners from registered, unregistered or conditional centre types have an ECD certificate, and about 12% of assistant practitioners have an ECD certificate. This creates problems in the quality provisioning of ECD facilities in South Africa due to the fact that there are not enough practitioners with specialised and qualified knowledge of the ECD field, which creates problems in developing children for lifelong learning. My study also focused on the importance of trained or qualified practitioners who would assist in facilitating children's overall development. The above-mentioned study also focused on the importance of quality programmes and quality teaching, which is similar to my study that focused on quality teaching and the effect of qualified or trained practitioners on the quality provisioning of ECD centres.

With regard to qualified practitioners in ECD facilities, Motsepe (2015), working with the American Speech-Language-Hearing Association (ASHA), wrote an annual report on ECD which focused on providing every child in South Africa with quality preschool education to enable these children to develop to their full potential. The ASHA organisation used an intervention programme to enable them to reach vulnerable communities and to help them improve their ECD services. This organisation also focuses on providing training and workshops to principals and practitioners of ECD centres. The ASHA organisation has worked on this project for over a year now and has reached over 20 000 children (Motsepe, 2015). ASHA focuses on under-resourced communities where they provide training and mentoring to ECD staff to enable them to provide quality provisioning to the children in their centres. Over 400 women have completed the programme and they are now running their own ECD centres which are registered by the DSD, and they are receiving a monthly subsidy to help children who cannot afford the fees of the centre. Motsepe (2015) found that there are 272 000 practitioners in South Africa, 95 000 of whom are qualified with some form of training or qualification, but 177 000 of the existing practitioners have no training or

qualifications of ECD. There are currently 2.7 million children attending preschool, but almost 3 million children do not attend preschool. This creates an enormous challenge for South African education because children who do not develop during their early years will not have the basic life skills to assist them in later years. The latter relates to my study because it also focused on the qualifications of practitioners and principals in ECD centres. One of the contributions of this study could be workshops (see 6.5).

The above-mentioned studies focused on the importance of teacher development in ECD facilities, which include quality teaching of practitioners and the importance of qualified practitioners to ensure quality provisioning. My study also investigated the importance of teacher development and how the quality of teaching and qualifications of practitioners can influence a child's overall development. Not only does it influence their development, but it will set the foundation of children's physical, social, emotional, cognitive and linguistic development for lifelong learning. The studies mentioned above have also been used to create the questions that was used in the interviews and observation instruments.

3.5 CURRICULUM DEVELOPMENT

Curriculum development is the third major aspect of the theoretical framework underpinning this study. Section 2.4 describes the different curricula and programmes used in South Africa for children from birth to 6 years old, which include NELDS, NCF, ECERS, ISASA and CAPS. The following studies focused on curriculum development. The questions for the interviews were drawn from the literature on curriculum development.

Christina (2011) carried out an intervention focusing on Designing Effective Education Programs for Early Childhood Development, working with the United States Agency for International Development (USAID). Christina (2011) found that there are seven steps that are essential in developing quality ECD programmes, which include: assessing the special needs of the children and practitioners in the centre; assessing the problems and targeting individual groups (children 0–3, 3–4 or 6–8 years old, parents and practitioners); selecting strategies to deliver services to children and support parents; measuring the progress; and sharing the results of the programme. High-quality early childhood programmes have an impact on individual well-being and on the development of societies, because these programmes are used to help set the foundation of a child's overall development and future learning. Attention in ECD facilities must be paid to the quality of the programmes being provided, rather than simply focusing on coverage. The best programmes in ECD facilities are used to address a variety of developmental areas, which include physical, social, emotional, cognitive and linguistic development, as mentioned in section 2.2.1.1-2.2.1.4. For these programmes to provide quality, changes should be made; for example, positive changes in the learning environment; better qualified practitioners and principals; quality resources; developing children's well-being; and focusing on children's development and progress. This is why my study

focused on curriculum development, where practitioners and principals were observed and interviewed to investigate the different programmes used in the centres.

A similar study was done on curriculum development by Jones (2012). This ethnographic study focused on integrating ECD activities into nutrition programmes in emergencies. The researcher made use of interviews with mothers and caregivers as well as focus groups. The study also focused on the importance of combining nutrition programmes with ECD activities, and it highlighted the importance of implementing good nutrition and health in ECD programmes. Jones (2012) found that the most effective ECD programmes need to be integrated with family, nutrition, health and educational development. Direct learning experiences can be provided and children can initiate their own learning. Effective programmes can provide practitioners and parents with educational support to help them create learning activities for children. The study also found that the first three years of a child's life is essential for brain development, especially the brain's neural pathways supporting communication, understanding, social development and emotional well-being. One of the reasons why children experience poor brain development is due to the fact that they do not receive the correct nutrition. Malnutrition with children at this young age can cause problems which include poor school achievements, lack of productivity, they do not form healthy relationships, and they are more vulnerable to physical and mental illness. ECD programmes combined with nutrition will help children to develop and grow. This is relevant to my study which focused on the different programmes and curricula that ECD centres used and how these programmes influenced children's development. The researcher also looked into the nutrition programmes that the centres provide. My study also focused on the centres' nutrition programmes and what these centres provided to the children during their daily programmes.

Regarding curriculum development, the DBE (2015) carried out a study on The South African National Curriculum Framework (NCF) for children from birth to 4 years old. The study focused on the curriculum framework that is used to guide principals and practitioners to develop children holistically (see par. 2.4.3 for more information related to the NCF). The Department of Basic Education (2015) found that the NCF's main aim is to focus on the importance of families and their responsibility to educate children about beliefs, values and their behaviour; children's need to develop through play; the importance of qualified or trained practitioners to provide effective teaching; that all children must have the opportunity to be educated in their mother tongue; that the NCF should focus on preparing children between 0 and 4 years old to enable children to meet the standards of the CAPS curriculum in later years; and that parents/caregivers can support and observe children with special needs and help them to reach their full potential. Principals and practitioners in ECD centres can use this curriculum framework as a guideline to develop children in their different developmental areas and to make sure that these children meet the specific norms and standards of the Grade R curriculum. The NCF has six early learning and development themes to develop children: well-being; identity and belonging; communication; exploring mathematics;

creativity and knowledge; and understanding of the world. These six themes are used to help practitioners to cover all the areas of a child's development like social, emotional, cognitive, physical and linguistic development. In my study, I investigated whether the programmes used in the centres meet the requirements used in the NCF curriculum to help children develop in all five areas. I used the NCF and NELDS curriculum as guidelines to investigate whether the centres implemented a quality programme that would prepare children for Grade R and lifelong learning.

The above-mentioned studies show the importance of quality curriculum development in ECD centres. Quality programmes are based on and designed according to the curriculum to help children develop holistically and to focus on children's overall development, which include nutrition, health, growth and education. Practitioners and principals working at ECD centres can use these curricula and programmes as guidelines to develop their own programmes (see section 2.4). In this study, I created a set of indicators drawn from the various curricula in order to assess the programmes in my selected centres.

CHAPTER 4

METHODOLOGY

4.1 METHODOLOGY

4.1.1 Philosophical orientation

According to Silverman (2013), a paradigm is a collection of beliefs about the basis of reality which consists of a specific worldview, such as beliefs about nature, the relationship between the knower and known, and the expectations of the different research methods. It is seen as a lens by which reality is understood and enables us to tell a story about the world and how we see it. This research was a case study. Zainal (2007) proposed three types of case studies: an intrinsic case study, an instrumental case study, and a collective case study. In an intrinsic case study the researcher analyses the case for its own purpose. An instrumental case study is when the researcher picks a small group of subjects in order for him or her to analyse a certain behaviour or prototype. In a collective case study the researcher coordinates data from a variety of sources, which includes people or schools, and so forth. This study specifically involved an instrumental case study which relied on qualitative data collection methods to gain knowledge about ECD practitioners and principals in selected centres (Zainal, 2007). An instrumental case study is used to help people develop an understanding of certain issues which are usually overlooked (Gordin, 2006). In this research, it was used to help people understand the importance of quality ECD provisioning for children from birth to 4 years old, and to show the different factors that influence quality provisioning in ECD centres (Harling, 2002).

A constructivist approach was used in this study, which is defined by Urquhart (2013) as the study of phenomena within their social settings. Constructivists believe that knowledge is socially manufactured and that it may change depending on the circumstances (Golafshani, 2003). All knowledge depends on human practices, between the interactions of human beings and their world, and it therefore focuses on having a deeper understanding of the topic rather than analysing features on the surface. According to Ponterotto (2005), constructivism helps the researcher to obtain a deeper meaning of something through reflection: this reflection can be stimulated through interactive research and participant dialogue. In this study, I used in-depth examination which included observations and interviews to measure the quality provisioning being provided in the ECD centres according to the three major aspects: child development, teacher development, and curriculum development (Denzin & Lincoln, 2005).

4.1.2 Research questions

4.1.2.1 Main question

- What are the constraint factors affecting the provision of quality early childhood development in selected ECD centres in rural and urban contexts in the North-West province?

4.1.2.2 Sub-questions

- To what extent are practitioners and principals in ECD centres aware of what quality ECD provisioning entails?
- To what extent do ECD practitioners focus on the five developmental areas of a child?
- What is the difference in quality provisioning between rural and urban contexts and registered and unregistered centres?

4.1.3 Purpose of the study

The purpose of the study is to identify the factors affecting the provision of quality programmes for children in ECD centres, and to contribute to South Africa's knowledge of quality provisioning in ECD centres in the North-West province. It also focuses on the factors that hinder children from developing normally. Future research can focus on launching a community project in the form of workshops where the practitioners and principals can have the opportunity to build on their current knowledge and receive assistance where they deem it is necessary.

4.2 RESEARCH DESIGN

This instrumental case study relied on convenience sampling to select volunteers who were willing to participate. Data were generated through semi-structured interviews and using observation sheets, and were analysed by means of thematic coding and a linear process with a discussion of each of the key areas for the six centres that was obtained through the interviews to help understand the similarities and differences between the factors affecting the quality provisioning of under-resourced centres. This was also used to clarify to what extent these practitioners and principals focus on the holistic development of children and what hinder these children from developing.

4.2.1 Research methodology

A qualitative research approach was used in this study. Merriam (2009) describes qualitative research as research that focuses on people by communicating with or observing these participants in their own natural environment – in this case practitioners and principals in their ECD centres. Qualitative

researchers are interested in how other people make sense of their world and experiences around them. It is research that collects a wide variety of descriptive data in a context to understand what is being observed or studied (Maree, 2007). Qualitative research is also defined as field research as the data is collected in the natural environment of the participants rather than in a laboratory. This research design is disciplined because certain steps are used whilst conducting the research: the problem is identified; data is collected and analysed; and conclusions are drawn (Ospina, 2004). According to Ospina (2004), the strengths of doing qualitative research are:

- it makes it possible for the research to be more flexible to enable researchers to follow new ideas while data is being collected;
- it helps the researcher to understand the social meaning of quality provisioning in under-resourced centres;
- it helps to develop opportunities for new theories and ideas;
- it creates a better understanding of the environment in which the data is collected;
- it gives the researcher the chance to step into the world of the participants and experience how they see the world.

This study focused on quality provisioning according to the three major aspects used in this study. The researcher focused on the daily programmes used by the practitioners by observing their daily activities as well as interviewing the practitioners to gain knowledge about certain issues related to their centres. The interview and observation instruments were designed according to the theoretical framework and literature review of this study which assisted the researcher to set the criteria of the instruments that were used to measure the quality being provided at the selected centres (Appendices D, E and F). This methodology helped the researcher to give ECD practitioners and principals from rural and urban contexts a chance to express their opinions on the quality being provided in their centres (Denzin & Lincoln, 2005).

4.2.2 Participants

The project was executed in the Dr Kenneth Kaunda District, Potchefstroom, North-West. Data were collected from six under-resourced ECD centres – three registered and three unregistered – in order to obtain knowledge of the difference in quality being provided by registered and unregistered facilities and how this can influence the holistic development of a child. Three of the centres were located in a rural context and the other three were located in an urban context in order to compare the difference in quality provisioning in both contexts. Participants (i.e. principals and practitioners from each ECD centre) were conveniently selected and agreed to participate. The selection process was not intimidating and was voluntary on the part of the participants. Five principals and 20 practitioners participated in the study. Centre two did not have a principal.

An Ethical Clearance Certificate (N W U - 00 2 5 4 - 1 5 - A 2) was obtained from the Ethics Committee of the NWU to conduct the research. Permission was then sought from the relevant gatekeepers and caregivers (school principals and practitioners), before any research was conducted. All participants in the project were fully informed about the project and were asked to sign an informed consent form which provided the details of the project (Appendices B and C). This form provided participants with the necessary information on what was expected of them as well as the aim of the research project.

Participants could withdraw or withdraw the children from the programme at any time, and all identities of those who participated were completely anonymous. All the information gained through the study is strictly confidential and will not be used against the participants. The participants were not bribed in any way, but refreshments, such as fruit juice, etc. were provided to principals and practitioners for their time and hard work during the semi-structured interviews.

Two observations and interviews with each practitioner were conducted over a period of eighteen months with regard to how they develop children in their centres. The observation sheet and journal keeping focused on the five developmental areas: physical, social, emotional, cognitive and linguistic development. The interviews focused on the profile information of the participants, ECD in the centre, and also focused on the centre itself. The researcher visited these six centres three times over a period of eighteen months, where the practitioners and principals were interviewed and observed during the first two visits to learn more about how they provided quality provisioning in their centres. The first visit took place at the beginning of 2016. The second visit took place in the middle of the year, during July and August and the third visit took place at the beginning of 2017. The researcher waited six months between visits to give these centres time for progression and development. The dissemination of the findings of the study to the participants was done by email.

4.2.3 Sampling approach

Sampling is usually divided into probability sampling and non-probability sampling methods. This study used a non-probability sampling method – participants were deliberately selected by the researcher. Non-probability sampling consists of four approaches which are convenience, quota, snowball and purposive sampling (Onwuegbuzie & Collins, 2007). According to Maree (2007), in quota sampling, the researcher has to place the participants into categories with specific numbers. Snowball sampling is used when participants are difficult to find: these participants are usually given a questionnaire. Purposive sampling is used when the researcher only targets a certain group of people and has a specific purpose in mind (Onwuegbuzie & Collins, 2007).

For the purposes of this study, a convenience sampling strategy was used. With convenience sampling people are selected because they are effortlessly and conveniently available (Maree, 2007; Teddlie & Yu,

2007). Convenience sampling can be used in both qualitative and quantitative studies. As mentioned in section 4.2.1 this study was a qualitative study (Etikan, Musa, & Alkassim, 2015). This sampling method is the least costly method to researchers in terms of money, effort and time, and is usually used by researchers to select a certain group, class or people (Farrokhi & Mahmoudi-Hamidabad, 2012). The principals who were selected to participate in this study gave written permission for research to be conducted at their centres in order to share their knowledge with the researcher, and the researcher was able to obtain greater awareness of crucial issues in ECD. The centres that were selected in this study were centres that were conveniently available and in the Dr Kenneth Kaunda District in the North-West province.

4.2.4 Data collection

In this study, a variety of instruments were used to assess the interaction of the three key areas that are critical to ECD and how they influence one another (Brewer, 2007). The three data collection instruments included an observation sheet, semi-structured interviews, and a journal (Appendices D, E & F).

4.2.4.1 Observation sheet

Observation instruments are used in qualitative studies to help the researcher obtain a better understanding of the specific issue being observed. The researcher observes certain behaviours, events or characteristics in a specific environment (Maree, 2007). In this study, I used direct observations to observe interactions as they occurred in the practitioners' classrooms. An observation sheet was designed according to the five developmental areas of children to measure the time spent in a daily programme on each of these five areas (Appendix F). I (as an observer-participant) focused on certain patterns in the selected ECD centres to gain knowledge on quality being provided in the centres (Sandelowski, 2000). Observation as a research method was used because it allowed the researcher to gain knowledge about what is going on in the classroom at under-resourced centres. This knowledge cannot be obtained through questionnaires or interviews (Wilkinson & Birmingham, 2003).

I only observed the practitioners and did not interact with the children. This process was as unobtrusive as possible in that all observations were from the back of the class. I observed the practitioners on the second visit. This observation only happened once at each ECD centre. Observations of practitioner-children interactions were as natural and unobtrusive as possible (Appendix F). The observation sheets included a variety of activities, as mentioned in chapter 2, Figure 2.2 and also in Appendix F. Photos were also taken during the observation of the centres in order to show the trustworthiness of the observations. The researcher took the photos during the observations after permission had been given. The photos taken were only of the playground and classrooms of the centres, no child, practitioner or principal was captured in the photos.

4.2.4.2 Interviews

Interviews were also used as a data collection method. Maree (2007) describes an interview as a two-way conversation where the researcher asks the participants questions to obtain knowledge of a certain topic (Appendices D and E). The main focus of a qualitative interview is for the researcher to see the world through the eyes of the participant. There are three types of interviews that can be used, namely open-ended, semi-structured, and structured interviews. In this qualitative study, a semi-structured interview was used. According to Abawi (2013), during a semi-structured interview, the researcher will have a list of themes, ideas and questions that need to be asked to the participants and the order of the questions can be changed according to the direction of the interview. The questions asked in a semi-structured interview are usually questions and themes that have been planned before the interview started, but additional questions may be asked that have not been planned before the interview. The strengths of a semi-structured interview are that the researcher can probe and prompt to have a deeper understanding of the specific topic. The interview sheets are available in hard copy. The theoretical framework and the literature review of this study informed the criteria for the questions asked in the interview, which enabled the researcher to measure the quality being provided at the centres. The interview questions focused on the factors affecting the quality provisioning at the selected centres, which included:

- Government support;
- Nutritional support;
- Parental support;
- Programmes used at the centres;
- Qualifications of practitioners and principals;
- Language used at the centres;
- Five developmental areas of children.

I used an interview sheet (Appendices D and E) to form the questions that were asked during the interview. There were two different interview sheets: one for principals and the other for practitioners. The interview sheets were provided in two languages, Afrikaans and English, to enable all participants to feel comfortable to answer the questions in their preferred language. All participants were able to speak Afrikaans or English fluently and felt comfortable to be interviewed in these two languages. The interview sheet was divided into two sections: Section A (Child development); Section B (children's readiness for Grade R). This made it possible to divide the interview into two sessions to ensure that the participants did not tire. The interview sheet used in this study was used as a guideline by the researcher to ask the correct questions to the participants during the interviews. The following interview schedule was used during the interviews to show the different times that the centres were visited by the researcher.

Interview schedule

Centre	Visit 1	Visit 2	Visit 3
Centre 1	January 2016	July 2016	January 2017
Centre 2	January 2016	July 2016	January 2017
Centre 3	January 2016	July 2016	January 2017
Centre 4	February 2016	August 2016	February 2017
Centre 5	February 2016	August 2016	February 2017
Centre 6	February 2016	August 2016	February 2017

4.2.4.3 Journal

Merriam (2009) defines a journal as a document that is used by someone to write their experiences and then analyse it. This method of data collection is used to provide more personal and genuine information on a specific topic. In this study, I wrote a journal to form a better understanding of the selected ECD centres and the factors influencing quality provisioning at the centres. There are different types of journals used in research, but in this research study, a handwritten journal was used. It was used to give feedback to the participants on what is happening in their centres (Merriam, 2009).

In addition, these research methods were also used to establish to what extent ECD practitioners focused on the five developmental areas of a child and to establish if practitioners and principals in ECD centres were aware of what quality ECD provisioning entails.

4.3 DATA ANALYSIS

Thematic coding was used to analyse the data collected from the ECD centres. The purpose of thematic coding was to identify patterns of meaning across a dataset that provide answers to the research questions (Berg, 2007). According to Guest, MacQueen, and Namey (2012), thematic analysis is used to describe and identify different ideas in data, like themes. In this study, thematic coding was used to organise the different themes for each area, which included child development, teacher development and curriculum development, in ECD centres in both rural and urban contexts. Thematic coding was used to capture different groups with different views and to produce a short description of each case. For this study, names of the practitioners and principals or the name of any ECD centre were not used in the dataset. Code names were used for each centre, practitioner and principal. For example, the code name for principal was PL, and the code name for practitioners was PR. For principals and practitioners at rural centres, the code names were RPL (principal) and RPR (practitioner), and for urban centres, the code names were UPL (principal) and UPR (practitioner). Each centre received a code number according to their context and status. For example, for a registered centre in a rural context, the principal was coded

RCR1 RPL V 1 (Rural Centre Registered 1 Principal Visit 1), and in an urban context, UCR 1 UPL V 1 (Urban Centre Registered 1 Principal Visit 1). For Urban Centre 3, which is unregistered, the code for a practitioner for a second visit was UCU3 UPR V 2, etc.

This helped the researcher to write a descriptive vignette for each of the ECD centres visited on the participants' personal information, qualifications, child development, and also the ECD centre. The researcher gave feedback to each ECD centre. A meeting was arranged with the principal and all the practitioners in the specific ECD centre and the researcher discussed the findings with them. The researcher only focused on the positive aspects of the research found and gave positive feedback on what has been done and what can be done (Department of Higher Education and Training, 2015).

4.4 TRUSTWORTHINESS

The researcher constantly assessed the trustworthiness of the data by using multiple sources of data – by combining findings from interviews and observation sheets to establish whether they have the same conclusions. The data and the vignettes will be kept safely. Confidentiality and anonymity of participants were always maintained and will henceforth also be protected.

The goal of this research project was to seek insight into the participants' perspectives and experiences and to avoid generalisation. The findings of this study were verified through hard copies of the data collected during the interviews, and were validated by providing feedback to each ECD centre that was visited during the research project (Maree, 2007). Data will be stored electronically and in hard copy for five years at the NWU in a safe cabinet under the supervision of my supervisor at the NWU, after which it will be destroyed.

4.5 ETHICAL CONSIDERATIONS

The following ethical considerations were adhered to in this study:

- The Ethics Committee of the Faculty of Education Sciences granted the researcher permission to collect data from six ECD centres – Ethical clearance number: N W U - 0 0 2 5 4 - 1 5 - A 2 (Appendix A).
- The researcher ensured that confidentiality and anonymity of all participants and ECD centres were maintained.
- The researcher obtained permission to interview the participants and principals in the different ECD centres.
- Participants signed an informed consent form in which it was stated that participants were not negatively affected in any way by participating in this research project.
- The research contributed to the well-being of the participants.

- The informed consent form stipulated that participation in this research project was voluntary and that they could withdraw from the study at any given time.
- All the participants were treated equally: there was no discrimination in any form.
- Each participant was labelled according to a code to ensure anonymity. This helped the researcher to organise the data effectively (Berg, 2007) (see par. 4.3).

CHAPTER 5

FINDINGS AND ANALYSIS OF RESULTS

5.1 INTRODUCTION

This chapter will focus on the findings and analysis of the results from the six ECD centres in the North-West province. The purpose of this chapter is to provide a detailed analysis of the factors affecting the provision of quality ECD. Data were collected through interviews, journal keeping and observation instruments. The interviews were divided into two sections: child development, which included the five developmental areas of children as discussed in Chapter 2, section 2.2; and 3); the ECD centre – the programme of the centre, government and parental support, and the curriculum used in the centre. The observation sheet and journal keeping was used to focus on child development and how the practitioners implemented the five developmental areas in their daily programmes. The personal information of the principals and practitioners was included in the consent forms. The data collected from the interviews, journal keeping and observation sheets were used to form a descriptive vignette to provide a centre profile for each centre.

The six centres are all located in different areas in the Dr Kenneth Kaunda District, as shown in Figure 5.1 below:

Figure 5.1: Map of the six selected ECD centres in the Dr Kenneth Kaunda District.

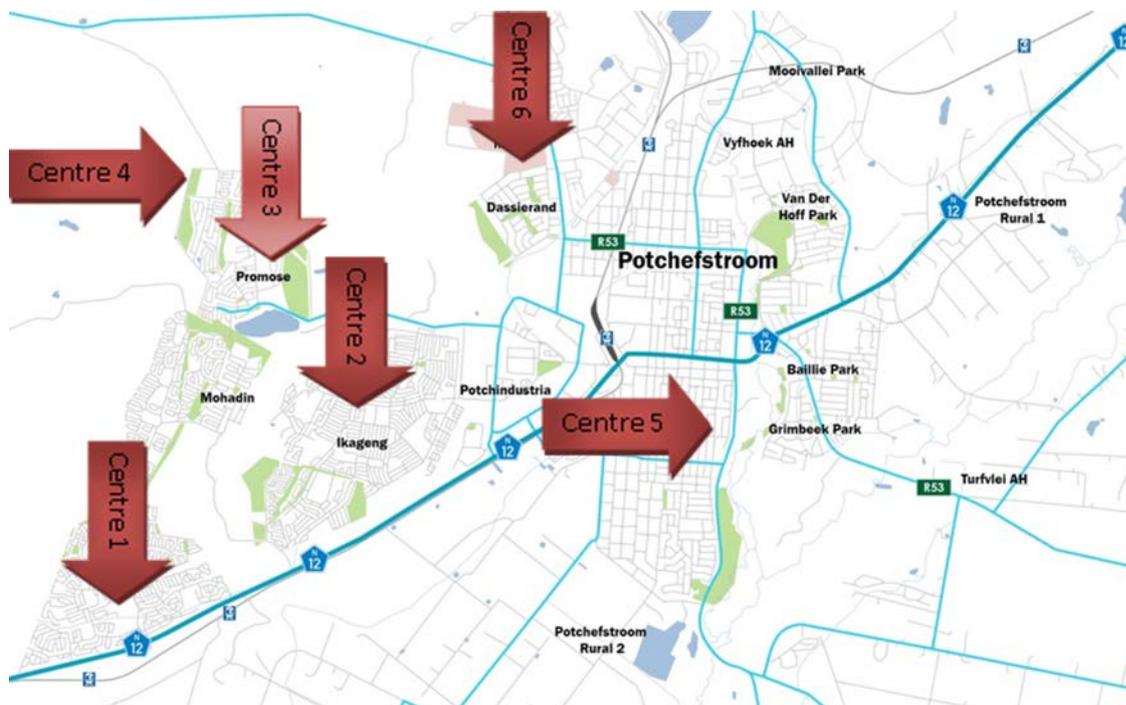


Figure 5.1 shows that the six centres are all located in the Dr Kenneth Kaunda district in Potchefstroom, North-West. The centres represented rural and urban contexts in one district: three of the centres are in a rural context (i.e. Centres 1, 2 and 4), and the other three centres are in an urban context (i.e. Centres 3, 5 and 6). The areas shown on the map indicate lower socio-economic areas; this is why the majority of children enrolled in the centres come from under-resourced circumstances. The location of the different centres will further be discussed in the chapter.

The data have been analysed according to certain guidelines set by the National Integrated ECD Policy for South Africa (2015) (as mentioned below) and according to the theoretical framework of this study (as set out in chapter 2).

5.1.1 Qualifications of practitioners and principals

According to the policy, the ECD certificate is pitched at Level 4 on the NQF, the equivalent of completing Grade 12. Obtaining a Grade 12 high school diploma or a FETC Level 4 certificate, is the minimum qualification required for practitioners who want to specialise in and work with ECD.

5.1.2 Physical development

According to the DSD (2015), the playground needs to have fences to help keep children safe, as discussed in chapter 2.2.1.1. Shade on the playground plays an important role for children's healthy physical development, especially in the summer time. According to the early childhood regulations, all sandpits should be covered after the last session each day; or if covering is impossible, the sandpit should be inspected for animal droppings and dangerous objects before each session. According to the DSD regulations on day care facilities, children can only be allowed to play outside under supervision. The playground should at least have 1 m² per child for the first 30 children. Children can then be divided into groups and taken outside one group at a time in order to create enough space for children to play.

5.1.3 Linguistic development

South Africa currently has 11 official languages. Children are expected to begin intensive learning in their own language and the second language (L2) should be introduced only in Grade 4 or 5. The idea is that most cognitively demanding skills should be taught in the home language for a longer period so that students could benefit from the support of their mother tongue. They can only change to L2 when they have acquired the necessary language and cognitive skills. According to the South African policy, all children are allowed to receive education in their home language until Grade 4 or 5.

5.1.4 Social-emotional development

In line with the ECD policy, the staff to child ratios are as follows:

- 0 to 18 months – 1:6
- 19 months to 3 years – 1:15
- 3 to 6 years – 1:25

Furthermore, there are seven characteristics of social-emotional development: self-concept; self-esteem; self-regulation of emotions; empathy; parent-child relationships; sibling relationships; peer relationships; and social competence (Trawick-Smith, 2014). Children can develop their social-emotional development through different activities which will help them to learn to share, communicate with other children, and help them to develop their personality and self-esteem.

5.1.5 Cognitive development

Cognitive development is essential to develop all mental activities such as categorising, problem-solving, creating, fantasising, symbolising and dreaming. In order to develop children's cognitive development, the practitioners need to implement the correct learning activities during their daily programmes. The following activities can be implemented: sing-a-longs; identifying animal sounds; playing mind games; practising shapes and colours; asking them questions; practising the alphabet and playing with toys.

The six centres will be discussed in detail and a descriptive vignette will be provided for each centre. The vignettes of the centres are based on the answers to the questions asked in the interviews and the data collected from the observation sheets.

5.2 CENTRE 1

42 children, with 2 practitioners and 1 principal

Not registered

5.2.1 About the centre

Centre 1 opened at the beginning of 2016. The centre was part of the local church of the Boipelo community and used the church offices during the week to help stimulate children from a few months to 6 years old (Grade R). The children attending the centre were from very poor circumstances and the centre was trying to support these children in order for them to be ready for formal schooling. In February 2016, there were 34 children in the centre; however in June 2016, there were 42 children in the centre. The reason for this is because more children joined the centre in the middle of the year. The centre had two practitioners, one principal, and three classrooms.

The centre was supported by NWU students from one of the hostels on campus who were helping the centre to build an equipped playground for the children. They had already supported the centre with a safe playground where all the children were able to play. At the time of the research, they were busy building a sandpit for the children. Grass had also been planted in front of the school for the children to play on. The only problem was that there were no trees, which was an obstacle during the long hot summer days. The centre also needed fencing around the playground, because people stole all the equipment (e.g. tyres) from the playground in the evenings. This also made it unsafe for the children in the centre.

The school was under-resourced and was struggling to provide quality learning for children because they could not afford any resources, qualified practitioners or the correct standard curriculum. They were also struggling with support from Government and parents, which created obstacles in helping these children to develop. The centre also needed electricity and a lot of work had to be done with regard to the infrastructure (e.g. a roof, doors).

5.2.2 Location of the centre

The centre was located in the Boipelo community. It is in a rural area, and the centre was located on the premise of the community church. There were no shops or bus stations near the centre and it was a 15-minute drive (approximately) to the nearest shop, hospital or school. All the children in the centre came from the Boipelo community and they had no opportunity to attend an ECD centre before as their parents did not have the money for transport to the nearest ECD centre. For this reason, the principal wanted to create this centre to help under-resourced and poor children to receive early stimulation and prepare them for formal schooling.

5.2.3 Centre 1: Profile of the practitioners and principal

Table 5.1: Centre 1: Profile of the practitioners and principal

Questions	Practitioner 1	Practitioner 2	Principal
Nationality	RSA	RSA	RSA
Race	Black	Black	Black
Ages of practitioners	21	32	40
Ages of children you work with	2–3	0–2	4–6
Number of children you	21–25	11–15	1–10

work with			
Highest qualification	Matric	Matric	Matric
Why these practitioners are not qualified	The practitioners and principal of this centre wanted to become qualified in ECD, but at the time, they were attending Bafenyi workshops that helped them to prepare a weekly programme for the children in their classes. The workshops were presented on Tuesday and Thursday afternoons. The workshops were being provided by a principal from another ECD centre, and they provided other centres with a weekly programme, which included a theme for the week and also daily activities to help children develop.		
Years of work experience at an ECD centre	5 months (started at the beginning of 2016)		
Work experience before ECD centre	Stayed at home and looked after friend's children	Babysitting	Worked at the church with her husband and taught a Sunday school class
Home language of practitioners	Setswana	Setswana	Sesotho
Second language of practitioners	English	English	English/ Setswana
Which language do you speak at your centre	Mainly Setswana and a little bit of English, but the children did not understand English. The practitioners used some English words during the week to describe things and that was how the children were exposed to English.		The practitioner who worked with the Grade R children tried to teach them English because they needed English for when they go to formal schools. Most of the children enrolled in Ikageng Primary School, where the main language was Setswana, and they only started speaking English in Grade 4.

<p>Which languages do the children speak</p>	<p>Setswana was the home language of 41 children in the centre.</p> <p>Around 6 children in the Grade R class could understand a few words of English, but they could not speak it. The rest of the children in the centre could not understand or speak English. One of the children in the Grade R class came from Zimbabwe, he understood Setswana, but Setswana was not his home language.</p>
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5.2.4 Child development

<p>Physical development</p>	<p>The NWU sponsored the centre with a playground for the children. At the time of this research, they were building a sandpit for the children to play in. Students of the university planted grass in front of the centre for the children to play on. The children played outside every day from 10:30 to 12:00. The practitioners did not have equipment (e.g. balls, hula-hoops, jumping ropes) to help children develop physically. The children developed by playing outside with other children, but the practitioners did not help to stimulate them. Although there was plenty of equipment for physical development, it seemed as if the practitioners did not understand what it meant. This implies that they did not intervene to support children in their physical development.</p> <p>Picture of the play equipment of centre 1</p>  <p>The policy of physical development mentioned in section 5.1.2 stipulates that fencing is necessary; however, the centre could not afford to have fencing around the centre due to financial problems. The centre only had fencing on the sides of the centre, but not in front, as shown in the photos. This created problems with</p>
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theft: people stole the equipment of the centre in the evenings. This centre also had no trees on the playground and the children could not always play outside in the summer time because it was too hot outside.

Picture of the centres sandpit being built



This sandpit was still being built and would have only been completed a couple of months later. This created safety issues, because the children could have gotten hurt with all the rubble lying around.

Picture of the playground of the centre.



There was still a lot of work to be done, like finishing the sandpit, planting trees,

planting more grass and laying cement in order for the centre to create an environment where children can ride bicycles, but they first needed to buy bicycles.

Play equipment of the centre



In accordance with the policy mentioned in section 5.1.2, the centre was spacious enough for the 42 children in the centre and there was a lot of space outside for the children to play. The only problem was that there was not enough equipment for all the children to play on at the same time. The children all played outside at the same time from 10:30 to 12:00. The playground had three slides which were enough, but had only one swing for all 42 children.

The practitioners tried to make music instruments for the children with recycled materials, like bottles with seeds in, etc. The children got to play with these musical instruments every day for an hour in the morning before the formal activities began.

Social-emotional development

These children came from very poor circumstances and their parents did not always have enough money to buy them food. That is why the centre provided the children with two meals a day: porridge in the morning, and pasta or bread for lunch. The centre had an equipped kitchen to prepare the meals, as shown in the picture below.

Kitchen of the centre



The RCU1 RPR 1said, “Most of the children in the centre come from unstable homes and it affects them socially and emotionally.” The practitioners focused on the feelings of the children and they were aware of the circumstances of the children, so they focused on the children’s emotions in order to understand what was wrong.

The centre struggled to provide the children with the correct resources to help them develop their social and emotional abilities. They did not have any books to read for the children, props to create a dramatic play corner, or paper or pencils so that the children could draw pictures of their emotions. The practitioners sang songs every morning after breakfast and gave the children an opportunity to play with one another in the classroom, but they did not have any toys for the children to play with. Practitioners did not stimulate the children during their playtime, and the practitioners did not know what social-emotional development meant.

	<p>Picture of the 3-4 year classroom</p>  <p>The picture above shows that the classroom for 3- to 4-year-olds did not have a lot of resources for the children to play with and for the practitioners to stimulate the children.</p>
<p>Cognitive development</p>	<p>The practitioners were not aware of what cognitive development meant. The centre did not follow a specific curriculum, but the practitioners attended workshops which provided them with a weekly programme with daily activities. Those activities included identifying the different colours, tearing up a piece of paper, learning new words, listening to stories, etc. The Grade R classroom had tables and chairs to sit on in order for them to develop holistically.</p> <p>The problem was that this ECD centre had no resources to use. They did not have books to read, crayons, paper, blocks, toys, different shapes, etc. This made it very difficult for the practitioners to help children develop their cognitive abilities, which was why they used the activities the Bafenyi workshops provided, as mentioned above. The practitioners also used recycled materials to do the different activities, like making their own music instruments, drawing on recycled papers, and so on. The practitioners did this activity with the children from 09:30 to 10:30 just before they went to play outside. They did an activity with the children every day during this time. Once a week, a former practitioner from a formal school came and supported the Grade R practitioner with the cognitive activity from 09:30 to 10:30, and she usually brought resources for the children to use during the activity.</p>

	<p>0-2 year old classroom</p> 
<p>Linguistic development</p>	<p>The practitioners from this centre educated the children in their home language, which was Setswana. The practitioners tried to teach the children some words in English, but only six out of all 42 children were able to understand a few words in English. The other children did not understand English at all. The Grade R practitioner focused on teaching the children new English words during their activities. For example, she taught the children about the colour brown and would say the Setswana name and English name of the colour “brown”. The children from the centre enrolled in Ikageng Primary School, where the main language of the school was Setswana.</p> <p>The practitioners struggled to focus on the children’s linguistic development because the centre did not have any resources to use. There were no books to read for the children, which created problems developing these children. The practitioners sang songs in Setswana with the children in the morning after breakfast between 09:00 and 09:30, and then the children had the opportunity to talk to one another or time to tell the practitioners stories. The children learnt new words in Setswana every day during the activities. Only the Grade R practitioner taught children new English words, because the other children were still too young and they did not understand. The centre developed the children’s vocabulary in Setswana. They taught the Grade R children almost three new words a day, for example, what the colours brown, red and orange meant.</p>

The picture below shows that the centre had some resources and pictures on the wall, but they did not have any books to help stimulate children.



5.2.5 Children's readiness for Grade R

5.2.5.1 What did the children already know when they joined the centre?

The centre opened at the beginning of 2016. All the children in the centre came from poor circumstances and none of them came from another ECD centre. These children received little stimulation before they entered the centre. They were all staying at home with their grandparents or other siblings. These children were not part of an ECD programme and the practitioners of the centre had to teach these children everything from the start. Almost 80 % of all the children in the centre had no foundation set for the five

developmental areas. The practitioners working with the children in Grade R were struggling to prepare them for formal schooling because the children's parents/caregivers did not stimulate them in any way.

5.2.5.2 Did the children go to Grade R?

The ECD centre provided the children with a Grade R class. At the time of this study, the Grade R class had 10 children. The practitioner working with these children was not qualified, but she had a matric certificate, and did not use a curriculum according to CAPS. However, she was receiving training at Bafenyi workshops which provided her with daily activities to help prepare children for formal schooling. The principal from another well-known ECD centre provided the workshops to those practitioners from under-resourced circumstances, because the principal and practitioners did not have the specialised knowledge to educate the children in their centre. There was also a school teacher from another primary school that came once a week to help the practitioner with activities for the Grade R children. The teacher did not work at the centre. She only came to assist the practitioners once a week with an activity. These practitioners followed a weekly programme where they received activities to do with the children every day. These weekly activities had a theme, which included family, winter, friends, and so forth. The daily activities focused on developing children holistically, like identifying colours, reading stories, and asking questions, etc.

The programme was as follows:

08:00 to 09:00 The children arrived at the centre and ate the breakfast the centre provided (porridge).

09:00 to 09:30 The practitioners sang songs and allowed the children to play with peers in the classroom

09:30 to 10:30 The practitioners did their daily cognitive activities with the children.

10:30 to 12:00 All the children played outside.

12:00 to 13:00 The children played in the classroom and had lunch that the centre provided.

5.2.5.3 Government support

The centre was not registered with the DSD. The centre applied at the beginning of that year to register and received a monthly subsidy, but they did not meet the norms and standards to be registered by the DSD. The centre first needed to get electricity, but due to financial problems they could not. The centre also lacked a good infrastructure as they had to finish the roof of the school because it was unsafe without a ceiling for the children. In addition, classrooms and lavatory had no doors. The centre desperately needed the support from the DSD because the centre was struggling with their finances and were supporting children with two meals a day.

The picture below shows that the centre did not finish their infrastructure (e.g. a ceiling, doors for the bathroom, electricity).



5.2.5.4 Parental support

The centre was struggling with parental support because more than half of the children did not have parents: 28 out of the 42 children in the centre were living with their grandparents or other family members. Death and parents living in other provinces were some of the reasons for the latter. These grandparents and family members did not have enough money to pay the school fees and they also did not have the time to be involved in the children's development.

The RCU1 RPR1 said, "The children that do have parents come from poor circumstances and these parents struggle to pay the school fees for their children. They also do not have the time to help their children develop because they have long working hours or they have more serious problems, like providing for their children's basic needs (food, shelter)." These parents/caregivers did not help to develop the children because most of them were ignorant of ECD and had low levels of education. According to the principal, "The parents feel that it is the practitioner's job to develop their children for formal schooling."

5.2.6 Summary

Centre one was located in a rural context and was not registered with the DSD because this centre did not meet the norms and standards required by the DSD to be registered. The practitioners and principal from the centre tried hard to help children develop. They also focused on helping children with emotional problems, especially the children who came from unstable homes. The principal wanted to create a place where the children could develop and grow to be able to become good citizens in their societies one day. Both practitioners and the principal were still new to ECD. They only started at the beginning of 2016 and

they did not have the basic ECD knowledge in order to develop children's five developmental areas. These practitioners and principals needed training in ECD in order to stimulate children.

The centre also had a few obstacles to overcome in order to provide quality provisioning. This included shade for the playground; electricity; fencing around the playground; resources in the classrooms, such as books, crayons, toys; a fantasy corner; and quality programmes in order to provide guidelines for the practitioners to develop the children. The practitioners had to interact more with the parents in order to educate them on stimulating their children at home and help the children to develop and grow holistically. The centre had a lot of potential, especially because it was the only ECD centre in the Biopelo Township to help develop children from under-resourced circumstances.

5.3 CENTRE 2

150 children with 4 practitioners and no principal

Not registered

5.3.1 About the centre

The ECD centre was located in Ikageng and was part of a local church. Ikageng is a town in Dr Kenneth Kaunda District Municipality in the North-West, South Africa. It is a township bordering Potchefstroom. The name of the township in Northern Sesotho means "we built it for ourselves". The centre and the church were on the same premise. The children attending this ECD centre were from under-resourced circumstances. At the time of this research, there were 150 children in the centre, only 4 practitioners, and no principal. There were 4 classes in the centre: 0–2 years, 2–3 years, 3–5 years, and 5–6 years (Grade R). The principal of the centre left in 2015, and at the time of this study, the position had not yet been filled. All four practitioners wanted to be the next principal.

At the time of the research, the NWU was supporting the ECD centre and helped to restore the playground and broken playground equipment of the centre. During my first visit in February 2016, the children were not allowed to play outside on the playground as it was too unsafe for them and the equipment was too damaged due to a lack of maintenance. The children from this centre did not play on the playground for over a year due to safety reasons.

5.3.2 Location of the centre

The Ikageng ECD centre was located in a semi-rural area and was on the premise of the community church. The children who attended this ECD centre came from poor circumstances and they did not always have a parent to help them develop because the parents were away working and children were living with their grandparents. All the children came from the same culture and their home language was

Setswana. The surrounding community was poverty-stricken and most of the houses did not have electricity. The roads around the centre were dirt roads, but the main road near the centre was a tar road. The nearest shop was about 5 kilometres from the centre.

5.3.3 Centre 2: Profile of the practitioners only

Table 5.2: Centre 2: Profile of practitioners

Questions	Practitioner 1	Practitioner 2	Practitioner 3	Practitioner 4
Nationality	RSA	RSA	RSA	Non-South African (Jamaican)
Race	Coloured	Coloured	Coloured	Coloured
Age of practitioner (According to the DSD regulations on day-care facilities, staff members must be in the age range of 18-60 years old)	38	48	54	41
Ages of children you work with	5–6 (Grade R)	3–5	2–3	0–2
Number of children you work with	26	46	36	44
Highest qualification (All staff should be completing or have completed a basic level training course)	Level 5 National Diploma: ECD	Level 5 National Diploma: ECD	Level 4 National certificate	Level 4 National certificate

from a recognised agency covering health, safety, nutrition, child development, administration skills, including job description and crisis management)				
Where did you receive your qualification	All of these practitioners studied at the Vuselela FET College and received their certificates and Diplomas for ECD development. These practitioners felt that they used the knowledge they acquired through their learning at the centre and it helped them to develop children and plan their daily programmes.			
Years of work experience at an ECD centre	6	25	32	20
Work experience before ECD centre	Babysitting	Have always been an ECD practitioner		
Home language of practitioners	Setswana	Setswana	Setswana	English
Second language of practitioners	English/Afrikaans	English	English	Setswana
Which language do you speak at your centre	Setswana	Setswana	Setswana	Setswana
Which languages do the children speak (According to the SA policy, all children	The home language of all 150 children was Setswana. In Grade R, 15 out of the 24 children in	These children were still too young to speak and understand English, their second language. The practitioner was teaching children new English words.		

<p>should receive education in their home language in a ECD centre)</p>	<p>the class were able to speak a little bit of English. They were able to say a few words and understand a few words.</p>	
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5.3.4 Child development

<p>Physical development</p>	<p>In terms of physical development, this particular centre met the requirements for fencing around their playground to keep children safe and in the centre (see par. 5.1.2 for implications of fencing). The centre had a lot of trees to protect children from the sun. The playground equipment was on grass, but the grass was dying, and there was more sand than grass for the children to play on. The grass that was left was hard and not soft. There was also a lot of rubble lying around which could have been dangerous and unhealthy for children that were barefoot. The sandpit of this centre was dirty and full of objects that could have harmed the children. The pictures below show the sandpit which was not covered, and also the playground with rubble lying around.</p> <p>Uncovered sandpit</p> 
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Rubble lying around on the playground, no maintenance



All the children from the centre got a chance to play outside on the playground every day for an hour between 11:00 and 12:00. All the children played together on the playground regardless of their age differences. During that time, the practitioners took turns to supervise the children. They rotated every day and the practitioner that supervised the children made sure that no one got hurt. The supervising practitioner focused more on the younger children, who would usually only play on the grass. The practitioners did not mediate the play during that time.

The practitioner did not interact or play physical games with the children during that time. The children had to play with one another. The playground was big and there was enough room for all 150 children to play together, but there was not enough equipment for all the children. The centre could not let their children play on the equipment of the playground for over a year as it was damaged and too unsafe for the children to play on. The equipment on the playground was not being maintained. One of the hostels of the NWU sponsored the ECD centre and students repaired the playground of the centre to make it safe for the children to play again. The playground was opened at the beginning of May 2016. Prior to that, the children used to play in the classroom and did not have a lot of opportunities to develop their physical abilities, like fine and big motor skills.

Picture of the playground equipment



The practitioners used certain equipment for the children to play with at least three times a week after they had lunch and while they were waiting for their parents to fetch them between 12:00 to 13:30. These resources included toys, hula-hoops and balls. The practitioners did not mediate children during that time; children played with one another or on their own.

Social-emotional development

The practitioners of this ECD centre struggled to develop children's social-emotional development because there were too many children in a class to focus on each child's emotions. The children could not talk about their emotions or share stories with the class. The reason for this was that the centre did not have enough financial support to get more qualified practitioners to divide the classes in two, especially the practitioner working with the 0- to 2-year-olds and the practitioner working with the 3- to 5-year-olds. These practitioners had more than 40 children in their class and they could not focus on the children's individual needs if the children felt sad.

The practitioners tried to develop their social-emotional development by giving children the opportunity for social interactions with other children on the playground every day for an hour and also three times a week after lunch, where they had the opportunity to play with toys, like blocks, soft toys, puzzles, etc. and with one another in the classroom. The practitioners did not stimulate the children during that playtime and they did not focus on their social-emotional development

by observing those children during play by focusing on their emotions. The classroom did not have a dramatic play corner due to financial problems, but the children had time to play with toys to help them develop. The practitioners sang songs with the children every morning from 09:00 to 10:00, and during this time, they also read the Bible every morning to the children, which included lessons about emotions and behaviour.



The picture above shows that the centre had resources in order to mediate children's development.



The picture above shows an image of the playground where children had the opportunity to socially interact with one another.

Cognitive development

The centre did not follow a specific curriculum, such as CAPS (5- to 6-year-olds) or NCF (0- to 4-year-olds). The practitioners followed a daily programme which they had created on their own: the children arrived and ate, then they did a morning activity for an hour where they read Bible and sang songs in Setswana,

then all the practitioners did an activity with the children in their class for an hour. This activity usually focused on developing children’s cognitive development. The practitioners focused on developing their own activities based on the knowledge they had acquired during their studies. These activities included drawing pictures, but the centre struggled with certain resources, such as paper and crayons, since they did not have enough money to buy paper or new crayons.

The centre focused on the children’s cognitive development for an hour every day, which included playing with blocks, learning the alphabet, and learning animal sounds and different colours. The picture below shows that the classrooms had tables and chairs for the children to work on and that the centre had some resources to help stimulate children.

Classroom for the Grade R children



Linguistic development

According to the policy mentioned in section 5.2.1, practitioners working with children in the centre should help to develop children in their home language, which was Setswana. All four practitioners could speak Setswana and all the activities were being completed in Setswana. The practitioners working with the Grade R children tried to teach the children English. However, the majority of the children could only speak and understand their home language, which was Setswana. These Grade R children would enrol in Ikageng Primary School, where Setswana was the main language, but they would also enrol in Promosa Primary, where English was the main language. The children who enrolled in Promosa Primary would not have been able to keep up with the Grade 1 work in the English school, because they would not have been able to understand the language and would do all the activities in a language that they struggled to speak and

	<p>understand. It is good if the practitioners educate children in their home language in order to develop them to their fullest potential. The practitioners should convince the parents of the children to send them to a Setswana primary school, where they will be allowed to speak their home language until Grade 4.</p> <p>The practitioners from the centre sang Setswana songs with the children and also read them books which they translated from English into Setswana every morning during the 09:00 to 10:00 activity. In this way, children learnt to develop their home language. The only practitioner who focused on the children’s second language (English) was the practitioner working with the 3- to 4-year-olds: she tried to teach the children a few words in English, especially basic English words, such as “pencil”, “book”, “toys”, etc. She did not teach the children in a formal way, but taught them a few words during the week in an informal way. The practitioner working with the Grade R children also focused on developing the children’s second language: she focused on teaching children English words while doing her daily activity, but also in an informal way – while she was reading to children or while she was doing an activity with the children, she would say a word in Setswana and translate it into English, for example “paper”, etc.</p>
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5.3.5 Children’s readiness for Grade R

5.3.5.1 What did the children already know when they joined the centre?

Children who entered the centre at a young age (0–2 years old) were easily able to keep up with the work at later stage, but children who entered the centre at a later age (5–6 years old) would have most likely struggled to keep up with the work. RCU2 RPR V1 said that the children who entered the centre at an older age had not reached a sufficient level in the five developmental areas. At the time of this research, the practitioner working with the 0- to 2-year-olds had 44 children in her class. She had to teach these children everything as the parents were of the opinion that it was her job to educate and develop their children. These parents did not take part in developing their children. The practitioner working with the 2- to 3-year-olds had 36 children in her class. These children were the children from the previous age group in their centre. They developed their abilities in the five developmental areas that the practitioner from the 0- to 2-year-olds class taught them. There were approximately 12 new children that were not in the previous class and they had no foundation set. She had to potty train these children, and had to teach them to eat, dress and undress. She taught them everything from the start.

There were 46 children in the 3- to 5-year-old class. Approximately 17 of those children entered the centre at the beginning of that year. Those 17 children had no education and the practitioner had to help

them develop in order to prepare them for Grade R. At the time of the study, there were 26 children in the Grade R class. Half of the children (13) entered the centre at the beginning of that year and the practitioner had to teach them everything from the start.

5.3.5.2 Did the children go to Grade R?

The practitioner working with the Grade R children was a qualified practitioner and had a Level 5 Higher Certificate in ECD. She studied at Vuselela FET College. The practitioner was preparing these children for Grade 1 – they usually enrolled in Promosa Primary or Ikageng Primary School. The practitioner working with these children did not follow a specific curriculum, like CAPS or NCF. She was working according to a daily programme that she had prepared for the children in order to help them develop.

The programme of the centre:

08:00 to 09:00 The children came to school and had breakfast.

09:00 to 10:00 The morning lesson, the practitioner read the Bible to the children and sang songs with them.

10:00 to 11:00 The practitioner did an activity with the children to help them develop. The activities were based on a daily programme that the practitioner prepared for the children every day.

11:00 to 12:00 The children played outside on the playground. At the time of this research the playground from centre 2 was repaired and children were allowed to play outside.

12:00 to 13:00 The children had lunch that the centre provided. After lunch, they played inside the class with the resources and waited to go home.

5.3.5.3 Government support

The DSD used to support the centre, but they did not support the centre anymore. According to the practitioners, the principal that used to work there forgot to submit the papers to the DSD so they did not receive support from the DSD anymore. They would have reapplied at the end of that year (2016) to receive a subsidy, but they did not meet the norms and standards set by the DSD. Without a subsidy, the centre was struggling to support all the children with meals and the correct resources to do developmental activities. The centre was also struggling to employ more practitioners due to financial problems. These practitioners were struggling to help the children develop in their classes because there were too many children in one classroom.

In addition, the infrastructure of the centre was not maintained. The playground was full of rubble and the equipment was not being maintained. The lavatories for the children were also not being maintained, as shown in the pictures below:

Rubble on the playground



Lavatory for children not being maintained



5.3.5.4 Parental support

The centre was struggling with financial problems as the parents did not always pay the monthly school fee for the centre or they paid it too late, and the centre was struggling to buy food for all the children and all the correct resources. The RCU2 RPR V1 said, “Most of the parents of the children are very young and still in school which is why they do not have the money to always pay the school fees. They still live with their parents and the grandparents of the children in the centre do not always have enough money to support them.” These young parents could not help their children to develop holistically because they were still school-going with a lot of work to worry about. This made it difficult to help these children to develop and reach their fullest potential. The practitioners of the centre were not able to provide numbers of how many children had young parents, but they said that more than 50% of the children in the centre

had parents that were still school-going. These children were living with their grandparents. The other 50% of children were living at home with their parents/caregivers, but they came from poor circumstances.

5.3.6 Summary

Centre two was located in a semi-rural area and the children in the centre came from under-resourced circumstances. The centre was not registered because they did not meet all the norms and standards set by the DSD. The practitioners working at the ECD centre were all experienced practitioners and had a Level 4 or Level 5 ECD qualification. The centre did not have a principal. However all four practitioners wanted to become the next principal. It would have been best for the centre if a principal could have been appointed to deal with the management of the centre. Even though all the practitioners had some form of training or qualifications, there were still a few obstacles that had to be addressed, which included the maintenance of the equipment on the playground; practitioners had to mediate children while they were doing activities; the centre needed resources like paper, reading books, crayons, tables, chairs and toys; more social interactions between the practitioner and the children; a quality programme, specially CAPS for Grade R children and reading books that are written in Setswana, because all the children were Setswana-speaking (home language) and all the books were in English. The centre needed more financial support from the parents as well as from the Government in order to provide the children with nutritional food, quality programmes, more qualified practitioners, and quality resources. The centre did not have enough practitioners for the number of children enrolled in the centre. There were more than 150 children in the centre, and only four practitioners. Some of the classrooms had up to 46 children and one practitioner. This created an obstacle because the practitioners could not pay individual attention to children that fell behind in class. Those children would not be able to catch up with the developmental stage of the class and they would always struggle to catch up at an older age.

5.4 CENTRE 3

150 children with 5 practitioners and 1 principal

Registered

5.4.1 About the centre

The ECD centre was located in Promosa in the North-West province. The centre was established by an Afrikaans woman about 20 years ago. She wanted to help the community of Promosa to have a centre that could stimulate children and help them develop to their fullest potential. She trained a practitioner in the community who wanted to open a centre for children and who was, at the time of this research, the principal of the centre. The woman who had established the centre made sure that it qualified to be registered with the DSD, and then moved to a different province where she opened other ECD centres for

under-resourced children. She guided and trained the principal to make sure that it was a well-resourced centre and that they followed the correct norms and standards in order to prepare children for formal schooling. The principal of the centre had been there for over 15 years, was qualified, and ran a successful centre at the time of this research. The centre was registered with the DSD.

There were 150 children in the centre with 5 practitioners and 1 principal. The centre had 5 classrooms and the age groups ranged from 0 to 6 years old. The majority of children came from under-resourced circumstances, which was why the centre felt that they needed more support from the Government and parents to enable them to become more successful. The centre did not have enough classrooms and many of the classrooms were integrated with one another. The centre also needed more qualified practitioners to provide quality provisioning to all the children in the centre.

5.4.2 Location of the centre

Centre 3 was located in Promosa, which is a suburb in the North-West province. It is near Ikageng. The centre was located in the main street of Promosa, close to Promosa High School. The people living in Promosa were mostly coloured people and a few African people who came from under-resourced circumstances. Promosa had electricity and water supply for the community. There were also tar roads and small shops. The principal and practitioners were aware of the circumstances of the children and that some of the children came from poor circumstances. The centre therefore provided the children with breakfast, snacks and lunch to make sure they got the correct nutritional support to help them grow and develop. The centre used the menu recommended by the Department of Health. The centre also had their own vegetable garden to provide food for the children. They also had a lot of resources that they used to stimulate the children. They used the programmes provided by the DSD to help children develop and prepare them for future learning. The following pictures show the kitchen of the centre and the vegetable garden. The centre had their own dedicated chef who cooked for the children every day and a gardener who attended to the vegetable garden once a week.

Kitchen of the centre:



Vegetable garden



5.4.3 Centre 3: Profile of practitioners and principal

Table 5.3: Centre 3: Profile of practitioners and principal

Questions	Practitioner 1	Practitioner 2	Practitioner 3	Practitioner 4	Practitioner 5	Principal
Nationality	RSA	RSA	RSA	RSA	RSA	RSA
Race	Coloured	Coloured	Coloured	Coloured	Coloured	Coloured
Ages of practitioners	35	24	23	23	26	54
Ages of children you work with	0–2 years old	2–3 years old	3–4 years old	4–5 years old	5–6 years old	5–6 years old
Number of children you work with	15	15	21	35	64 (Practitioner 5 and the principal worked together with the Grade R children)	
Highest qualification	The practitioner was not qualified, but she had a Matric certificate.	The practitioner was not qualified, but she had a Matric certificate.	Level 4 National certificate in ECD. The practitioner studied at the NWU, where	The practitioner was still working towards her Grade R Diploma. She	The practitioner was still working towards her Grade R Diploma. She	The principal did her Level 5 Higher certificate in ECD at the NWU. She also had a

			she obtained her certificate. She also had a matric certificate.	was studying part-time at the NWU and will be complete her qualification in 2017. She also had a matric certificate.	was studying part-time at the NWU. She also had a matric certificate.	matric certificate.
Why these practitioners are not qualified	The practitioner was of opinion that it was not necessary in order for her to work with babies.	The practitioner was of opinion that it was not necessary in order for her to work with toddlers.	The practitioner was qualified.	The practitioner was still working towards her qualifications at the time.	The practitioner was still working towards her qualifications at the time.	The practitioner was qualified.
Years of work experience at an ECD centre	3 years	5 years	6 years	2 years	7 years	20 years
Work experience before ECD	The practitioner was a	The practitioner started	The practitioner started working	The practitioner started	The practitioner started	The principal had been working at the

centre	babysitter before she started working at the ECD centre three years before.	working at the ECD centre right after school. She did not have any other work experience.	at the ECD centre right after Matric. She did not have any other work experience.	working at this ECD centre right after Matric. She did not have any other work experience. She studied after school, but did not complete her studies. She was still studying at the time of the research.	working at this ECD centre right after school. Her mom was the principal and she was being trained by the principal to become the principal one day and to take over the centre.	ECD centre for 20 years. Before that, she was a practitioner at an ECD centre.
Home language of practitioners	Setswana	Afrikaans	Afrikaans	Afrikaans	English	English
Second language of practitioners	Afrikaans	English	English	English	Afrikaans	Afrikaans
Which language do you speak at your centre			The practitioners of this centre spoke English and Afrikaans with the			

	<p>children in the centre and a little bit of Setswana. Only one of the practitioners of the centre could speak Setswana fluently. The other practitioners could only understand and speak a few words in Setswana. The activities were usually in English or occasionally in Afrikaans – 95% of the children in the centre would enrol at Promosa Primary, where English was the main language.</p>
<p>Which languages do the children speak</p>	<p>The centre’s home language for the children was Setswana. Setswana was the home language of 147 children out of the 150 children in the centre, and 4 of the children’s home language was Afrikaans. The second language of 55% of the children in the centre was Afrikaans, and the second language of 45% of the children was English.</p>

5.4.4 Child development

Physical development

The centre focused on developing children’s physical abilities by providing them with the opportunity to play inside and outside. The centre had a well-equipped playground outside. The playground did not have a lot of equipment, but each class took turns to play outside during the day. The 0- to 1-year-olds could not all play outside, but they took some of the children outside to crawl and play for a few minutes during the day with supervision.

All children got to play outside at different times according to age groups for an hour every day, because the playground was not spacious enough for all the children of the centre to play at the same time. The practitioners only supervised the children while they were playing outside. They did not interact with the children. This centre had high walls, which are essential according to the norms and standards of the policy, as mentioned in section 5.2.1. The centre had trees that provided shade for the children, but there was not enough shade, especially during the warm summer days. The sandpit of this centre was covered with a zinc roof to protect the children from the sun and also to keep the sandpit clean. The pictures below show the high walls, trees on the playground, the play equipment outside, and the sandpit:

High walls around the playground for safekeeping



Covered sandpit



Shade provided by the trees



Enough equipment on the playground



	<p>Children also had the opportunity to develop their physical abilities inside the classroom. The centre did not have a dramatic play corner, but the children had a chance to play with toys, like building blocks, soft toys, etc. and with one another. They also played music during the mornings, where children got a chance to dance and sing along. When the children developed their physical abilities inside the classroom, the practitioners did physical activities with them twice a week, which included jumping, skipping and playing with balls. However, most of the time, the children played on their own inside the classroom.</p>
<p>Social-emotional development</p>	<p>The centre focused on developing children’s social and emotional development through a variety of activities, which included playing with other children in class, singing songs, teaching children to share, colouring in, and listening to stories about emotions. The only problem was that the centre did not have a dramatic play corner, which is important for children’s social-emotional development. The centre did not have enough money to afford a dramatic play corner. The practitioners also struggled to get children involved in singing songs and reading books because 98% of the children in the centre were Setswana-speaking, and the practitioners were Afrikaans- or English-speaking.</p> <p>The centre did not frequently give children a chance to talk about their feelings, because there were too many children in the Grade R class and the younger children still struggled to speak English or Afrikaans. The practitioners cared about the children and they tried to listen if a child wanted to tell them something about their emotions. According to the policy for social-emotional development, as discussed in section 5.1.4, the centre did not work according to the staff to children ratio. This made it difficult because the 0- to 1-year-olds were 15 in a classroom, but each practitioner was only allowed to have 6 children. There were fifteen 2- to 3-year-olds in one class, which is correct according to the policy. There were twenty-one 3- to 4-year-olds, which is correct according to the policy. There were thirty-five 4- to 5-year-olds, which were 10 children too many for one practitioner. The Grade R class was the biggest challenge, where there were 64 children in one classroom with one practitioner and the principal. This created obstacles, especially with children’s social, imaginative and creative play. The practitioners could not always focus on all the children’s emotions and feelings.</p>
<p>Cognitive development</p>	<p>The centre was fully aware of what cognitive development entailed and they focused on everyday activities to develop the children’s cognitive abilities. The</p>

	<p>centre used the CAPS programme from the DoE which included themes for each week of the year and activities for every day.</p> <p>The practitioners focused on activities such as sing-a-longs, building blocks, asking stimulating questions to children, and giving children the opportunity to play with toys. The older children from 3 years old got the chance to practise the alphabet, shapes and colours, and to identify animal sounds.</p> <p>Children arrived at the centre and they started by colouring in and drawing pictures, then they usually had breakfast, and after that, they started with their cognitive activities. The activities given to them were from the CAPS document for Grade R or the NELDS programme for children between the ages of 0 and 4 years. The practitioners attended workshops in Promosa, where they received daily activities for a month.</p>
<p>Linguistic development</p>	<p>One of the practitioner’s home language was Setswana, three of the practitioner’s home language was Afrikaans, and one practitioner’s and the principal’s home language was English. This made it difficult for the practitioners to develop children’s linguistic abilities – they did not speak the home language of the children in the centre. Only one of the six practitioners spoke Setswana fluently. The other practitioners only understood and spoke a few words in Setswana.</p> <p>The challenge was that out of the 150 children, 147 children’s home language was Setswana and 4 children’s home language was Afrikaans. The English language was mainly used to educate the children in the centre; but the practitioners also spoke Afrikaans. The home language of the practitioner working with the 1- to 2-year-olds was Setswana, but she was also advised to educate and speak to the children in English. The centre wanted to prepare the children for formal schooling, which would be at Promosa Primary, where English was the main language.</p> <p>The practitioners were of the opinion that the children did not struggle too much with English or Afrikaans, because the second language of 55% of the children in the centre was Afrikaans and the second language of 45% of the children was English. The majority of children were comfortable with the languages and had heard or had spoken these languages before. Educating children in their second language was not difficult, especially for younger children between the ages of 0</p>

	<p>and 3 years. These children only understood Setswana and it made it difficult for practitioners to stimulate the children if they did not understand them.</p> <p>Children that joined the centre from a young age were able to speak and understand English in Grade R, but the children that joined the centre at a later age struggled to develop their abilities being educated in their second language. Out of the 64 children in the Grade R class, 20 of the children joined at the beginning of that year and they struggled to keep up with the rest of the class, especially with the languages.</p> <p>The practitioners could not educate the children by themselves as they needed the help of the parents, but 97% of the parents' home language was also Setswana, which meant that they usually spoke Setswana at home and did not help to teach the children to speak English or Afrikaans. The practitioners focused on developing children's linguistic abilities through singing songs, reading them stories, teaching children new words and a variety of different activities.</p>
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5.4.5 Children's readiness for Grade R

5.4.5.1 What did the children already know when they joined the centre?

The majority of children in the centre entered between the ages of a few months and 2 years old. In this class, the practitioners developed the children to prepare them for the older classes. The children then moved to the class for 2- to 3-year-olds, at the beginning of each New Year. The same children usually moved from the class for 0- to 2-year-olds to the class for the 2- to 3-year-olds. During the time of this research, 6 new children joined the class for the 3- to 4-year-olds. The practitioners had to develop these children from the start. The children that came from the previous classes were able to do all the activities prepared by the DBE.

The next class was the 4- to 5-year-olds (pre-Grade R). Approximately 14 children joined this class at the beginning of the year in which this study was conducted. Approximately ten of the children had some form of stimulation at home or at another ECD centre, but four of the children had no stimulation at all, and the practitioner had to pay extra attention in order to prepare them for Grade R. The next class was the Grade R class, with 64 children. About 20 children entered at the beginning of the year in which this study was conducted. The children that came from the previous classes were able to keep up with the requirements for Grade R and were able to speak English and understand the language. The children that

came from other centres were also able to do some of the activities, but they also struggled with English. About 50% of the children did not have any form of stimulation, and the practitioners had to develop them in order to prepare them for formal schooling.

5.4.5.2 Did the children go to Grade R?

The centre had a Grade R class. At the time of this research, there were 64 children in the Grade R class, with one practitioner and the principal working with the children in one classroom. They followed the CAPS curriculum and the practitioners attended workshops once a month to get the activities and themes for the next month. Around 98% of the children in the Grade R class would enrol in Promosa Primary School, where the main language was English. This made it difficult because the majority of children were from Setswana-speaking homes.

The number of children in the Grade R class was a big challenge: 20 children entered the centre at the beginning of that year and they needed extra attention to meet the requirements of the CAPS curriculum especially, since they were being educated in their second or third language.

The programme of the centre:

07:00 to 08:00 Children arrived at the centre and had the chance to colour in and draw pictures.

08:00 to 09:00 Children had breakfast and went to the toilet.

09:00 to 09:30 The practitioners read Bible stories to the children.

09:30 to 10:30 The practitioners did a cognitive activity with the children from the CAPS curriculum.

10:30 to 11:00 The practitioners did maths or a life skill activity with the children.

11:00 to 12:00 The children played outside under supervision.

12:00 to 13:00 Children washed their hands and had lunch.

13:00 to 15:00 Children slept and then played in the classroom.

15:00 to 16:00 Parents came to fetch their children.

5.4.5.3 Government support

The centre was registered with the DSD and received a monthly subsidy for some of the children. Almost 53 children out of 50 children (35%) in the centre received a monthly subsidy from the DSD. This helped the centre provide children with the correct nutritional support, quality programmes, quality resources, and qualified practitioners. The principal and practitioners hoped that more children in the centre would receive a monthly subsidy, because there were still a lot of children that could not afford to pay the monthly fee. This caused financial problems for the centre. The centre did not meet all the norms and standards to be registered with the DSD but they used all the programmes that the DSD provided.

5.4.5.4 Parental support

The practitioners were of the opinion that the majority of parents supported the centre and their children; but each age group differed. The UCR3 RPR V1 working with the babies (0–1 years) said: “The parents are very supportive and they care about their children’s progress.” The UCR3 RPR V1 working with the 2- to 3-year-olds said: “The parents are not supportive, the parents/caregivers do not come to class activities where they are needed, they do not help to stimulate children at home, and they do not pay school fees or interact with the practitioners or principal of the centre.” About two or three children in the class were living with their grandparents, who did not help with the children’s development. The UCR3 RPR V1 working with the 4- to 5-year-olds said: “The parents do not support the children, especially with their linguistic development. The parents want the children to be educated in English but the parents do not teach them English at home.” The practitioners found it difficult to educate children in English if they did not understand. The UCR3 RPR V1 working with the 4- to 5-year-olds said that 80% of the children in her classroom were living with their parents. The practitioner and principal working with the Grade R class were of opinion that the parents were very supportive, but half (50 %) of the children in the Grade R class were living with their grandparents, and the other half (50%) were living with their parents due to the following reasons: financial problems; the parents passed away; or the parents were still school-going.

5.4.6 Summary

Centre three was located in an urban context and the children in the centre came from under-resourced circumstances. The centre was registered and met all the norms and standards to be registered with the DSD. The centre was small and was not spacious enough for all 150 children. The centre only had 5 classrooms and the Grade R class had 64 children. Some of the classrooms were integrated and only a bookshelf separated the two classrooms. The centre had many children, because it was a good centre and the parents wanted their children to develop. The specific area also did not have a lot of quality ECD centres, which is the reason why this centre had so many children enrolled. The practitioners all had a matric certificate and some of them received some training in ECD. Two practitioners felt it was not necessary to become qualified – these practitioners worked with the youngest groups. The practitioners working with the older groups were still working towards a qualification, and the only practitioner who was already fully qualified, was the one teaching the 5- to 6-year-olds. The practitioners from this centre were all very young as all the practitioners except the principal and the practitioner working with the 0- to 2-year-olds were in their 20s and they did not have a lot of experience working in an ECD centre. Although the centre met all the norms and standards of the DSD, there were still a few challenges that had to be addressed: language barriers – more than 80% of the children’s home language was Setswana and the languages used in the centre were mainly English or Afrikaans; overcrowded classrooms, especially the Grade R’s; lack of unqualified practitioners; and a lack of quality resources, like a fantasy corner, toys, and stimulating activities like puzzles and blocks. The centre received a monthly subsidy for 53 of

the children, which helped the centre financially. However, the centre still needed more financial support in order to build more classrooms and to get more qualified practitioners. The language barrier between the practitioners and the children was the main challenge.

5.5 CENTRE 4

95 children with 2 practitioners and 1 principal

Not registered

5.5.1 About the centre

The ECD centre was located in Promosa and was based on the premise of Promosa Primary School. The centre opened in September 2015. The principal of the centre was hiring the classroom from the primary school. This ECD centre was private and not part of the primary school. The children attending this centre were from under-resourced circumstances. At the time of this study, the centre had 95 children with two practitioners and one principal. There was only one classroom for all 95 children. The principal wanted to hire another classroom from the school, but unfortunately all of the other classrooms were being used by other teachers of the school.

The centre was struggling with unqualified or untrained practitioners and no support from the Government. They needed financial support, resources, more classrooms, and quality ECD programmes. The biggest problem the centre faced was that they only had one classroom for 95 children of different ages, which made it very difficult to help the children to develop and to prepare them for formal schooling.

5.5.2 Location of the centre

The centre was located in Promosa, which is a suburb in the North-West province near Ikageng. The people living in Promosa were mostly coloured people and a few African people. These people came from under-resourced circumstances, but Promosa had electricity and water supply for the community. There were also tar roads and small shops. The RCU4 RPL 1 from this centre said: "We are not aware of the circumstances the children live in, because the centre just opened." Lunch could not be provided for the children because the centre did not have a kitchen nor enough financial support to buy food. But they provided porridge in the morning. The children had to bring lunch from home. The centre had a lot of resources that they could use which the principal provided: storybooks; paper; crayons; posters against the walls about different colours; shapes; alphabet cards; and worksheets. The practitioners from this centre did not want to provide too much information.

5.5.3 Centre 4: Profile of the practitioners and principal

Table 5.4: Centre 4: Profile of practitioners and principal

Questions	Practitioner 1	Practitioner 2	Principal
Nationality	RSA	RSA	RSA
Race	Coloured	Coloured	Coloured
Age of practitioner (According to the DSD regulations on day care facilities, staff members must be in the age range of 18–60 years old)	32	28	37
Ages of children you work with	3–4	4–6	Did not work with the children
Number of children you work with	54	41	She did not really have a class
Highest qualification (All staff should be completing or have completed a basic level training course from a recognised agency, covering health, safety, nutrition, child development, administration skills, including job description and crisis management).	The practitioner started studying at the NWU for a Level 5 Higher Certificate in ECD, but she did not finish. She was planning on completing her studies someday. She had a matric certificate.	The practitioner was not qualified, but she did her Matric. She was attending workshops for ECD at the NWU.	The principal was not qualified, but she did her Matric. At the time, she was attending Stella workshops in ECD at the NWU in order to train the practitioners working at her centre. The principal felt that the centre needed more qualified practitioners, especially a qualified practitioner to work with the Grade R children.
Where did you receive your qualification	She did not finish her studies, but she started with her Level 5 in	She was attending workshops at the NWU for ECD. She was not	She was attending workshops at the NWU called Stella. Stella

	ECD at the NWU for only a year.	planning on getting qualified with an ECD certificate or diploma.	workshops is created for unqualified practitioners who needs help with planning programmes. These workshops provide practitioners with a weekly programme in order for them to do activities with the children. She was not planning to become a qualified ECD practitioner because she wanted to work as a principal and only manage the centre.
Years of work experience at an ECD centre	10 years	1 year	1 year
Work experience before ECD centre	Was a babysitter	Worked at Mediclinic, did not specify	Worked at SAB, did not specify
Home language of practitioners	Afrikaans	Afrikaans	Afrikaans
Second language of practitioners	Second language was English	Second language was English. The practitioner could understand Setswana, but she was not able to speak the language.	Second language was English
Which language do you speak at your centre	English	English	English
Which languages do the children speak (According to the SA	These children all spoke different languages, which	Setswana was the home language of the majority of the children	The children spoke different languages, which included,

<p>policy, all children should receive education in their Home language in a ECD centre)</p>	<p>included Setswana, English, Venda, and Afrikaans.</p> <p>The children in this age group (3–4 years old) all had different home languages which made it difficult for the practitioner to educate all the children in their home language. The practitioner used English in the class to educate the children. The practitioner could not speak or understand Venda or Setswana, and Setswana was home language of most of the children in her class.</p> <p>Out of the 54 children in her class:</p> <p>Home language: 52 – Setswana 2 – Venda 0 – Afrikaans 0 – English</p>	<p>(99%) in this class. One of the children’s home language was Venda. The children in the class understood a little bit of English. Twelve of the 42 children understood a few words in English.</p>	<p>English, Afrikaans, Southern Sesotho, Venda, and Setswana. These practitioners were not aware of all the different home languages of the children in their centre. The practitioners and principal of this centre could not speak the home languages of most of the children in the centre. They could only speak English and Afrikaans.</p>
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5.5.4 Child development

<p>Physical development</p>	<p>In terms of physical development, this centre had fences around the playground and other classrooms because the centre was located on the premise of Promosa Primary School. It was very safe for children to play</p>
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outside. The playground of the centre had a lot of trees and most of the playground was in the shade for the children to play during the warm summer days. The centre had no grass, which could have been be unsafe if a child fell off the equipment. The sandpit of the centre had no sand as stipulated by the early childhood regulations mentioned in section 5.1.2, and the centre did not have the finances to fill it up with sand for the children to play in, as shown in the pictures below.

No sand in sandpit



Equipped playground



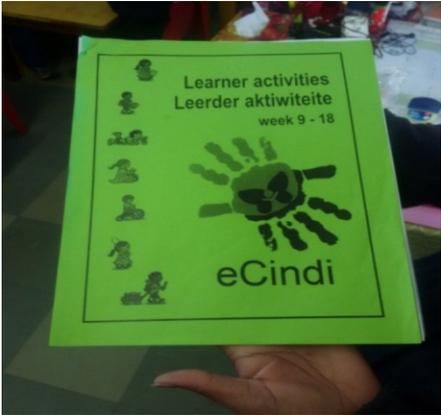
Fencing around the playground



Between 10:00 and 11:00 in the morning, the older children from the age of 4 to 6 years would go out and play on the playground, and the children from 3 to 4 years would stay in class and do an activity. Between 11:00 and 12:00, the 4- to 6-year-olds would come into class and do an activity while the 3- to 4-year-olds played outside. There were two practitioners and they took turns to supervise the children while they were playing outside, and the other practitioner stayed in class with the children that were doing an activity. The practitioners did not interact or play physical games with the children during that time. The children only played on the equipment outside and with one another.

The playground was spacious enough for the children to play, because the class was split into two groups during outside playtime. However, the playground was also getting too confined because the number of children attending of the centre was increasing, and if the number of children was split into two groups, there were almost 50 children playing outside at a time. The ECD centre also struggled to do physical activities (e.g. throwing a ball, dancing to music, and playing physical games) with the children because the centre did not have enough resources to accommodate all the children, even if the class was divided into two groups. On cold and rainy days when the children could not play outside, they all had to stay in class

	<p>and the class was too confined for all these children as they struggled to move or do any physical activities.</p>
<p>Social-emotional development</p>	<p>The RCU4 RPR V1 and RCU4 RPL V1 said: “Social-emotional development is not important for children; we will rather focus on physical or cognitive development.” It was very difficult for these two practitioners to focus on the social-emotional development of 95 children, because they were too busy with all the children and with discipline. With so many children in one class, it was almost impossible to keep the discipline. The children did not follow the rules of the centre, which included keeping quiet when the practitioner talked, or not fighting with one another. The centre started a few months before and almost 50% of these children had no stimulation before they came to the centre.</p> <p>The children got 60 minutes a day to play with one another during their outside playtime, but they were not stimulated during this time. The main problem was that there were not enough practitioners for the children in the centre, but the centre was not able to get more practitioners, because they only had one classroom and all the other classrooms in the school were already occupied. In addition, there was no dramatic play corner for the children to play inside the classroom because the centre did not have the resources and there was no space in the classroom. The children got the opportunity to draw pictures about their emotions during the times that they were able to do activities in the classroom. Between 09:00 and 10:00 in the morning, the practitioners sang songs with the children and read Bible to them.</p>
<p>Cognitive development</p>	<p>The centre did not follow a specific curriculum, but they created their own activities based on the Stella workshops that the principal attended at the NWU. The practitioner working with the 4- to 6-year-olds followed learner activities from eCindi – which are learner activities for children in ECD centres (see picture below) – to help her to provide the correct activities to the children. The practitioner was struggling to help the Grade R children develop because the 4-year-old children were also in the classroom and they could not always do the same work as the Grade R children. The practitioner felt that she could not provide individual attention to the children, because there were too many children in her class. These children completed activities every day during 11:00 and 12:00 from the eCindi learner activities, which included different colours, animal sounds,</p>

	<p>colouring in, etc.</p> <p>eCindi learner activities</p>  <p>The practitioner working with the 3- to 4-year-olds did not follow any learning activities, but she created her own activities. She was not qualified, nor was she attending any ECD workshops at that time, which made it difficult for her to help the children. This practitioner had 54 children in her class, which made it impossible for her to provide individual attention to the children, especially the children that had no stimulation before they entered the centre a few months before. These children were not developed in their five developmental areas and their parents did not stimulate them at home. The practitioner tried to do an activity with the children every day, which included colouring in or playing with toys in the classroom. The principal occasionally helped the practitioner to stimulate the children when she visited at the centre. The principal did not visit the centre every day. She only came around three times a week. The principal did not want to teach and stimulate the children. She wanted to manage the centre.</p>
<p>Linguistic development</p>	<p>With regard to linguistic development as mentioned in section 5.1.3, the practitioners of this centre could not accommodate all the children's languages. The practitioners' home language was Afrikaans and their second language was English. The children in this centre spoke a variety of languages, which included Setswana, Venda and Afrikaans. More than 80% of the children were Setswana-speaking. This created problems, not only with the children's linguistic development, but with their cognitive,</p>

	<p>social, emotional and physical development, because the children did not fully understand the practitioners and the practitioners did not always understand the children. The practitioners would give an instruction to the children and would ask the children who understood Afrikaans or English so that they could translate the instruction into Setswana for the other children. The practitioners would also demonstrate what to do and the children would follow the practitioner's example and do an activity, especially the children between the ages of 3 and 4 years who did not understand English. Only 12 out of the 95 children in the centre understood a few words in English, but they could not always speak English. More than 80% of the children's home language was Setswana. The practitioners educated these children in English. The practitioner who worked with the 4- to 6-year-old children understood a few words in Setswana.</p> <p>All the activities these practitioners did with the children were in English, and most of the time, the children did not understand or struggle, because it was not their home language. The practitioners did sing-a-longs, read books, introduced new words in English, told stories, etc. to help develop children's linguistic development, but everything was presented in English.</p>
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5.5.5 Children's readiness for Grade R

5.5.5.1 What did children already know when they joined the centre?

The centre opened in November 2015. Many of the children that joined the centre had not received any stimulation before they joined the centre. These children did not attend any form of ECD facility before they entered the centre. The practitioners had to teach these children everything from the start. The practitioners were not able to provide the researcher with a specific number of how many children had no stimulation before they joined the centre, but as far as they knew, more than half – 50 out of the 95 children (50%) – had no form of any stimulation, especially the children between the ages of 3 and 4.

About 45 out of the 95 children in the centre received some form of early stimulation and the practitioners found it easier to help these children to develop and grow holistically. Almost 80% of the children that had some form of stimulation before they entered the centre, were between the ages of 4 and 6. These children were stimulated at home or were part of a home-based facility.

5.5.5.2 Did the children go to Grade R?

The centre had a Grade R class. One practitioner worked with the pre-Grade R and Grade R children (4- to 6-year-olds). At the time of the study, the practitioner had 42 children in her classroom. The principal also tried to help her with these children when she visited the centre. The principal was attending workshops at the NWU to help the practitioners to educate the children. The practitioner working with this specific age group used eCindi activities. Most of the children enrolled in Promosa Primary School, where English was the main language. This made it difficult to prepare the children for Grade 1 because they did not understand English and still had to be educated in their home language. The practitioner and principal working with the Grade R children did not know what CAPS or NELDS were and they used their own curriculum and activities to develop and prepare the children. It was very difficult to focus on the Grade R children if the class was combined with 4- to 5-year-olds as well. The children were not at the same developmental stage and could not always do the same work. There were 42 children in this class and the practitioners could not provide individual support to the children that were going to Grade 1 the following year.

The programme of the centre:

08:00 to 09:00 Children arrived at the centre.

09:00 to 10:00 Started the day with sing-along and Bible stories. The children then ate the porridge the centre provided.

10:00 to 11:00 The older children from ages 4 to 6 went outside to play on the playground during this time, and the children from ages 3 to 4 stayed in the classroom and did a cognitive activity.

11:00 to 12:00 The 4- to 6-year-olds came back to class and did an activity, while the 3- to 4-year-olds played outside on the playground.

12:00 to 13:00 The children ate lunch they brought from home.

13:00 to 14:00 The children slept in the classroom before they went home at 14:00.

5.5.5.3 Government support

The centre was not registered with the DSD; so, they did not receive any financial support from the DSD, because they did not meet the norms and standards in order to receive a monthly subsidy for the children. The centre wanted support from the DSD, but they knew they still had to make a lot of changes to enable them to register with the DSD.

5.5.5.4 Parental support

The practitioners felt that they received the necessary support from the parents of the children in their centre. They were not aware of the living arrangements of the children, but they said: "Most of the children in the centre live with their parents and only 10% of the children live with their grandparents and

other relatives.” The parents paid the monthly fees of the centre. The practitioners did not provide more information related to this topic, because they were not aware of the circumstances the children were living in.

5.5.6 Summary

Centre 4 was not registered by the DSD. The centre was located in a rural area, and the children all came from under-resourced circumstances. The main problem for the centre was that there was only one classroom for 95 children. Although it was a spacious classroom, there was not enough space for all the children. The ages of the children also differed from 3 to 6 years old, which meant that practitioners struggled to stimulate and develop children according to their ages in one classroom. The centre did not work with children between the ages of 0 and 2 years. The two practitioners and the principal of the centre were not qualified, but they all had a matric certificate. The practitioner who worked with the 3- to 4-year-olds was planning to finish her Level 5 certificate. The principal worked with the 4- to 6-year-olds and was not planning to become qualified in ECD. They felt it was unnecessary to become educated in an ECD centre. They did not have any basic knowledge of ECD, but they attended workshops to develop this knowledge. The centre was in need of a few things, which included: more classrooms; sand in the sandpit; more qualified practitioners; quality programmes; and more resources in order to help children develop, like books, crayons, paper, balls, building blocks, etc. The main challenge at this centre was the language barrier: the English language was used at the centre to educate the children, while the majority of children’s home language was Setswana. The practitioners could not speak Setswana fluently – they only understood a few words. This created problems in developing children, because there was no interaction between the children and practitioners, which is the crucial ingredient for development.

5.6 CENTRE 5

189 children with 8 practitioners and 1 principal

Registered

5.6.1 About the centre

The majority of children in the centre came from under-resourced circumstances. The centre was providing quality provisioning, because there were enough qualified practitioners, quality programmes, quality resources, and sufficient financial support. There were 189 children in the centre, with 8 practitioners and one principal. There were 9 classrooms in the centre and the ages of the children varied from 1 to 6 years old. The principal of the centre held a BEd degree (Foundation phase) and she taught the Grade R children. At the time of this research, the principal had only been the principal at the centre for a year. The centre only promoted practitioners who were qualified. All 8 practitioners had some form of qualification. The lowest level of qualification required at this centre was a Level 4 National

Certificate in ECD. The centre was registered and met all the norms and standards set by the DSD. No pictures were added to centre five, because it was not allowed.

5.6.2 Location of the centre

Centre 5 was located in Potchefstroom, nearby NWU. The centre was located in an urban context and was in a well-resourced area. There were tar roads, shopping malls, bus stations, water and electricity. Practitioners in the centre were well aware that the majority of children attending the centre came from under-resourced circumstances. That is why the centre provided the children with nutritional meals during the day, which included breakfast and lunch. The centre was also well-resourced with sufficient quality resources in order for children to develop holistically.

5.6.3 Centre 5 Profile of the practitioners and principal

Table 5.5: Centre 5: Profile of practitioners and principal

Only three practitioners and the principal were interviewed during the visit.

Questions	Practitioner 1	Practitioner 2	Practitioner 3	Principal
Nationality	RSA	RSA	RSA	RSA
Race	White	White	White	White
Age of practitioner	31	35	40	45
Ages of children you work with	2–3	3–4	4–5	Grade R (5–6)
Number of children you work with	13	15	30	28
Highest qualification	Level 4 National certificate: ECD	Level 5 National Diploma: ECD	Level 5 Higher certificate: ECD	Degree in BEd Foundation Phase
Where did you receive your qualification	NWU			
Years of work experience at an ECD centre	6	5	20	21
Work experience	Was a babysitter	Was a babysitter	Have always been	Always been an

before ECD centre			an ECD practitioner	ECD practitioner
Home language of practitioners	English	English	Afrikaans	English
Second language of practitioners	Afrikaans	Afrikaans	English	Afrikaans
Which language do you speak at your centre	English			
Which languages do the children speak	Setswana was the home language of the majority of children. More than 80% of the children enrolled in the centre were Setswana-speaking. English was the home language of the other 20% of the children.			

5.6.4 Child development

Physical development	<p>The ECD centre had a well-equipped playground. There was enough equipment for all the children to play on. The children were divided into two groups during outside playtimes. The 1- to 4-year-olds played together and the 4- to 6-year-olds played together. This helped the practitioners to supervise children and to make sure that the younger children did not get hurt while playing with the older children. The practitioners did not mediate the children's play outside. The practitioners left the children to play outside with one another. The practitioners only interfered when a child got hurt or wanted to tell the practitioner something. The children only got an hour a day to play outside.</p> <p>The centre had fencing around the playground in order to keep children safe which complied with the policy. The playground also had enough shade to protect children from the sun. The centre had a sandpit that was covered with a roof to ensure that the sandpit was clean for children to play in.</p> <p>The centre also had enough resources for children to play inside the classroom and develop their physical abilities. Every classroom had a fantasy corner for children to play with other children. The centre tried to develop physical abilities through a variety of activities, which included dancing to music, physical games like throwing a ball, art activities, etc.</p>
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<p>Social-emotional development</p>	<p>The centre had enough resources in order to develop children’s social-emotional development. The centre gave the children time during the day to do group activities, play with one another, explore new things, and gave children the chance to do dramatic play by dressing up or letting children sing songs about emotions.</p> <p>The principal of the centre made sure that there were not too many children in one classroom. This ensured that the practitioners paid special attention to the children’s emotions in their class. The practitioners had to focus on children’s emotions, especially when they looked sad. The practitioners gave children an opportunity to talk about their feelings and their experiences every morning.</p> <p>The practitioners mediated activities when developing social-emotional development. These activities also included colouring in or when children told stories.</p>
<p>Cognitive development</p>	<p>The centre focused on providing children with the correct activities in order to develop their cognitive abilities. The practitioners with children from 1 to 2 years tried to stimulate children and develop their basic developmental abilities. The practitioners working with the 2- to 3-year-olds did more stimulating activities with the children, like building blocks, sing-a-longs, and practising the three basic shapes. The 3- to 4-year-olds also did stimulating activities in order to prepare them for Grade R. The activities used for the children between 1 and 4 years old came from the NELDS programme as a guideline to develop activities.</p> <p>The Grade R children did activities based on the CAPS curriculum. These activities included practising shapes and colours, asking children stimulating questions – which included why, how, when questions – playing mind games, etc.</p> <p>The children got an opportunity to develop their cognitive abilities before they went outside to play. The practitioners prepared a formal activity for the children every day. It usually took an hour to an hour and a half.</p>
<p>Linguistic development</p>	<p>The home language of all of the practitioners and principal who worked at the centre was English or Afrikaans.</p> <p>This created problems in the development of children, because the practitioners</p>

	<p>could not speak the home language of the children. The home language of 80% of the children was Setswana and the home language of 20% of the children was English. This created obstacles because the practitioners could not interact with the children who did not understand or speak English.</p> <p>The practitioners focused on doing group work with the children to enable the children who understood English and Setswana to educate the children who only understood Setswana. This made it difficult for practitioners to do activities with children, because the value was lost.</p>
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5.6.5 Children’s readiness for Grade R

5.6.5.1 What did the children already know when they joined the centre?

The children entering the centre usually started in the baby class (1- to 2-year-olds). The practitioners working with this age group had to teach the children the basic developmental abilities. After this class, the children moved to the class for 2- to 3-year-olds where the practitioners started doing more structured activities with the children. Children usually entered the centre between the ages of 1 and 3 years. The practitioners working with these children helped to prepare them for the older classes.

All the children that entered the centre at a young age had developed the basic skills in all five areas of development. The children that entered at a later age, especially Grade R, had not developed a foundation for the five developmental areas. Practitioners struggled to help these children develop as they still had to develop the children that reached their milestones. The children who entered the centre in Grade R typically could not speak English, especially if their home language was Setswana. The practitioners then first had to teach them to speak English, because the practitioners could not speak Setswana.

5.6.5.2 Did the children go to Grade R?

The centre had a Grade R class where they used the CAPS curriculum to develop the children. The principal of the centre worked with the Grade R children. She had a BEd degree (Foundation Phase), which helped her to prepare children for formal schooling. The majority of children in the Grade R class would enrol in an English primary school. The principal had to teach these children to speak and understand English before they moved to Grade 1.

The programme of the centre:

07:00 to 08:00 Children arrived at the centre and they had time to play with one another in the classroom and with the resources available.

08:00 to 08:30 Children had breakfast.

08:30 to 09:30 Practitioners did an activity with children to develop social-emotional abilities.

09:30 to 10:00 Children ate a snack.

10:00 to 11:30 Children did a cognitive activity.

11:30 to 12:30 Children played outside.

12:30 to 13:00 Children ate lunch.

13:00 to 14:00 Children slept.

14:00 to 15:00 Parents came to fetch their children while they played inside the classroom.

5.6.5.3 Government support

The centre was registered with the DSD and received a monthly subsidy for some of the children. About 46 (24%) out of the 189 children received a monthly subsidy. This helped the centre to provide the correct nutritional support for the children, especially the children that came from poor circumstances. The centre met all the norms and standards set by the DSD.

5.6.5.4 Parental support

The practitioners felt that the parents were very supportive. The principal and practitioners tried to have good relationships with the parents. Some of the parents could not always afford to pay the school fees, but the children usually received a monthly subsidy by the DSD. The parents wanted the children to be educated in English. However, the parents did not want to teach their children English at home, especially the parents whose home language was Setswana. The UCR5 RPR V1 said, “it is the parents’ job to teach the children English and prepare them for formal schooling.”

5.6.6 Summary

Centre 5 was registered with the DSD. Almost 24% of the children enrolled in the centre received a monthly subsidy. This financial support helped the children from poor circumstances to be able to attend a well-resourced ECD centre. The centre was located in an urban context and all the children came from under-resourced circumstances. All of the practitioners in the centre were qualified or had some form of training. The principal working with the Grade R children had a BEd degree (Foundation Phase). At the time of the study, she had been the principal at the centre for over a year. The classrooms did not have more than 30 children in one class in order to ensure that every child received individual attention. The practitioners working with the younger children did not have more than 15 children in one classroom to ensure quality teaching. The home languages of all the practitioners and the principal were Afrikaans or English. The majority of the children’s home language was Setswana. This created a major problem because the practitioners struggled to interact with children and develop their five developmental abilities in a different language. The centre was well-resourced and provided quality provisioning because there

were enough qualified practitioners, quality resources, quality programmes, and sufficient financial support from the DSD.

5.7 CENTRE 6

Registered

297 children in the centre with one principal and 10 practitioners

5.7.1 About the centre

Most of the children attending the ECD centre came from under-resourced circumstances, but the ECD centre was providing quality provisioning because they were well-resourced with enough qualified practitioners (above a Level 4 National Certificate), quality resources (equipped playground, books, toys, etc.), and also quality programmes (CAPS for Grade R and NELDS for younger children). At the time of this study, there were 297 children in the centre, with 10 practitioners and one principal. There were 10 classrooms in the centre and the ages of the children varied from a few months old to 6 years old (Grade R). Three of these 10 classrooms were for the babies from a few months old to 3 years old, where they focused on developing these children for more formal development. The three classrooms for the babies were on the other side of the centre and they did not interact with the older children. The other seven classrooms were for children from 3 to 6 years old. The principal of this centre was also a principal from another ECD centre in Potchefstroom. She tried to be at this specific centre two to three days a week.

The centre was in good condition and met the requirements of the ECD policy in South Africa. The majority of the children's home language was Setswana. The majority of the practitioners' (90%) home language was Afrikaans.

5.7.2 Location of centre

Centre 6 was located on the same premise as Witrand Hospital in Potchefstroom. This centre was developed in order to provide an ECD facility for the children of the staff working at the hospital. Witrand Hospital, as it is known in the North-West, is one of the institutions with a rich history of specialised services, dating back to the early 1800s. At the time of this study, this hospital was serving as a referral hospital in the North-West province. The hospital is located in an urban context in Potchefstroom within the Dr Kenneth Kaunda District.

5.7.3 Centre 6: Profile of the practitioners and principal

Table 5.6: Centre 6: Profile of practitioners and principal

The researcher only conducted interviews with four of the practitioners and the principal of the centre.

Questions	Practitioner 1	Practitioner 2	Practitioner 3	Practitioner 4	Principal
Nationality	RSA	RSA	RSA	RSA	RSA
Race	White	White	White	White	White
Ages of practitioners	28	40	36	30	42
Ages of children you work with	4–5 years old	5–6 years old	3–4 years old	5–6 years old	The principal of this ECD centre did not have a class of children she worked with. At the time of this study, she was a principal of two ECD centres and managed to be at both centres during the week. The other ECD

					centre was also located in Potchefstroom.
Number of children you work with	29	27	30	30	There were 297 children in the ECD centre
Highest qualification	University degree obtained at the NWU in Senior Phase and a postgraduate degree in Art.	The practitioner obtained her BEd (Foundation Phase) at the NWU.	Level 4 National Certificate through the NWU.	The practitioner studied at the NWU and did her BEd (Foundation Phase) and her honours degree in Learner Support.	The principal of the centre had a university degree in Business Management. She had no qualifications in ECD.
Why these practitioners are not qualified	This practitioner wanted to open an art school for children, but this was the only job opportunity she could get. She did not study to	This practitioner was qualified as a Foundation Phase teacher and not as a ECD practitioner.	This practitioner was qualified.	This practitioner was qualified as a Foundation Phase teacher and not as a ECD practitioner.	The principal felt that she did not need a qualification in ECD because she was not a practitioner working with the

	become a practitioner for ECD children, but she was adapting to their curriculum and programmes.				children; only the principal that manages the centre.
Years of work experience at an ECD centre	1 year	15 years	19 years. The practitioner started working at an ECD centre when she was 17 years old.	5 years	The principal of the centre started at the beginning of 2016, but she had been a principal at the other ECD centre for over 10 years at the time of the research.
Work experience before ECD centre	Studied at the NWU.	The practitioner only worked as a practitioner at an ECD centre.	The practitioner only worked at an ECD centre.	Before she started working as an ECD practitioner, she was an assistant for a	She was a principal at an ECD centre.

				Grade 1 class.	
Home language of practitioners	Afrikaans	Afrikaans	English	Afrikaans	The home language of the principal was Afrikaans.
Second language of practitioners	English	English	Afrikaans	English	The principals second language was English
Which language do you speak at your centre			The principal and practitioners from this ECD centre spoke English to the children at the centre. They spoke Afrikaans to some of the children that were Afrikaans-speaking, but only 5% of the children in the centre could speak Afrikaans. The principal and practitioners could not speak Setswana fluently. That is why the practitioners taught the children in English. The children would enrol in Potchefstroom Primary for Grade 1, where English was the main language.		
Which languages do the children speak			The home language of 90% of the children was Setswana, about 5% of the children's home language was English, and the other 5% were Afrikaans-speaking.		

5.7.4 Child development

Physical development

The ECD centre had an excellent playground. The playground was divided into two sections where the older children (4 to 6 years old) played on one part and the younger children (3 to 4 years old) played on the other part of the playground. The practitioners took turns to supervise the children while they were playing to make sure that they did not get hurt and that they did not fight. The practitioners did not mediate the children’s play outside. They left the children to play with one another as it is free play. The children only got an hour a day to play outside.

In accordance with the ECD policy, as mentioned in section 5.1.2, this playground had fencing. This centre had a lot of shade from the trees on the playground and also a big roof that provided shade to the sandpit and some of the playground area, especially in the summer. The sandpit of this centre was covered with a roof to make sure that children could play in the shade and that it was kept clean. The following pictures show the playground of the centre, especially the covered sandpit, the fencing, and shade.

Fencing around the playground



Covered sandpit



Shade for the playground



The playground of this centre was spacious enough for all the children in the centre to play simultaneously. The centre also had playground bicycle tracks, but it was not spacious enough for all the children to ride their bicycles at the same time, so classes took turns. The playground was also divided into two sections for the 3- to 4-year-olds and the 4- to 6-year-olds. The children between the ages of a few months old and 3 years also had different times to play outside.

Bicycle tracks on the playground



Playground for 3- to 4-year-olds



Playground for 4- to 6-year-olds



All the classrooms in the centre had a dramatic play corner where the children had the opportunity to play with one another and engage in fantasy play. The children were allowed to play there every day.

Fantasy corner



Social-emotional development

The centre focused on developing children's social-emotional development by giving them time in the morning to play with one another, mediated by a practitioner. The children then played with different resources, which included a reading corner, doll corner, car corner and also a dramatic play corner for the children, which changed once a month to a different theme, which included a kitchen, hospital, science-lab corner, etc. This time gave children the opportunity to develop social and emotional skills through playing with other children and learning how to share, to get along with other children, and explore new things.

Reading corner



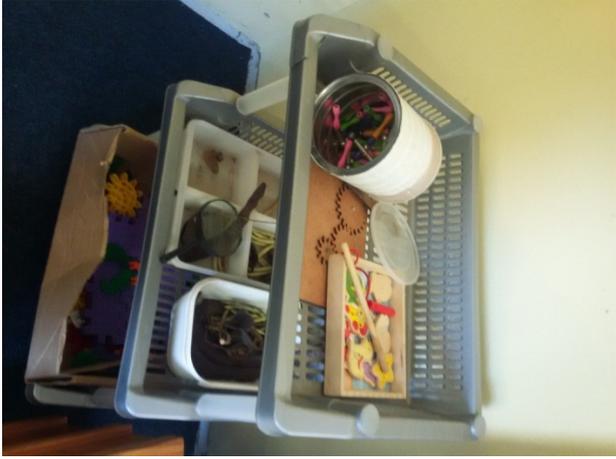
Play corner



The practitioners focused on the children's emotions through observations. If a child looked sad, the practitioner talked to the child alone to understand what was wrong. The practitioners also gave children time to tell stories and that gave children the opportunity to learn to listen to each other and to talk about their emotions and feelings. The practitioner mediated these activities.

The practitioners also read a lot of stories to the children about emotions and then asked the children questions about the emotions of the character in the story. They also let the children draw pictures, which sometimes helped them to understand if the children were experiencing some emotional problems. All these activities were done in English.

	<p>More than 30 children per class were not allowed because the principal wanted the practitioners to be able to attend to every child's needs, especially to their social and emotional needs. According to the ECD policy, the staff to child ratio should be as follows:</p> <p>0 to 18 months: 1:6 19 months to 3 years: 1:15 3 years 1 month to 6 years: 1:25</p> <p>Thus, in some of these classrooms, too many children were accommodated in one classroom, because each classroom only had one practitioner. This made it difficult to communicate with each child individually and to help each child develop emotionally or socially, especially children that required special attention with regard to these specific skills.</p>
<p>Cognitive development</p>	<p>Practitioners at this centre were fully aware of what cognitive development entailed. The children between the ages of 0 and 3 years did activities to help stimulate them for future learning. Children from 9 months old started with programmes, which included activities that helped develop their five developmental areas. The practitioners working with children from 9 months to 3 years old did daily activities with the children to develop their cognitive abilities, mostly through play. These activities included playing with friends, playing with resources, like building blocks, colouring in, and reading books with children. These children mostly learnt through stimulated play outside and inside the classroom with resources. The practitioners stimulated these activities.</p> <p>The NELDS and CAPS programmes were used in the centre for children between the ages of 3 and 6 years. The children were being stimulated early in the morning when they arrived at the centre. They did different activities, like playing with clay, cutting out pictures, tearing papers, building puzzles or blocks, etc. After those activities, children usually had a break and then they started with the cognitive activities, which included story-reading, practising shapes and colours, numbers, sing-a-longs, playing with toys, etc. All these activities, according to the CAPS programme, were used to develop the children's cognitive development. The classroom for the older children from 4 years old had a science corner where they could do experiments.</p>

	<p>Science corner</p> 
<p>Linguistic development</p>	<p>The home languages of the practitioners who worked at the ECD centre were mainly Afrikaans or English (9 out of the 10 practitioners' home language was Afrikaans, and one practitioner's home language was English).</p> <p>This created obstacles in the development of the children, because the practitioners could not speak nor understand Setswana. Some of the practitioners could only understand a few words, but they could not communicate with the children in Setswana. The language used in the centre to educate children was English and that was how the children learnt to speak English. Many of the children in the centre could only understand Setswana and the practitioners used other children in the classroom who could understand both English and Setswana to translate for the other children. The parents of the children also struggled to speak English as 80% of the children did not speak English.</p> <p>The centre focused a lot on group work to allow the children to help one another and learn English from friends. The practitioners did not usually read books to the children because many of the children could not understand English books. The practitioners focused on sing-a-longs where the children could interact and sing the words together as a class. The practitioners tried to teach children new words every day. The children also had the opportunity to learn animal sounds by using plastic animals.</p>

Resources in the classroom for children to learn new words



5.7.5 Children's readiness for Grade R

5.7.5.1 What did children already know when they joined the centre?

The children entering this centre usually started in the baby classes from the ages of a few months old to 3 years old. The children that entered the centre at a young age already had a foundation set in physical, social, emotional, cognitive and linguistic abilities because of the length of time they had been there. The centre focused on doing activities to help stimulate children as young as 6 months old to prepare them for the CAPS curriculum used in Grade R. About 60 % of the children in the centre started in the baby classes and therefore they did not struggle with the programmes used for the children between 4 and 6 years old.

Forty percent of the children in the centre only joined the centre at a later age between 4 and 6 years old. These children did not have any knowledge: they usually came from under-resourced circumstances where they were living with their grandparents who only assisted in their basic needs, which included food, water and shelter. The practitioners had to teach these children everything from the start, which included physical, social, emotional and linguistic development. The practitioners were struggling to develop children's language abilities, because the children who entered the centre at a later age had no knowledge of English. Their home language was Setswana and the practitioners did not speak Setswana.

5.7.5.2 Did the children go to Grade R?

The centre had a Grade R class where they used the CAPS curriculum to develop the children. The practitioner working with the Grade R children was qualified and had a university BEd degree (Foundation Phase). She studied at NWU. The practitioner was preparing the children for Grade 1. They usually enrolled in Potchefstroom Primary, where the main language was English. The Grade R

practitioner worked hard to educate the children to understand and speak English, but she struggled because most of the children's home language was Setswana.

Below is a picture of the Grade R classroom with resources to help stimulate the children.



The programme of the centre:

08:00 to 09:00 The children arrived at the centre, where they then had the opportunity to play in the fantasy corners, do art activities, read, play mind games, which included puzzles, clay work, colouring in. During these activities, the practitioners mediated the play.

09:00 to 09:30 Children had a snack. The centre provided the snack for the children, which usually included juice with a fruit.

09:30 to 10:30 The practitioner then did a formal activity with the children where they sang songs, read stories, practised colours and sounds, counted, and did physical exercise to develop their small muscles.

10:30 to 11:30 The children played outside on the playground.

11:30 to 12:00 The children ate lunch. The centre did not provide lunch. The children had to bring their own lunch from home.

12:00 to 13:00 The children took a nap.

13:00 to 14:00 The parents came to fetch the children. While the children waited, they could play in the fantasy corner, read books, play with cars or dolls and colour in, without mediation.

5.7.5.3 Government support

The centre was registered with the DSD, but they did not receive any support or subsidy from the Government. Two of the practitioners received their monthly salary from the Government. The centre mainly depended on the fees that the parents paid on a monthly basis. The centre hoped that the DSD

could provide some of the less fortunate children with a subsidy, because the parents of these children could not always pay the school fees.

5.7.5.4 Parental support

The practitioners were worried because they felt that many of the parents did not help in educating their children. One practitioner felt that: “The children are being raised by their communities and the older children in the community. The parents of these children can help them to develop especially with their linguistic development, but they feel it is the practitioner’s job to educate their children.” Many of the parents of these children could not speak English and that is why the children struggled to speak English at the centre – their parents did not stimulate them at home. The UCR6 UPR V1 said: “More than 60% of the children do not live with their parents but with their grandparents or other caregivers. These children grow up in the street where they learn to be violent and they are influenced by older children. The other 40% live with their parents and some of the parents are very supportive where they focus on the development of their children.”

5.7.6 Summary

Centre 6 was registered with the DSD and was located in an urban context. The children at the centre were all from under-resourced circumstances, but the centre was well-resourced with quality programmes, qualified practitioners, a well-equipped playground, and quality resources like a fantasy corner, reading corner, science corner, books, crayons, toys, etc. The principal of the centre was not a qualified ECD practitioner; she only managed the centre. She was also the principal at another ECD centre and managed her centres effectively. Three practitioners of the five who had been interviewed had an ECD qualification. Although the centre was well-resourced, there was one main problem: the language barrier between the practitioners and the children. The home languages of the practitioners were Afrikaans or English and the majority of children’s home language was Setswana. The children did not understand the practitioners and they struggled to interact with one another. This created obstacles for mediation of the children during activities or to help them develop them holistically.

5.8 SUMMARY OF FINDINGS OF ALL SIX CENTRES

The data collected from the interviews and observation sheets were used to form a descriptive vignette of each centre. The findings of the six analysed centres will be discussed according to each major theme that emerged from the interviews. These themes will be discussed briefly in Chapter 6. Three of the centres that were analysed were located in a rural context and were not registered with the DSD (Centres 1, 2 and 4). The other three centres were located in an urban context and were registered with the DSD (Centres 3, 5 and 6). The pattern was not intentional. All the centres were located in lower socio-economic areas, which is why the majority of children came from under-resourced circumstances. These centres tried to

develop these children holistically. However the question of whether the centres were registered or not was not as significant a variable as the location because in the rural areas the majority of practitioners spoke the home language of the children which was a significant finding of the study. This is discussed further below and under 6.2.2.

The following findings were drawn from the questions asked during the semi-structured interviews regarding the participants' personal information. The findings revealed that 19 out of the 20 practitioners' nationality were South-African and only one practitioner was a foreigner from Jamaica. All five of the principals were from South Africa. Out of the 20 practitioners, 10 were aged 30 years and younger. The other 10 practitioners were aged between 30 and 55. All of the principals were older than 35 years, but younger than 55 years. Centre 3 was the centre with the youngest practitioners: four out of the five practitioners working at this centre were younger than 27 years old. This was not a problem, but the young practitioners did not have a lot of experience working at an ECD centre.

Three of the centres that were visited (Centres 2, 3 and 4) had too many children in one classroom, which created problems for mediation of learning. In Centre 2, the practitioner working with the 0- to 2-year-olds had 44 children in her class, and the practitioner working with the 3- to 5-year-olds had 46 children in her class. Centre 3 had a problem with their Grade R class, which had 64 children in one classroom. Centre 4 accommodated 95 children in one classroom, and although they took turns to be in the classroom, this created problems with children's development and growth. The practitioners from these three centres struggled to give individual attention to children and struggled to keep order in their classrooms. This affected the quality of interaction with the children and thus the quality of learning. All of the practitioners and principals from the centres had a matric certificate; 12 out of the 20 practitioners had some form of qualification or training, and 8 out of the 20 practitioners only had a matric certificate and had no ECD qualification, 2 of whom were working towards a diploma in ECD at the time of this study. The findings revealed that 2 out of the 5 principals had no qualifications – only a matric certificate. Some of the practitioners that were not qualified expressed that it was unnecessary for them to become qualified due to different reasons: they did not want to be practitioners; it was the only job opportunity they could get; or they worked with the babies and therefore being qualified was not necessary. These practitioners were unable to develop children in all five areas of development, because they had not received the necessary guidance in order to develop children between the ages of 0 and 6 years. Sections 2.3.2 and 3.4 on teacher development stipulate the different qualifications needed to become an ECD practitioner or assistant. The qualifications of the practitioners in the study will be further discussed in chapter 6 section 6.2.3.

The following findings emerged from the interviews and observation sheets used during the data collection in order to obtain knowledge of child development. Section 2.2 and 3.3 with regard to child

development show the different aspects needed to develop children's physical, social-emotional, linguistic and cognitive abilities. As shown in the analysed data, language was one of the main barriers in the development of children in the ECD centres selected for this study. Afrikaans or English were the home languages of the majority (15 out of the 20) of practitioners. Only 1 out of the 5 principals spoke an African language. The home language of almost all the children in these centres was Setswana. This created problems in the development of children's physical, social, emotional, cognitive and linguistic development, because the children did not understand the language the practitioners used. This will be discussed further in chapter 6. Each of the analysed centres had different barriers to overcome, but the majority of the centres struggled to develop children's linguistic development due to the fact that the practitioners could not interact with children because of different languages. In Centres 1 and 2, all of the practitioners' home language was Setswana, except for one practitioner in Centre 2. These practitioners spoke Setswana to educate children and they were able to interact with children because the children could understand them. These centres were from a rural context. The home languages of practitioners in Centres 3, 4, 5 and 6 were Afrikaans or English. This created barriers between the children and practitioners because the majority of children did not understand them. The home language of one practitioner from Centre 3 was Setswana, but she worked with the 0- to 2-year-olds. This will be discussed further in Chapter 6.

All six of the centres had a well-equipped playground for the children to play on. None of the centres' practitioners mediated their children during outside playtime. The playgrounds of Centres 1 and 2 required maintenance: there was a lot of rubble lying around and children could have gotten hurt; but they had well-equipped playgrounds. Centre 1 was the only centre that did not have any fencing around the playground. This was unsafe for the children. The children from Centre 2 were not allowed to play on the playground for over a year due to a lack of maintenance. The children only played inside the classrooms. This could have affected the children's physical and social skills. At the time of this research, the playground from centre 2 was repaired and the children were allowed to play outside. Centres 5 and 6 had well-resourced playgrounds with enough equipment for all the children to play on. Only two out of the six centres (Centres 5 & 6) had a dramatic play corner where children could engage in fantasy play and develop their social-emotional development. Due to the language barrier, it was difficult for practitioners to help children with emotional problems because they did not understand one another. Another barrier was the programmes used in the centres to develop cognitive abilities: only two of the centres (Centres 5 & 6) from an urban context used the CAPS programme to stimulate the Grade R children in their centres. The other four centres used their own programmes designed by workshops they attended. These practitioners struggled to stimulate children, especially in all five developmental areas. These centres did not use programmes like NELDS, NCF or CAPS to stimulate children younger than 5 years old. The children usually just played in the classroom or outside on the playground. Curriculum development has been discussed in section 2.4 and 3.5.

The following findings emerged from the questions asked during the interviews in relation to children's readiness for Grade R. All six centres had their own Grade R class. Four out of the six Grade R practitioners had some form of qualification or training. The two Grade R practitioners who had no qualifications or training, had a matric certificate. The parental support from all of the centres differed from one another and according to the different ages of children. Centres 1, 2 and 4 in the rural context experienced that parents were not supportive and that the majority of children were living with their grandparents or other caregivers that did not have the time or financial means to help the children or centres. In centres 3, 5 and 6 in the urban context the parents were very supportive. The majority of these parents supported the children, but the parents felt that it was the practitioner's job to develop children, especially their linguistic development.

The next chapter will focus on the different themes that emerged from the interviews and journal keeping. The findings of the analysed centres will be discussed according to the three major developmental aspects as presented in the theoretical framework (Chapter 2). These aspects include child development (i.e. physical, social, emotional, cognitive and linguistic development), teacher development (i.e. the profile of practitioners), and curriculum development (i.e. the programmes used in the centre, children's readiness for learning, Government and parental support).

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter will draw on the summaries provided in the previous chapter in order to draw conclusions and make recommendations based on the findings. The limitations of the study will also be briefly discussed. The focus of this dissertation was on the pre-Grade R and Grade R years, specifically on the quality of programmes offered at selected registered and unregistered sites in rural and urban contexts in the North-West province. The aim of this study was to establish to what extent the programmes used in the ECD centres addressed key aspects of ECD. The quality provisioning of these centres was assessed according to three key areas that are critical to ECD (see Chapter 2): teacher development; curriculum development and child development. These three key areas will now be discussed according to the information obtained from the analysed centres.

6.2 SUMMARY AND ANALYSIS OF THE CENTRES

6.2.1 Registered and unregistered centres in rural and urban contexts

Table 6.1: Difference between registered and unregistered ECD centres from lower socio-economic areas

Registered Centres 3, 5 & 6	Unregistered Centres 1, 2 & 4
Urban context	Rural context
Received a monthly subsidy for children	Received no subsidy for children
Met the norms and standards set by the DSD	Did not meet the norms and standards set by the DSD
Majority of children came from under-resourced circumstances	Majority of children came from under-resourced circumstances
Followed the CAPS curriculum for Grade R children and the NELDS or NCF programme for children from 0–4 years old.	Did not follow any curriculum or programme. These centres developed their own daily programmes.
7 practitioners were qualified, 2 were still	Half of the practitioners (4 out of 8) from the

<p>working towards their qualifications, and only 3 of the practitioners lacked qualification or training (only a matric certificate)</p> <p>All 3 principals had some form of qualification</p>	<p>unregistered centres were not qualified and they only had a matric certificate.</p> <p>Centre 2 did not have a principal, and the principals from Centres 1 and 4 were not qualified in terms of specialisation in ECD. These two principals had a matric certificate.</p>
<p>The home language of 11 practitioners was Afrikaans or English. Only 1 practitioner was Setswana-speaking.</p> <p>The home language of all 3 principals was Afrikaans or English.</p> <p>The home language of the majority of children was Setswana.</p>	<p>The home language of 5 practitioners was Setswana and 3 were Afrikaans- or English-speaking.</p> <p>The home language of one principal was Sesotho, and the other principal was Afrikaans-speaking.</p> <p>The home language of the majority of children was Setswana.</p>

Table 6.1 shows the difference between registered and unregistered ECD centres in rural and urban contexts. The information was drawn from the data collected at six ECD centres in the Dr Kenneth Kaunda District in the North-West province. The registered centres were located in an urban area and the unregistered centres were located in a rural area. The only similarity between the registered and unregistered centres was that the majority of the children in the centres came from under-resourced circumstances and the home language of the children was Setswana. The registered centres received a monthly subsidy for some of the children in their centres. Table 1.3 in Chapter 1 shows the subsidy rate for children per day, which is R15 (Rakabe, 2016).

Table 6.1 also indicated that the majority of practitioners from registered centres in this study are qualified or working towards some form of qualification (see Chapter 2, par. 2.3.2 for more information regarding qualifications of ECD practitioners). Almost 75% were qualified and 25% were not qualified. All (100%) of the principals from the registered centres were qualified with a qualification, not all of them were qualified with an educational qualification. The principal from centre 6 had a university degree in Business Management. Half of the practitioners (50%) from the unregistered centres lacked qualifications in ECD and none of the principals had a specialisation in ECD. These principals and practitioners from the unregistered centres had a matric certificate. It seems, therefore, that the registered

centres in this study were able to provide better quality provisioning for children enrolled in their centres, which included more qualified practitioners, better quality programmes, and more financial support. However the practitioners from the registered centres were not able to speak the home language of the children. The majority of practitioners from the unregistered centres were able to speak the home language of the children enrolled in their centres. This will be further discussed in section 6.2.2 below.

6.2.2 Child development

Child development is one of the key aspects of ECD used in this study. The questions asked during the semi-structured interviews – which focused on children’s physical, social, emotional, linguistic and cognitive development – were drawn from theories of child development. According to Berk (2013), as discussed in section 2.2, these developmental stages differ from one another and yet they are co-dependent in order to help children develop to their fullest potential. In Table 6.2 the six centres are compared in terms of the developmental stages of the children.

Table 6.2: Different developmental stages of children in each analysed centre

Unregistered centres				
	Physical development	Social-emotional development	Cognitive development	Linguistic development
Centre 1	Well-equipped playground, but there was no fencing around the playground or shade to protect the children from the sun.	No resources (fantasy corner, pencils or paper to draw pictures).	Did not use a specific programme. Created their own programmes.	The practitioner and principal spoke the home language of the children.
Centre 2	Well-equipped playground, but no maintenance. Rubble was lying around on the playground.	Too many children in classrooms in order for practitioners to develop social-emotional development effectively.	Did not use a specific programme. Created their own programmes.	All four practitioners could speak Setswana and they were able to interact with the children.
Centre 4	Well-equipped playground, but the equipment was not maintained and was unsafe for children to play on.	Too many children in one classroom (95 children). No space in class nor enough resources to do activities.	The centre did not follow any specific programmes. Created their own programmes.	Practitioners did not speak the same language as children.

Registered centres				
	Physical development	Social-emotional development	Cognitive development	Linguistic development
Centre 3	Well-equipped playground.	Developed social-emotional abilities through sing-a-longs, teaching children to share, read stories about emotions, etc.	They used the CAPS as well as the NELDS programme.	The home language of only 1 out of the 3 practitioners and principal was Setswana-speaking.
Centre 5	Well-equipped playground and well maintained.	Practitioners focused on children's social-emotional development through a variety of activities.	The centre used programmes.	There were language barriers.
Centre 6	Well-equipped playground.	The practitioners did different activities, e.g. sang songs, read stories, drew pictures about emotions, etc.	The centre used programmes.	The practitioners and children did not speak the same language.

Although practitioners in registered and unregistered centres tried to facilitate the children's development, they had challenges. These challenges, as seen in Table 6.2 for the unregistered centres, included: only language barriers between the practitioners and children; lack of materials and resources in order to facilitate fantasy play or to let children do physical activities inside the classroom; lack of mediation during children's playtime outside; centres only gave children an hour a day to do cognitive activities; and some of the playgrounds needed maintenance, like fencing, trees and discarding the rubble on the playground. Another major challenge was that some classrooms were overcrowded and practitioners could not focus on the children's individual needs. The challenges for the registered centres, included: language barriers between the practitioners and children; lack of mediation during children's playtime outside and centre 3 had a classroom that was overcrowded. Although the registered and unregistered centres had a lot of challenges, they provided quality provisioning, which included: well-resourced playgrounds with a lot of equipment; practitioners at Centres 1 and 2 spoke the home language of the children; they developed their own programmes or used the CAPS or NELDS programmes; and they tried to develop children's social-emotional development through various activities. The biggest challenge was the language barrier between the practitioners and children. Only 2 out of the 6 centres were able to speak the home language of the children.

In section 2.2.4, Gordon and Browne (2004) define language as the way children express themselves through communication with others. Children develop their linguistic abilities through active communication with adults and other children. The language experiences children have in their early years will determine their ability to speak to and communicate with other people later in life. The practitioners in the ECD centres need to realise the importance of communicating with children in their home language. The children did not understand the practitioners while they did activities, and so the value was lost.

In relation to physical development, all six ECD centres had well-equipped playgrounds. However, some of the playgrounds were not being maintained (centre 1, 2 & 4), which made it dangerous for children. In Table 2.1, structured and unstructured physical activities for children from birth to 6 years old are listed. These activities can provide practitioners with guidelines as to what activities to do with children in order to develop their physical abilities. Children's physical abilities should not only be developed during outside play, but should also mediate activities inside the classroom as well. Only Centres 5 and 6 were able to implement physical activities inside the classroom, like fantasy play, building blocks, playing with toys, etc. The other centres did not have the resources for children to develop physical abilities inside the classroom. In relation to cognitive development, Schandy (2011) (see par. 3.3.1) recommended that ECD centres should consider having qualified practitioners, quality ECD programmes and adequate resources

in order for these centres to help children develop their cognitive abilities at an early age. In the majority of centres visited, no curriculum or programme were used as shown in Table 6.2. These centres had developed their own daily programmes in order to develop children’s cognitive abilities. The majority of centres also did not have the resources to do cognitive activities, 4 out of the 6 centres in the study. In order for the centres to provide children with stimulating cognitive activities, they should focus on the programmes, the practitioners’ knowledge about the certain developmental area, and also the resources available at the centres.

6.2.3 Teacher and curriculum development

Teacher and curriculum development are also key theories underpinning the theoretical framework of this study. Teacher development focuses on quality teaching and the qualifications of ECD practitioners, as mentioned in section 2.3 and 3.4. Curriculum development focuses on the programmes used in order to help children develop holistically, as mentioned in section 2.4 and 3.5. The questions asked during the semi-structured interviews also focused on these two key aspects. The analysed centres gave the researcher a better picture as to how these aspects were implemented in ECD centres. Table 6.3 below focuses on the different qualifications of the practitioners and principals at the 6 ECD centres.

Table 6.3: Qualifications of practitioners and principals

Qualifications	Number of practitioners	Number of principals
Matric certificate	6	2
Level 1 Basic certificate		
Level 4 National certificate	4	
Level 5 Higher certificate	2	1
Level 5 National diploma	3	
University degree	2	2
Honours degree	1	
Master’s degree		
Doctorate		
Other	2 Working towards Grade-R diploma (at the time of this research)	
Total	20	5

Table 6.3 indicates the qualifications of the practitioners and principals from the selected ECD centres. The table shows that 7 (35%) out of the 20 practitioners only had a matric certificate. Only 3 (10%) out of the 20 practitioners had a university degree. Three of the practitioners had a BEd (Foundation Phase) and the other one a BEd (Senior Phase) degree. The practitioner with the Senior Phase degree had no experience with ECD. Only one practitioner had an Honours degree in Learner Support, which helped her to focus on children with learning difficulties. The majority of practitioners (70%) were at that time either qualified with an ECD-related qualification, or they were still working towards a qualification. Only two of the principals had a university degree. One of them had a degree in Business Management. She did not work with the children; she only managed the centre. The other principal had a BEd degree (Foundation Phase). Table 2.6 shows the learning pathways for ECD-related qualifications (ETDP-SSP, 2013-2014). A NQF Level 4 - Further Education and Training Certificate (FETC) is the lowest qualification ECD practitioners are allowed to have. In section 3.4, Ilifa Labantwana (2011) focused on the importance of qualified ECD practitioners and the major impact they have on children's future learning. Unqualified practitioners do not only affect the child in the long-term, but will also have a negative impact on the economic growth of South Africa. Although some of the practitioners were qualified other factors influenced their quality of interaction with the children.

Quality programmes also play an important role in children's overall development. The CAPS curriculum for Grade R children and the NELDS or NCF programme for children from 0 to 4 years old were only used in registered centres in this study. This implies that 50% of the centres did not use the guidelines for the programmes. These programmes provided the centres with guidelines in order to improve the centres outcomes that focus on the following (see section 2.4):

- crucial health and nutrition contributions;
- greater access to primary school;
- lower numbers of children repeating a school year;
- higher achievement rates in education;
- better gender equity (World Bank, 2010).

In Table 2.4 is an example of a programme to help guide practitioners with their daily activities. This programme shows different activities to do with children in order to help them develop in all five areas of development.

6.3 CONCLUSIONS DRAWN FROM THE FINDINGS

This research focused on the constraint factors affecting the provision of quality ECD in selected ECD centres in rural and urban contexts in the North-West province. From the above findings, the following conclusions are drawn in relation to under-resourced ECD centres.

All the selected centres registered with the DSD were located in urban areas. Findings indicated that the registered centres were able to provide quality provisioning, because they had qualified practitioners, more quality resources, better quality programmes and better financial support in comparison to unregistered centres. The centres that were not registered with the DSD were all located in rural areas. These centres struggled to provide quality provisioning because they lacked enough qualified practitioners; they did not use quality programmes; and lacked enough quality resources or financial support. All of these factors affected the quality provisioning being provided at the centres in order to help children develop holistically in all five areas of development. Although the better-resourced urban centres had efficient resources, programmes, qualified practitioners and more financial support the language issue was a challenge. The language barrier between the practitioners and children affected some of the children's cognitive, linguistic, social and emotional development, because the children did not understand the activities that the practitioners provided and so the value was lost. The majority of practitioners from the unregistered centres were able to speak the home language of the children. The practitioners were able to interact with the children during activities which assisted the practitioners to provide quality teaching.

The findings of this study demonstrated another important factor: To what extent do ECD practitioners focus on the five developmental areas of a child? The theoretical framework in Chapter 2 provided a better insight into the meaning of successful development of these five areas. The principals and practitioners in the centres tried to develop children holistically. Findings indicated that the well-resourced centres were able to develop children more effectively in their physical abilities, because these centres had the necessary resources in order for children to participate in a variety of activities. Centres 1, 2 and 4 that experienced financial problems struggled to develop children in their physical abilities due to a lack of resources which help to stimulate children. However the registered centres did struggle to develop children's social, emotional, cognitive and linguistic development due to the language barrier. The unregistered centres were able to develop children's cognitive, social, emotional and linguistic development more effectively, because these centres spoke the home language of the children.

6.4 LIMITATIONS OF THE STUDY

This study was conducted in only one district – the Dr Kenneth Kaunda district in the North-West province. The sample was small, with only 20 practitioners and 5 principals at 6 ECD centres. Another limitation was that the researcher could not visit more centres in order to obtain more information regarding registered and unregistered ECD centres. There is always a survey error that needs to be accounted for; for example, misleading information from participants that cannot fully be controlled. This is a common problem in any survey study. Another limitation was that all the centres from a rural context were unregistered and all the centres from an urban context were registered. It would have been more effective if some of the rural centres were registered and some of the urban centres were not registered.

6.5 RECOMMENDATIONS OF THE STUDY

Future research can focus on launching a community project in the form of workshops where the practitioners and principals can have the opportunity to build on their current knowledge and receive assistance where they deem it is necessary. With this study, I want to emphasise the importance of providing all the children in South Africa with quality ECD programmes, qualified practitioners with the correct level of qualifications, adequate resources, and support in order to ensure their overall growth, development and protection.

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APPENDIX A: ETHICS CERTIFICATE



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ETHICS APPROVAL CERTIFICATE OF STUDY

Based on approval by the Ethics Committee of the Faculty of Education Sciences (ESREC) on 17/03/2016 after being reviewed at the meeting held on 17/03/2016, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your study as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Main Project title: An Investigation into the provision of quality learning and teaching in the ECE and Schooling sectors in selected provinces in South Africa.																										
Sub-project title: Early childhood development provision in rural and urban contexts in the North-West province																										
Study Leader/Supervisor:	Prof R Cromarty																									
Student:	AM Kirsten, KJ Steinke, Prof B Bantwini																									
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>2</td><td>5</td><td>4</td><td>-</td><td>1</td><td>5</td><td>-</td><td>A</td><td>2</td></tr><tr><td colspan="2">Institution</td><td colspan="4">Study Number</td><td colspan="2">Year</td><td colspan="2">Status</td></tr></table> <small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>	N	W	U	-	0	0	2	5	4	-	1	5	-	A	2	Institution		Study Number				Year		Status	
N	W	U	-	0	0	2	5	4	-	1	5	-	A	2												
Institution		Study Number				Year		Status																		
Application Type: Sub-study																										
Commencement date: 2016-03-17	Expiry date: 2017-12-31																									
Risk:	N/A																									

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the ESREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the ESREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The study leader (principle investigator) must report in the prescribed format to the NWU-IRERC via ESREC:
 - annually (or as otherwise requested) on the progress of the study, and upon completion of the project
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
 - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the proposal as stipulated in the application form. Would any changes to the proposal be deemed necessary during the course of the study, the study leader must apply for approval of these changes at the ESREC. Would there be deviation from the study proposal without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via ESREC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC and ESREC retains the right to:
 - request access to any information or data at any time during the course or after completion of the study;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the ESREC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.
- ESREC can be contacted for further information or any report templates via Erna.Conradie@nwu.ac.za or 018 299 4656

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or ESREC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA
Du Plessis

Digitally signed by
Prof LA Du Plessis
Date: 2017.01.27
08:47:07 +02'00'

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

APPENDIX B: INFORMED CONSENT FORM FOR ECD PRACTITIONERS



Private Bag X6001, Potchefstroom South Africa 2520

Tel: 018 299-1111/2222

Web: <http://www.nwu.ac.za>

School of Human & Social Sciences

Tel: 018 299-1851

Email: rosemary.cromarty@nwu.ac.za

ETDP/SETA

Early childhood development sector

North-West University

Researcher: Annie Kirsten 0760873110

Supervisor: Prof. R. Cromarty 018 299 1851

Informed consent form for ECD practitioners

Project title

Early childhood development provision in rural and urban contexts in the North-West province

Aim

The aim of this study is to establish whether rural and urban ECD centres in the North-West province are aware of what quality provisioning entails. This is to determine if ECD practitioners focus on implementing the five developmental areas in their daily programmes for children to develop holistically. This will contribute to South Africa's knowledge about 0-4 year olds at a provincial level to focus on the

province's individual needs and to address these challenges in under resourced ECD centres in both urban and rural contexts more effectively.

Participant practitioners will be asked to collaborate in this study in the following manner:

- Allow for observations. The observations will be looking at the activities that practitioners carry out with the children with regard to the five developmental areas.

The anonymity of each participant is guaranteed. All data will be stored electronically and in hard copy at the University of North-West under the supervision of Prof. R. Cromarty for five years and after that it will be destroyed. Practitioners will be given the opportunity to verify and validate the researcher's interpretations before any material is published. All findings and recommendations will be made available to practitioners and principals.

Participation in this research is voluntary and participant practitioners are at liberty to withdraw at any stage for any reason, without prejudice.

Kindly mark with an X

	YES	NO
1. Have you been allowed time to ask any further questions?		
2. Do you understand that you have the right to choose not to participate in this study and you may choose to withdraw at any time and for any reason?		
3. Do you understand that your participation in this study is voluntary?		
4. Do you understand that any information and data you provide is strictly confidential and will NOT be used against you in any way?		
5. Do you grant permission to the researcher to use your data?		
6. Have you been informed adequately about this research?		

Please provide your name _____

Signature of participant _____ **Date:** _____

Signature of researcher _____ **Date:** _____

Personal information:

1. What is the name of your ECD centre?

2. What is your home language and what other languages do you speak?

3. What are the ages of the children you work with at your ECD centre?

4. With how many children do you work with at your ECD centre?

5. Are you a qualified practitioner? What is your qualification?

APPENDIX C: INFORMED CONSENT FORM FOR ECD PRINCIPALS



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Web: <http://www.nwu.ac.za>

School of Human & Social Sciences

Tel: 018 299-1851

rosemary.cromarty@nwu.ac.za

ETDP/SETA

Early childhood development sector

North-West University

Researcher: Annie Kirsten 0760873110

Project leader: Prof. R. Cromarty 018 299 1851

Informed consent form for ECD principals

Project title

Early childhood development provision in rural and urban contexts in the North-West province

Aim

The aim of this study is to establish whether rural and urban ECD centres in the North-West province are aware of what quality provisioning entails. This is to determine if ECD practitioners focus on implementing the five developmental areas in their daily programmes for children to develop holistically. This will contribute to South Africa's knowledge about 0-4 year olds at a provincial level to focus on the province's individual needs and to address these challenges in under resourced ECD centres in both urban and rural contexts more effectively.

Participant principals will be asked to collaborate in this study in the following manner:

- Allow for observations of practitioners in the ECD centre. The observations will be looking at the activities that practitioners carry out with the children with regard to the five developmental areas.

The anonymity of each participant is guaranteed. All data will be stored electronically and in hard copy at the University of North-West under the supervision of Prof. R. Cromarty for five years and after that it will be destroyed. Principals will be given the opportunity to verify and validate the researcher's interpretations before any material is published. All findings and recommendations will be made available to principals.

Participation in this research is voluntary and participant principals are at liberty to withdraw at any stage for any reason, without prejudice.

Kindly mark with an X

	YES	NO
1. Have you been allowed time to ask any further questions?		
2. Do you understand that you have the right to choose not to participate in this study and you may choose to withdraw at any time and for any reason?		
3. Do you understand that your participation in this study is voluntary?		
4. Do you understand that any information and data you provide is strictly confidential and will NOT be used against you in any way?		
5. Do you grant permission to the researcher to use your data?		
6. Have you been informed adequately about this research?		

Please provide your name _____

Signature of participant _____ **Date:** _____

Signature of researcher _____ **Date:** _____

Personal information:

1. What is the name of your ECD centre?

2. What is your home language and what other languages do you speak?

3. How many children are in your ECD centre?

4. How many years have you been a principal?

5. Are you a qualified practitioner? What is your qualification?

6. How many practitioners do you have at your ECD centre?

APPENDIX D: INTERVIEW FOR UNDER-RESOURCED ECD PRACTITIONERS



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ETDP/SETA

Early childhood development sector

Semi-structured Interview

Interview for under-resourced ECD practitioners

North-West University

Annie Kirsten 0760873110

Supervisor: Prof. R. Cromarty 018 299 1851

Section A: Child development

1. What languages do the children speak in your ECD centre and how do you accommodate their different languages?

2. How do the principal and practitioners of this ECD centre develop children's physical abilities? What type of physical activities do you do with the children at your ECD centre?

3. What is your understanding of cognitive development and how do you implement cognitive activities in your ECD centre?

4. How do you develop a child's social-emotional abilities in class?

5. Do you think linguistic development is important? Why? Why not? What type of activities do you do with the children in your ECD centre to develop their linguistic abilities?

Section B: Children’s readiness for Grade R

6. What type of programmes do you use in your ECD centre? How is the programme implemented in your centre?

7. How many years of work experience do you have and how does this work experience assists you in your job as practitioner in an ECD centre?

8. In your opinion what do children already know when they join the ECD centre?

9. What knowledge do children have when they leave your ECD centre? Are they prepared for Grade R or Grade 1? Why? Why not?

10. What is the role of the Department of Social Development in your ECD centre? How do they support your centre or if they don't, then why not?

11. In your opinion what does your ECD centre need to be successful?

APPENDIX E: INTERVIEW FOR UNDER-RESOURCED ECD PRINCIPALS



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ETDP/SETA

Early childhood development sector

Semi-structured Interview

Interview for under resourced ECD principal

North-West University

Researcher: Annie Kirsten 0760873110

Supervisor: Prof. R. Cromarty 018 299 1851

Section A: Child development

1. What languages do the children speak in your ECD centre and how do you accommodate their different languages?

2. How do you develop children’s physical abilities? What type of physical activities do you do with the children at your ECD centre?

3. What is your understanding of cognitive development and how do you implement cognitive activities in your ECD centre?

4. How do you develop a child’s social-emotional abilities in class?

-
-
5. Do you think linguistic development is important? Why? Why not? What type of activities do you do with the children in your ECD centre to develop their linguistic abilities?

Section B: Childrens' readiness for Grade R

6. What type of programmes do you use in your ECD centre and how are they implemented?

-
-
-
-
-
-
7. How many years of work experience do you have and how does this work experience assist you in your job as principal of an ECD centre?

8. What type of training or experience do the practitioners in your ECD centre need and why do they need it?

9. In your opinion what do children already know when they join the ECD centre?

10. What knowledge do children have when they leave your ECD centre? Are they prepared for Grade R or Grade 1? Why? Why not?

11. What is the role of the Department of Social Development in your ECD centre? How do they support your centre or if they don't, why not?

12. In your opinion what does your ECD centre need to be successful?
