

ECD article

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TITLE

The needs and problems of practitioners from under-resourced early childhood development centres in South Africa: a pilot study

ABSTRACT

Background: The occupation of education prepares children for adulthood. Each child has the right to education, which has the power to end intergenerational cycles of poverty and inequality. However, poor access to and quality of education at early childhood development (ECD) centres continue to prevail in marginalised communities in South Africa.

Aim: This study aimed to identify the needs of and problems experienced by ECD practitioners and coordinators regarding the quality of their ECD programme.

Methods: A qualitative, descriptive enquiry was conducted in collaboration with an ECD organisation in Bloemfontein. Purposively sampled participants partook in semi-structured interviews. Two interviews were conducted with practitioners from five under-resourced ECD centres – one with a practitioner from Bloemfontein and one with three practitioners from rural towns. The organisation's ECD coordinator was interviewed last. Audio recordings of the interviews were transcribed verbatim.

Results: Four themes were identified from interview data: (i) teaching and learning; (ii) management and leadership; (iii) ECD environment; and (iv) ECD legislation and policies. Practitioners indicated that they wanted to improve their qualifications and have access to a contextually relevant programme with appropriate resources.

Conclusion: If the expressed needs and problems were addressed on an inter-professional collaborative platform, the quality of this ECD service could be improved.

Keywords: education; early childhood development; ECD; ECD practitioners; ECD programme; occupational therapy; South Africa

INTRODUCTION AND LITERATURE REVIEW

Access to quality early childhood education (ECE) has the power to end intergenerational cycles of inequality and improve the societies in which children live¹. The occupation of education includes activities required for learning and participation in an educational environment, and prepares children for adulthood by providing them with the knowledge and skills they need to succeed in life². The occupational therapy profession is grounded on understandings such as achieving health and well-being, and participation in life by engaging in occupations². In the case of young children, these principles are specifically applicable to engagement in the occupation of education.

Globally, including in South Africa, a renewed vision to invest in early childhood education, care and development (ECECD) is evident. It could be ascribed to the view that investment in early child development (ECD) delivers substantial benefits³. Early childhood development (ECD) programmes or services are planned activities designed to promote the emotional, mental, spiritual, moral, physical and social development of children from birth to nine years of age, and to intervene in the lives of children at risk, and may include a range of services such as education, health and social protection⁴.

Early childhood education (ECE) is regarded as one of the main drivers of development towards achieving the Sustainable Development Goals (SDGs) proposed by the United Nations⁵. Goal number four of the SDGs states: "We recognise the necessity and commit to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all"⁶. In response to address the right of each child to have access to education⁷, trends towards ECE on a population-based level include new approaches, innovative humanitarian actions, collaborative practice and inter-sectoral investment^{1,8}.

However, research indicates that the reality of ECE for South African children (specifically for those under five years), is marked by extreme challenges in the delivery of quality ECE^{9,10}. Early childhood development programmes and service delivery for children younger than five years remains inequitable, inadequate and inaccessible in many areas in South Africa^{9,10}. These circumstances put children at risk of not reaching their developmental potential and trajectory to become healthy and productive adults¹¹.

There are many reasons for these challenges in the delivery of quality ECE. In South Africa, many children do not have access to ECECD services, including ECE^{12,13}, since most children are born to poor families, and formal education before the age of seven years is not compulsory¹⁴. A substantial number of ECD practitioners (78%) does not have an appropriate qualification to teach at preschool level¹⁵, and 23% of ECD practitioners have no training of any sort¹⁶. Not all ECD training courses are registered with relevant bodies such as the South African Qualifications Authority (SAQA)⁴. Until the development in 2012 of the South African National Curriculum Framework (NCF) for children from birth to four years of age, no formal curriculum was available for children under five years. Furthermore, most courses and ECD programmes are not aligned with the new NCF for learners 0–4 years⁴. Contextually relevant teaching materials, such as workbooks, practical activities and audio-visual materials in support of this new curriculum, are in the process of being developed and becoming more readily available.

Other challenges include that over a million children 3–5 years of age are not attending ECD centres aged, the children-teacher ratio of 1:31, the poor infrastructure of centres, lack of teaching resources, poor nutrition of children, and the depriving circumstances in which children are growing up¹⁷. Furthermore, poor quality planning, managing, delivery, and monitoring of governmental services related to ECE, health and social services, amplify the problems related to ECE in South Africa^{9,13,17–21}.

Despite these numerous challenges, an increased focus on ECE in South Africa in terms of the quality, equity and accessibility of ECE, is imminent²². This observation is demonstrated in pertinent documents, programmes, initiatives, collaborative actions and consideration of programme evaluation.

Firstly, some of the pertinent policies/documents include:

- the National Integrated Early Childhood Development Policy of 2015¹⁷;
- the National Development Plan: Vision for 2030²³ (which recognises that ECD should be a top priority);
- South Africa's Medium Term Strategic Framework 2014 to 2019²⁴ (alluding to ECD in Outcome 1);
- the Action Plan to 2019: Towards the Realisation of Schooling 2030²⁵;

- the National Early Learning Development Standards (NELDS)²⁶;
- Guidelines for Programme Development and National Curriculum and Assessment Policy Statement (CAPS)²⁷;
- the fact that Grade R has become compulsory¹⁴; and
- the development of a National Curriculum Framework (NCF) for learners 0–4 years of age, which did not exist prior to 2012⁴ and has been envisioned as follows: "Working with and for all children in the early years in a respectful way to provide them with quality experiences and equality of opportunities to achieve their full potential"⁴.

According to the NCF⁴, a curriculum can be defined as follows: *Curriculum for early childhood is about all the experiences that children from birth to four will have in different settings. What children feel, do, hear and see in their early childhood setting is an important part of a curriculum. A curriculum includes experiences that are planned for young children wherever they are being cared for and educated (adult-initiated) which are not consciously planned by adults (incidental learning/ teachable moments) created by the children themselves in order to make sense of their world (child-initiated)*⁴.

Secondly, many innovative projects are geared towards the improvement of ECE initiatives. Examples of such projects include toy libraries²⁸, intergenerational play²⁹, using interactive audio instructions to expand access to ECD³⁰, teaching maths through games³¹, and story reading³².

Thirdly, collaboration between parties outside the South African government is evident. Collaboration in support of ECE and ECECD in South Africa has been reported to take place between civil society partners, non-profit organisations (NPOs), religious organisations and other stakeholders. This collaboration possibly has developed from the increase in the number of non-governmental organisations (NGOs) (such as Ilafana Labantwana³³, the ELMA Foundation³⁴, Ntataise³⁵, Cotlands³⁶, the Sunshine Centre³⁷), donor partnerships, research and development hubs (e.g., Innovation Edge³⁸), institutes (e.g., the Children's Institute of the University of Cape Town³⁹), and related research projects that have resulted in "pockets" of improved quality ECE.

Fourthly, quality is considered a pivotal factor in the improvement of ECD. Organisations have to adhere to standards of quality, since ECD programmes are often evaluated in order to sustain funding. Programme evaluation for the purpose of this study looked at the different dimensions (child, adult, setting and system) of quality and the levels (resources, support systems, environment, communication/interaction and values/culture/context) at which a programme is delivered⁴⁰, as described in an ecological model by Britto, Yoshikawa and Boller⁴¹. In accordance, the BRIDGE organisation used this model to develop a Reflection Tool Kit^{41,42}, used to identify practitioners' perspective and understanding of the quality of ECD in their specific contexts⁴³.

Finally, some improvements in the ECE sector in South Africa have been established nationally, such as an increase in the numbers of grade R enrolments⁴³. In 2017, the Department of Higher Education and Training (DHET) published a policy on the minimum requirements for programmes leading to qualifications in higher education for ECD educators (Minimum Requirements for Teacher Education Qualifications – Early Child Development; MRTEQ-ECD)⁴⁴. This is the first time that a professional and post-professional qualifications policy for educators working in the birth-to-four space has been set out for the Higher Education sector (National Qualification Framework/NQF Level 6 and higher). With regard to the Occupational Certificate: Early Childhood Development Practitioner, NQF Levels 3 and 4, continuous discussions, developments, and training are evident⁴⁴. Furthermore, the establishment of ECE platforms, such as the BRIDGE organisation, has improved the access to and availability of practitioner training^{45,46}. Another improvement is the development of the Early Learning Outcome Measure (ELOM)⁴⁷ aimed to evaluate pre-school programme outcomes.

Regrettably, most ECD organisations do not have a formalised strategy for programme evaluation and do not necessarily belong to a quality control or accreditation body (such as governmental schools that need to adhere to the regulations of the Department of Basic Educations).

A need was identified at Organisation X in Bloemfontein, central South Africa, to evaluate the quality of their ECD programme. This organisation oversees a few centres in Bloemfontein and surrounding rural towns that lack equal and quality education, have no

formal ECD programme, and have poor nutritional and healthcare services. For the purpose of this study, these centres have been referred to as under-resourced centres.

Although the current intervention role of occupational therapists at this ECE organisation is the provision of individual – and group clinical treatment to children identified with learning difficulties or developmental delays, this role has expanded. They want occupational therapists to reach more children by collaboratively playing a role in the organisation's ECD programmes (development, evaluation and improvement) on a population-based level.

Examples of population-based intervention *outcomes* targeted at the improvement of occupational performance and participation is described in the Occupational Therapy Practice Framework. Construction of playground facilities at ECD centres and play parks is an example. According to the Occupational Therapy Practice Framework, occupational therapists have a number of intervention *roles* to play at under-resourced ECD contexts. One example may be education and training of practitioners and parents (i.e. childhood development, and the value of play). Another may be the role of advocacy where occupational therapists, ECD practitioners, parents and ECD organisations may collaboratively engage on ECD platforms to advocate for improved ECD for children in South Africa.

However, at the time of this study, this role of occupational therapy on a population-based level was not clearly defined in the literature pertaining to the South African under-resourced ECD context⁴⁸. Also, this article do not focus on clarifying the occupational therapists role on this population base level, but rather to investigate possible future areas of collaborative practice to support the under-resourced ECD context in South Africa.

The aim of this study was to identify the needs and problems experienced by ECD practitioners and coordinators regarding the quality of the current ECD programme offered by Organisation X (anonymised to ensure confidentiality) in central South Africa, in order to promote quality ECE for children 3–5 years of age.

METHODS

³⁹ *Study design*

A qualitative, descriptive enquiry⁴⁹ was employed to investigate the needs and problems experienced by the ECD practitioners and coordinator regarding the quality of the current ECD programme available from Organisation X that provides social work services, poverty relief, and child and family care.

Population and sampling

The study participants included ECD practitioners, the coordinator of ECD and the director of Organisation X. Practitioners were ECD educators involved in providing services at ECD centres, and included both formally and non-formally trained individuals providing an educational service in ECD (i.e. foundation phase education degree, NQF Level 1 to 5 ECD training). The coordinator of ECD and the director of this organisation were situated in Bloemfontein and visited these sites in rural towns outside Bloemfontein on a regular basis. Participants were selected via non-probability purposive sampling^{49,50}. Four practitioners out of potentially ten practitioners, working at the identified under-resourced centres were selected if they were a practitioner, currently employed at the selected under-resourced centre to participate in the study. No occupational therapists participated in this study.

Data collection and analysis

Data were generated by means of semi-structured interviews⁵¹ conducted in a two-way room at the University of the Free State. Two researchers conducted the interviews, while the other four members of the research team were responsible for recording the interviews and taking field notes. The first interview was done with an ECD practitioner from a site in Bloemfontein. The second interview was done with the three other ECD practitioners from outside Bloemfontein interviewed in one group. The third interview was done with the ECD coordinator in her office. Due to time constraints, the director of this organisation could not participate in a personal interview and responded by email to some of the questions.

An interview guide was compiled from the recently developed BRIDGE Quality Reflection Toolkit⁵² and was divided into four themes, namely (i) teaching and learning; (ii) management and leadership; (iii) environment and policies; and (iv) frameworks⁴³. Under each theme, questions were asked about the participants' needs and problems in terms of the ECD

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programme. The interview guide (see Table I) ³⁸ was used to direct the semi-structured interviews. The BRIDGE Reflection Tool Kit^{41,42}, was used since it was developed for practitioners working in the South African ECD context⁴³.

²⁹ All semi-structured interviews were audio-recorded and transcribed verbatim by the student researchers. A deductive strategy of content data analysis was used. Different approaches to content analysis can be applied, such as emergent coding and *a priori* coding⁵³. For this study, *a priori* coding was used where the researchers created a set of pre-set codes beforehand, derived from the BRIDGE Toolkit⁵² and then applied to the transcribed text. These pre-set codes were used for the four main themes that included (i) teaching and learning; (ii) management and leadership; (iii) ECD environment; and (iv) ECD legislation and policies (see Table II). Template coding (an *a priori* coding system drawn from template analysis) was selected as a tool for framing data into meaningful categories and sub-categories to be interpreted⁵³.

Trustworthiness

¹¹ Trustworthiness was established and ensured by means of credibility, transferability, dependability and confirmability^{50,54}. Credibility was established through prolonged engagement with the participants during the interviews. Additionally, an interview guide (Table I) ⁵ was used for the semi-structured interviews, and the same two interview facilitators conducted all the interviews to ensure consistency throughout the interviews. Furthermore, the transcripts were verified by all six student researchers before meaningful categories and sub-categories were identified. The student researchers also had an external auditor (the project supervisor) who reviewed the themes, categories and sub-categories and confirmed the interpretation of data. ⁵ Transferability was addressed by providing a description of the research context in order for other researchers or clinicians to judge whether the findings would be applicable to similar contexts. Dependability was ensured by providing clear descriptions of the research ⁵ population and sampling, participants, data collection and analysis. The researchers adhered to the approved research protocol throughout the research process. ¹¹ Confirmability was established through researchers reaching consensus about themes that emerged from the analysis.

Ethical considerations

Ethical approval was obtained from the Health Sciences Research Ethics Committee of the University of the Free State (reference number UFS-HSD2017/0124). Thereafter, written and informed permission was received from the organisation's director and ECD coordinator to conduct the study with practitioners from the under-resourced ECD centres. In addition, permission was obtained from the respective headmasters of each under-resourced centre represented by the practitioners, and all the participants provided informed consent prior to the study.

RESULTS AND DISCUSSION

Participants

Both the director and ECD coordinator were female and Afrikaans-speaking. All the practitioners were female, one was Afrikaans-speaking and the other three were Sesotho-speaking. One practitioner had a degree in foundation phase education, one had a NQF Level 1, one a NQF Level 4, and one a NQF Level 5 ECD training.

Four themes, seven categories and 19 sub-categories were identified from the transcriptions of the interviews and are presented in Table II. The 19 sub-categories related to areas where occupational therapists could play a role as articulated in the Occupational Therapy Practice Framework (OTPF)².

Theme 1: Teaching and learning

This theme related to the participants' perceptions of teaching and learning aspects within the organisation's programme. Their perceptions revolved around two categories, specifically ECD practitioner training and the ECD programme.

ECD Practitioner training

The practitioners expressed their need for continuous education and training in the NCF and other ECD programmes, and obtaining higher NQF qualification levels. Practical training in the use of teaching resources (electronic and hands-on) and first-aid were mentioned as lacking areas, as reflected by the following remark:

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...we need the training, because some of them [resources] we don't use because we don't know how to use them (practitioner 2).

The practitioners identified their lack of skills in certain areas, such as handling a large number of children, disciplining and rewarding the children in their classrooms and managing negative or aggressive behaviour.

...to take us to courses so we can have more knowledge in terms of teaching the kids (practitioner 3).

Other skills they wanted to acquire were related to the management, screening and referral of children with developmental delays, decreased attention span, abused or troubled children and other children with special needs. They also identified that they were unable to up- and downgrade activities to meet the needs of children with developmental delays, special needs and disabilities.

One is a disabled [child], ... I don't know how to handle them (practitioner 1).

Practitioners wanted to learn various teaching methods, how to implement the prescribed daily programmes correctly and perform effective classroom preparation. Similarly, according to the director, the practitioners needed to improve their skills to practically implement the theoretical knowledge they had received. The coordinator said:

Our practitioners find it difficult to implement the theory, using appropriate methodologies (coordinator).

These findings were similar to previous findings that 78% of ECD practitioners not have a diploma to teach at this pre-school level^{15,19}, and 23% of ECD practitioners have no training of any sort¹⁶. Although several ECD training courses were recently made available for an ECD practitioner in SA, for various South African Qualification Authority (SAQA) training levels (e.g., UNISA and Damelin), most ECD practitioners do not have access and finances to attend these facilities. Hence, large non-governmental organisations such as Ntataise³⁵, Cotlands³⁶, Sunshine Centre³⁷, Smartstart³⁸ and the BRIDGE organisation⁵², have designed

accredited courses for ECD. However, most of these courses are not aligned with the new NCF for learners from birth to four years of age, and therefore the practitioners need to receive training in the NCF⁴.

To improve the access to and availability of practitioner training, it will be beneficial for the organisation in this study to join larger organisations and established communities of practice. A community of practice, such as BRIDGE, connects practitioners and other stakeholders in education on an electronic platform and through regular face-to-face facilitated meetings where they discuss topics of interest, share working practice and resources, and collaborate in innovative ways³⁹.

However, the training of ECD practitioners, whether at a higher educational institute level, a community of practice level or informally, has to be a shared responsibility of various professionals, since ECD is a multifaceted construct and does not only require an educational lens^{17,55}. Although occupational therapists' role as clinicians addressing early childhood developmental problems on an individual level is well known, and often practiced in urban areas, our role as consultants in under-resourced contexts to enhance ECD on a population-based level is not clearly defined and described in literature⁴⁸. The collaboration of occupational therapists within the multi-professional school-based team⁵⁶, and as a consultant in under-resourced educational settings, may improve the educational outcomes of learners, and also has benefits for all team members⁵⁷.

Occupational therapists can make a valuable contribution by contributing to these practitioners' training in areas within the scope and body of knowledge of occupational therapy (i.e. activity selection, creative use of resources, adapting or modifying their equipment, materials and environment, handling and disciplining children, screening and assessment of developmental delays and disabilities)^{2,47,55}. This is aligned with the Policy on Screening, Identification, Assessment and Support (SIAS)⁵⁸, an area where occupational therapists employed by the Department of Basic Education can implement this as intended. However, pre-school children are currently not the responsibility of the Department of Basic Education where occupational therapists can provide educational services. Pre-school children may receive occupational therapy services rendered at government hospital and clinics^{55,62}.

⁴ The White Paper on Education and Training stated the need for the Department of Education to collaborate with representatives of various sectors within the field of ECD to ensure the holistic development of each child⁵⁹. If the importance of early childhood interventions is not addressed through a multi-professional approach, it can lead to various consequences that may contribute to the burden of a society⁶⁰.

ECD programme

The ECD practitioners highlighted that the current programme was outdated, incomplete, ineffective, and needed to be more contextually relevant. The practitioners experienced a lack of confidence in the methods of teaching used, as they were unable to effectively implement these methods. The following two remarks capture their experience:

...I don't know how I can explain it. Maybe it's my self-esteem, I don't know
(practitioner 3).

In my situation, I don't know for sure if this thing is it right or is it wrong
(practitioner 3).

Additionally, practitioners recognised the value of activities prescribed by the ECD programme, but experienced problems with the selection of activities that were age-appropriate and educational according to the theme being taught. Additionally, the grading or adaptations to activities were mentioned as areas of difficulty.

The things [activities and themes] we must do, we struggle to find them
(practitioner 2).

This lack of a structured ECD programme also hinders the coordinators' ability to guide the practitioners effectively.

My biggest need is a programme that I can take to those schools who need it
(coordinator).

The participants expressed a desire to have a comprehensive, hard copy, day-by-day and contextually relevant programme with a manual to address this problem. The programme

should give special attention to lesson plans and culturally relevant activities (e.g., cultural-specific games) that include songs, rhymes, worksheets, and educational and do-it-yourself toys. They also experienced difficulties to identify checklists or instruments that could be used to assess the progress of children in their class.

These findings were consistent with evidence on the effectiveness of ECD programmes to be implemented at ECD centres to increase the development of children⁶¹. Additionally, provision should be made for children with regard to effective programmes that would facilitate and enable the development of their full potential⁶².

According to the Department of Basic Education²⁶, South Africa has a vision to develop all children holistically, which explains why the cultural aspect of the programme, as requested by the practitioners, is such a vital factor. It would ensure the inclusion of all learners and facilitate the growth of each unique individual, which also aligns with the ethos of occupational therapy⁶³.

Occupational therapists can play a collaborative role in enabling the occupation of education for children in the ECD environment^{63,64}. The activities in which children participate should be step-by-step, analysed, age-appropriate and culturally relevant, and stimulate the child holistically (all domains of development)⁶⁵. However, play is the main occupation of a child. Therefore, all activities in an ECD programme should involve learning through play to ensure that all developmental and learning outcomes are achieved⁶⁵.

Theme 2: Management and leadership

This theme highlighted how the participants perceived the management and leadership within the organisation as it pertains to human resources, systems and communication.

Human resources

Practitioners pointed out that there was a need for more human resources. There were no teaching assistants available to help supervise the children and assist with their educational activities.

She doesn't know, ... uhm, about games, the kids' games, so ... she's asking the others to help (practitioner 3).

The employment of assistants is strongly recommended by guiding policy documents, since the practitioner-child ratio should be taken into account to maintain quality ECD services⁶².

Systems

Managerial systems implemented in school-based settings have numerous positive outcomes, which can result in the overall empowerment of an organisation. These outcomes that may result in the overall empowerment of an organisation, include improved access to information, efficient administration and enhanced use of school resources, the improvement of employees' abilities, knowledge and skills along with motivation⁶⁶.

However, the management and practitioners at the centres in this study were challenged by the limited management systems that were not in place and might have influenced the quality of their services rendered. Both the practitioners and coordinator expressed the need for a quality assurance system, a monitoring and evaluation system, and an evaluation system for promotion.

Maybe if the matron [coordinator] can visit her and evaluate what she is teaching ... (practitioner 3).

Additionally, for day-to-day classroom management of the children a daily record-keeping tool, a resource manual, a discipline and reward system, and a referral system for children with special needs, disabilities and developmental delays were lacking.

No, we don't have a system. Well, I think they know they not supposed to spank them or yell at them ... (coordinator).

Since young children in South Africa (up to six years of age) are currently the responsibility of either the Department of Social Development or the Department of Health, sufficient referral systems need to be in place and taught to practitioners to ensure that children at ECD centres are referred to and receive appropriate services⁶².

With regard to the evaluation of a programme's outcomes, an outcome measure, such as the Early Learning Outcomes Measure (ELOM)⁴⁷, is an instrument standardised on South African

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pre-school children aimed to provide evidence of the performance of early learning programmes. The ELOM assessment findings point to programme areas that need to be strengthened in order for children to transition into and have a good start in Grade R⁴⁷. Occupational therapists can assist an organisation that has identified an area that requires improvement, for example, children's fine motor skills. The occupational therapist can evaluate the current programme and make activity suggestions to improve these aspects in children.

Communication

A vital aspect of any ECD organisation is communication among all the stakeholders involved. However, any communication method and management system cannot be "superimposed" in any particular setting, unless the societal intentions and understandings within each unique ECD context are clearly understood⁶⁷. Similarly, the practitioners expressed a need to have frequent meetings with management, to be involved in decision making, and for a more trusting relationship between all stakeholders. The following statement by one of the participants reflects their concerns regarding communication:

She says they don't have a platform of opportunity sitting with management and talking about what is the problem between them and the management. It's always management saying you have to do this, you have to do that...
(practitioner 3).

The results also confirmed that the practitioners had a need to belong to a community of practitioners. Hence, it is recommended for smaller organisations such as the one involved in this study, to connect with an established community of practice platforms, such as the BRIDGE organisation³⁹. Furthermore, active collaboration between stakeholders such as families, parents and ECD practitioners, is important to ensure that all children reach their optimal potential⁵².

The ECD sector is multi-faceted. It is therefore important for occupational therapists to belong to multi-sectorial ECE platforms in order to contribute to the improvement and development of ECD in South Africa.

Theme 3: ECD environment

This theme focussed on the ECD environment as it pertains to non-human resources.

15 Environmental practices refer to aspects such as space, materials, equipment, routines and activities, that practitioners and families can intentionally adapt to support each child's learning across developmental domains^{4,17,26}.

Non-human resources

The practitioners expressed an overall lack of and poor access to non-human resources, such as indoor and outdoor equipment and infrastructure.

More educational toys because there is not enough in the class especially when they do inside door methods in terms of teaching (practitioner 3).

According to the practitioners, no funding was provided by management and the practitioners used their own money to buy resources. Although practitioners mentioned past experiences in fundraising efforts, they were no longer participating in fundraising activities because of mismanagement of funds and a lack of transparency pertaining to funds. Inadequate storage space and poor organisation and control of resources were mentioned. Availability, access and quality of teaching materials, as well as knowledge on creatively using these resources, have been a source of contention amongst ECD practitioners.

20 *I think we need the training because some of them [teaching resources] we don't use because we don't know how to use them (practitioner 2).*

Practitioners commented on two aspects of indoor non-human resources that needed to be addressed, namely toys and technology. Age-appropriate and culturally relevant educational toys were identified as a need, because available resources were old, broken and not suitable for teaching. Additionally, practitioners expressed their need for supportive technological devices and programmes to support their teaching (e.g., internet access, television sets, computers, printers, photocopiers and radios).

...I need more educational toys because there is not enough in the class especially when they do inside door methods in terms of teaching (practitioner 3).

The centres also experienced problems with the restoration of broken outdoor equipment and infrastructure resulting from the poor application and lack of financial resources. The development of stimulating playgrounds and modifications to existing equipment at the centres were pointed out as a need.

These findings were in accordance with previous studies⁶⁸, the Guidelines for Early Childhood Development Services⁶², other action plans proposed by the Department of Basic Education²⁵ and the Department of Social Development¹⁹. Non-human teaching resources are important to ensure that all children develop to their optimal potential. Availability of resources such as a curriculum, educational games and materials, play resources, books, indoor and outdoor equipment, toy kits, lesson plans, apps, videos, programmes, posters, puzzles, activities, and arts and crafts, can contribute to the holistic stimulation of children^{19,44}.

Poor implementation of ECD policies may lead to a deficiency in non-human resources, poor infrastructure, and a shortage of funding and other resources²⁵. All these shortcomings eventually may result in poor access to and the quality of the early learning experience⁴⁴, and affect children's development.

Occupational therapists are qualified to recognise and analyse how a learner's context is related to their environment and how it influences performance and participation². Focussing on holistic development and understanding the importance of play for learning may enable occupational therapists to play an active role in developing playgrounds to ensure that children's developmental needs are addressed. Additionally, occupational therapists have acquired the skills and knowledge to create user-friendly, relevant, cost-effective and self-made non-human teaching resources in support of and aligned with the NCF²⁰.

Theme 4: ECD Legislation and policies

Discussion of this theme revealed the participants' insufficient knowledge and experience of relevant ECD policies pertaining to their ECD programme context.

Knowledge regarding legislation and policies

Practitioners affirmed the lack of awareness, understanding and acknowledgement of the value of legislation and policies such as the NCF, Children's rights, National Early Learning and Development Standards (NELDS)²⁶, the White Paper on Education and Training⁵⁹, and the National Integrated ECD policy¹⁷. They communicated their need to receive training to improve their knowledge of these policy documents. Practitioners were of the opinion that insufficient awareness of these policies also resulted in the poor implementation of legally required policies.

Yes, with training we could use it (practitioner 2).

These results are supported by the literature with regard to poor policy implementation caused by the large disparity between legislation and policy levels, and the delivery of quality service^{25,69}. Partial or complete failure to implement these policies threatens the rights of children⁶⁹.

Occupational therapists also need to foster an awareness of the interconnectedness between relevant governing structures and concomitant governing scripts, as it pertains to the occupational therapist role from a micro- (individual clinical), meso- (small group) and macro- (population) level⁷⁰.

LIMITATIONS

The sample method used for this study restricted the selection of participants to practitioners from only one organisation in the central Free State. Consequently, the findings of this study were specific to these participants, their organisation and the research setting. Transferability of the findings to other ECD settings in South Africa may therefore be limited. The different investigation methods could have influence responses of participants. The practitioners participated together in one semi-structured group, the coordinator was interview individually and the director responded via email. Despite the limitations, this study gives a voice to practitioners in under-resourced ECD centres.

CONCLUSION AND RECOMMENDATIONS

The aim of this study was to describe the needs and problems experienced by ECD practitioners and coordinators from under-resourced ECD centres, regarding the quality of their current ECD programme.

The findings identified areas that require improvement to this ECD programme and at these centres, specifically in the areas of teaching and learning, management and leadership, the ECD environment and ECD legislation and policies. The authors argue that occupational therapists can play a role on a collaborative platform towards the support and training of practitioners, and promotion of ECE for children 3–5 years of age in under-resourced settings.

The profession of occupational therapy is strategically positioned to address ECE not only on a traditional, individual clinical level, but also on a collaborative population-based level. We recommend that such a broader contemporary approach be fostered in occupational therapy curricula, clinical and community practices and research in South Africa.

Accessible, equitable and quality early childhood education is the right of each child and the shared responsibility of a whole country. It is therefore crucial for South Africa to invest in human capital through ECD, because investment in children's early years of life may lead to rewarding return rates to the country and its society, ensuring sustainable development.

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1. Early childhood development (ECD) programmes or services that include "emotional, mental, spiritual, moral, physical and social development of children", are aimed at children in the age range birth to twelve years.
True/ False
2. With ECD in mind, the occupation of education prepares children for adulthood by providing them with the knowledge and skills they need to succeed in life.
True/ False
3. One of the challenges in the ECD sector in South Africa is that ECD practitioners do not have the appropriate training or any training at all to teach at an ECD centre.
True/ False
4. This study was aimed at an ECD organisation in Mpumalanga
True/ False
5. All ECD training courses are aligned with the new National Curriculum Framework (NCF) for learners 0–4 years.
True/ False
6. In ECE, occupational therapists can play a role in adapting or modifying teachers' equipment/ materials and assist with selection of appropriate activities for children with developmental delays.
True/ False
7. Smaller ECD organisations, such as the organisation involved in this study, will not benefit from joining an established community of practice.
True/ False
8. The results of this study indicate that the particular organisation's ECD practitioners have not been trained in using the NCF birth to four years.
True/ False
9. The majority of ECD organisations do not have formalised strategies for programme evaluations.
True/ False
10. The Early Learning Outcome Measure (ELOM) is an outcome evaluations instrument standardised on South African pre- schools.
True/ False

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