

Early Learning Issues in Philippi, Cape Town: Caregivers' Concerns, Satisfaction, Subjective Affordability and Perceptions

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ABSTRACT

Despite its known contribution to later educational outcomes, early learning needs to be better conceptualized, understood, and appreciated by caregivers, who arguably know little about early learning. Caregivers of low socioeconomic status have limited access to quality ECD facilities and are less able to guide their children's early learning. Reasoning that positive change should reflect caregivers' views, concerns, and knowledge, the researchers engaged with a sample of 40 caregivers in Philippi, a low-income area in Cape Town, about their problems, satisfaction, subjective affordability, and perceptions of early learning at the ECD facilities attended by their children. The study employed a multiple-case study design, following a qualitative-dominant research methodology. The study found that most caregivers were satisfied with the ECD facilities attended by their children but had reservations about quality, with some doubting the facilities' ability to provide meaningful early learning experiences to their children. Although their reasons differed, most caregivers understood ECD's importance in school readiness, early learning, and non-cognitive skills (socialization). Most caregivers struggle to afford the cost of early learning, whether in a registered or unregistered ECD facility. This suggests that expanded state funding of ECD is urgently required.

Keywords: Early Learning, Early Childhood Development, ECD Facility, Subjective Affordability, Parental Perception,

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1. INTRODUCTION

Due to its history, South Africa has a unique practice of citizen activism that has often been more transformative than the influence of policymakers and scholars. While South Africans actively take up welfare and development issues, such as housing, social grants, free higher education, and labor rights and practices, there is generally civic silence about early education. A handful of researchers, non-governmental organizations (NGOs), and facility owners' forums are the only significant voices advocating for early education in the country. Except through these mediators, parents' voices are seldom heard.

Developing countries, including South Africa, still need to grapple with early learning regarding the knowledge of its conceptualization, policy development, and implementation. Early learning still needs to be understood and appreciated by households, and most caregivers are likely to have a theoretical conception of how early learning occurs. Caregivers who are generally uninformed and uninvolved are arguably unlikely to be competent to hold the government and early childhood development (ECD) facilities accountable for the quality of early learning opportunities provided to their children.

Caregivers are at least equally accountable for providing adequate early learning. Fenech (2013) argued that families who understand the value and demand the promises of early education will reap significant benefits from early education for themselves and their children. While greater involvement or responses from caregivers regarding early learning are desirable, what they know and can realistically contribute, especially given the poor education outcomes and poverty the majority of South African parents are mired in, requires investigation to improve the understanding of the dynamics and limitations of the caregiver's role in an economically challenged community. This paper aims to stimulate debate regarding the contributions of caregivers and families to understanding, supporting, and advocating early learning in South Africa by investigating and revealing caregivers' views, concerns, and knowledge in Philippi, a low-income area in Cape Town.

The researchers in this study interviewed caregivers in Philippi to determine their concerns, satisfaction, subjective affordability, and perceptions regarding early learning regarding the ECD facilities attended by their children. The following research questions were investigated: 1) Are the caregivers satisfied with the facility their children attend in Philippi? 2) What concerns do caregivers have with the facility their children attend in Philippi? 3) Do the caregivers perceive the fees charged by ECD facilities in Philippi as affordable or unaffordable? 4) Why do the caregivers send their children to an ECD facility in Philippi?

Concerns and Satisfaction of Caregivers

Good communication is needed because caregivers and ECD facilities are attempting to nurture and unlock the child's potential. Communication between families and ECD facilities is highlighted in the ECD norms and standards developed by the national Department of Social Development (DSD & UNICEF, 2006), mainly because caregivers should be able to communicate their concerns or dissatisfaction with the facility. Despite the assumed benefits of such communication, including possibly improving services and relationships, previous studies showed that some caregivers did not voice concerns with their ECD facilities and that economically vulnerable families tend to be less informed about early education issues and more accepting of receiving the bare minimum in an early learning program (Bassok et al., 2017).

Globally, ECD facilities have varying degrees of quality, with families with lower socioeconomic status (SES) more likely to access lower-quality facilities. However, low-SES families generally accept low-quality ECD facilities and express high satisfaction with them and their programs. Bassok et al. (2017) argue that parents' evaluation of the programs or facilities needs to be more consistent with the predefined official measures often used to assess the quality of the facility program. Caregivers' satisfaction may be based on factors not necessarily significant in defining a high-quality early learning program, such as the facility's affordability, proximity, and operating hours (Bassok et al., 2018). Fenech (2013) established that working mothers often take their children to low-quality facilities because they are most conveniently located to accommodate their long working hours. Furthermore, Cox (2006) contends that parents become somewhat indifferent to quality issues because of the complexities of identifying and securing a place at a high-quality ECD facility. Hence, caregivers may be 'satisfied' by default due to a lack of feasible alternatives (Vandenbroeck, 2010).

Another reason caregivers might accept inferior quality in their children's ECD facility is that parents are not, or perceive that they are not, good quality assessors. The silence of economically vulnerable families about communicating their concerns does not necessarily imply satisfaction but rather that they have learned or decided not to express their dissatisfaction. Their silence also indicates a conviction that practitioners know more about ECD than they do. Kalyanpur et al. (2000) explained that, because of the hierarchal system of the education sector, parents' views and knowledge can be devalued or may appear to have less authority than those of the practitioners or teachers. Low SES caregivers may develop a culture of silence due to a sense of inferiority (Freire, 1996). Mahmood (2013) concludes that parents' silence leaves practitioners unaware of what parents want or expect from the practitioners and the early education intervention. Moreover, the caregivers' silence or acquiescence may result in the government and the facilities needing to be held accountable for the provision and regulations of early learning. Bassok et al. (2018) opine that most caregivers must spend more time investigating the facility and program their children attend to assess their quality accurately.

Affordability of Early Learning

Affordability is a significant factor in a household's decision-making when selecting an ECD facility. In some cases, considering affordability may precede or even supersede the consideration of educational quality. In a South African study, Hall et al. (2019) analyzed a sample of children aged 0–6 years using data from the 2017 General Household Survey (GHS). Dividing households by income quintile revealed clear links between access to an ECD program and household income. For instance, a three-year-old child in the highest-income quintile was twice as likely to participate in an ECD program as a three-year-old in the lowest-income quintile. The ECD access gap narrowed significantly when children entered free public schooling to enroll in Grade R, mainly when children accessed Grade R at no-fee-paying schools (Hall et al., 2019). However, caregivers must pay school fees at subsidized ECD facilities, such as fee-paying public schools, to cover the shortfall between a facility's expenses and the subsidy amount (Hall et al., 2019). Thus, the study shows that poorer children in South Africa are much less likely to attend ECD programs than wealthier parents.

Another study by Clark et al. (2019) implemented a randomized control experiment that offered subsidized facility-based childcare for a year to poor mothers in Nairobi, Kenya. There was a high demand for childcare and education services due to the subsidy, resulting in about 43% more mothers enrolling their children. The finding showed that the cost was a more significant factor

influencing enrolment than the quality of the facility. These findings suggest that ECD facility fees likely hinder poor children from accessing formal childcare and early learning.

Parental Perceptions of Early Learning

The caregiver's perceptions of early learning relate to what the caregiver expects of early education and understands its nature and benefits. Suppose the caregiver understands why a child should attend an ECD facility. In that case, they will have a basis for assessing the impact or value received from attending the ECD facility. However, the caregiver needs to have an accurate view or realistic expectation of what benefits children would derive from attending an ECD facility. In that case, the basis for assessing the results must also be corrected or revised.

Few empirical studies investigate parents' perceptions of early learning in less developed economies (Kabay et al., 2017, p. 44). Shumba et al. (2014) investigated parents' perceptions of the role of ECD facilities and their participation in early learning in Mdantsane in the Eastern Cape, South Africa. The study included parents' motivations for sending their children to ECD facilities. The authors conducted semi-structured interviews with two parents from each of the two ECD facilities (Shumba et al., 2014: 459). The study revealed that the parents sent their children to ECD facilities to have time to complete chores in the house without being disturbed by the children (Shumba et al., 2014: 458). The small study also found the parents needed an understanding of ECD policy issues and could not differentiate between rules set by the principals and policies enacted by the government (Shumba et al., 2014: 460). All the parents admitted that they did not fully participate in their children's early learning at the facility. Due to their poor education and uncertainty about what was expected of them by the facility, the parents needed more confidence to get involved in the facility and directly assist their children's learning. However, one parent said they would get involved if the facility delegated what they were supposed to do as parents.

Theoretical Framework: Epstein's Model of Parental Involvement

The Epstein model has been and continues to be widely used in studies analyzing the involvement of parents with the facility or school their children attend (Bower & Griffin, 2011). The model outlines a framework of six typologies of family involvement, being: a conducive home environment, communication with the facility/school, home learning activities, participation at the facility/school, collaborative decision-making within the facility/school, and community partnership (Epstein & Dauber, 1991; Epstein et al., 2009). The model aims to empower and recognize the voice of caregivers concerning their children's early education and the facility (Epstein et al., 2009). Despite its wide acceptance, the model does present some limitations. The model apportions a greater responsibility to the facilities to initiate and maintain parental involvement, including communication.

Moreover, according to Bower and Griffin (2011), the model must sufficiently consider family demographic differences, such as ethnicity and SES. Demographic factors such as ethnicity are vital as they affect how families define and view parental involvement. Demographic factors may also prevent caregivers from communicating with the facilities. This paper focuses on parental involvement in communication with the facility/school as communication may reveal the caregivers' ability to express concerns, satisfaction, subjective affordability, and perceptions of early learning.

2. METHOD

This study employed a multiple-case study design, following a qualitative-dominant research methodology. Utilizing a multiple-case design allowed the study to compare the experiences and views of caregivers using registered and unregistered facilities, as their experiences were likely to differ. For example, facilities registered with the DSD receive a subsidy for each child if the centers meet a set of standards imposed by the DSD. Johnson et al. (2007: 124) described a qualitative-dominant research method as a method that "relies on a qualitative, constructivist-poststructuralist-critical view of the research process, while concurrently recognizing that the addition of quantitative data and approaches are likely to benefit most research projects." The research questions, as well as the responses of the caregivers in this study, were primarily qualitative, although some of the reactions employed descriptive statistical measures.

Study Area

This research was undertaken in Philippi, a low-income community comprising a mix of formal township housing, informal settlements, and peri-urban farm settlements in the City of Cape Town metropolitan municipality in the Western Cape. Philippi is among the largest communities in Cape Town in terms of population size (Anderson et al., 2009). Like most former Black townships in the country, Philippi is characterized by poverty, high unemployment, and crime. Fires and seasonal floods often damage the sprawling informal settlements within the area.

Sampling

Ten registered and ten unregistered ECD facilities across the Philippines were selected for the study. Although the study mainly focused on caregivers of pre-schoolers, the researchers first established contact with the selected ECD facilities to reach the caregivers. Relying on purposive sampling, the researchers attempted to obtain an equal sample of registered and unregistered facilities. Finally, to ensure the diversity of parents' views, they selected ECD facilities that were far from one another.

After obtaining the consent of the ECD facility principals, the researchers employed a convenience sampling strategy to approach the caregivers when they fetched and dropped off their children at the facilities. Convenience sampling is a non-random sampling strategy in which the sample is chosen based on accessibility to the researcher. After obtaining their consent, the researchers scheduled appointments to conduct the interviews at the caregivers' homes. Forty caregivers participated in the study, with two selected from each of the 20 facilities. The interviews were digitally recorded and transcribed later by the researchers.

Interview Guide

The following themes were investigated to address the research objectives, and relevant questions were posed to the caregivers.

Caregiver Satisfaction

- *Q: Are you satisfied or dissatisfied with the ECD center that your child currently attends? Please explain your answer.*

Caregiver Concerns

- *Q: Are you concerned about the ECD center your child attends? Please explain your answer.*

Subjective affordability

- *Q: Are you required to pay fees for your child to attend this ECD center?*
- *Follow up: If a parent says yes, are the fees affordable? Please explain.*

Parental Perception of ECD

- *Q: What is the reason that your child attends an ECD Centre? Please explain.*

Data Analysis

The researchers followed the six phases of conducting thematic data analysis by Braun and Clarke (2006): familiarise with data, generate initial codes, search for themes, review themes, define and name themes, and produce a report.

Ethical Considerations

This study, including the methodology, was approved by the Humanities and Social Science Research Ethics Committee of the University of the Western Cape (UWC). Because the study included ECD facilities registered with the Western Cape Department of Social Development (DSD), ethical clearance was also obtained from the Western Cape DSD for permission to approach registered ECD facilities in the province. The ethical clearance was granted based on assurances of informed consent, anonymity, and confidentiality given to the participants. To protect their identities, the caregivers were given coded identities corresponding to the codes for the ECD facilities. Thus, Caregiver 1a and Caregiver 1b were parents of children attending ECD facility 1, Caregiver 2a and Caregiver 2b were sourced from ECD facility 2, and so on.

3. RESULTS AND DISCUSSION

Table 1: Socioeconomic Profile of Children and Caregivers

Child Profile		All Children
<i>N</i>		40 (100%)
<i>Gender</i>	<i>Female</i>	21 (52,5%)
	<i>Male</i>	19 (47,5%)
<i>Demographic</i>	<i>Black African¹</i>	40 (100%)
<i>Age</i>	<i>Four years old</i>	25 (62,5%)
	<i>Five years old</i>	13 (32,5%)
	<i>Six years old</i>	2 (5%)
Caregiver Profile		All Caregivers
<i>Caregiver interviewed</i>	<i>Mother</i>	35 (87,5%)
	<i>Father</i>	1 (2,5%)
	<i>Grandmother</i>	4 (10%)
<i>Highest educational attainment</i>	<i>No formal education</i>	0
	<i>Primary</i>	5 (12,5%)
	<i>Secondary</i>	31 (77,5%)
	<i>Matric</i>	3 (7,5%)
	<i>Tertiary</i>	1 (2,5%)
<i>Caregiver has a job or business</i>	<i>Yes</i>	17 (42,5%)
	<i>No</i>	23 (57,5%)

Source: Primary data.

¹ The caregiver questionnaire also included 'Coloured,' 'Indian,' 'White,' and 'Other' as demographic categories.

The study mainly interviewed mothers as primary caregivers, distantly followed by grandmothers. Their children were aged four to six years, and all attended ECD facilities of varying quality in the Philippines. Regarding educational attainment, only 2,5% (one caregiver) had obtained a tertiary education, and 7,5% (three) had matric. Therefore, the vast majority had less than matric as their highest educational attainment. Regarding economic activity, 42,5% (17) of the caregivers either owned a business or had a job, and the remaining 57,5% (23) did not participate in either economic activity. Intuitively, parents who are not earning an income might struggle to afford early learning centers.

The caregivers' responses in the study regarding their concerns, satisfaction, subjective affordability, and perceptions of early learning at the ECD facilities their children attended are presented below.

Are the caregivers satisfied with their ECD facilities?

Only 15% of the caregivers whose children were at the registered ECD facilities mentioned dissatisfaction with the ECD facility their child attended. The extent of satisfaction or dissatisfaction with their respective facility revealed caregivers' expectations concerning the roles and service levels of what would constitute an acceptable ECD facility in Philippi.

Caregiver 3a: "No, not really, I just don't have a choice. All the preschools in this area are the same."

Caregiver 10a: "No, but it is nearby. The important thing is that my child is in a safe place."

Caregiver 10b: "I am satisfied because I do not have a choice. It is the one that I can afford. If I were working, I would take her to the one I wanted."

These views align with Vandenbroeck (2010: 82), who stated that caregivers tend to be satisfied with their chosen facility because of restricted care and education alternatives.

Only 10% of the caregivers (four parents whose children attended the unregistered ECD facilities) were dissatisfied.

Caregiver 13a: "Nope. I wanted to enroll him at another preschool, but it was full, so they told me to apply for next year instead, on that one. I also could not apply to other preschools at Mitchell's Plain because we would struggle to find reliable and safe transport for him. But next year, I will change him from this preschool."

Another dissatisfied caregiver was satisfied with the teaching but qualified by mentioning areas where the facility could improve its services.

Caregiver 15b: "Not really. The school is unsafe; they need to fix the gate, which does not lock. I am not satisfied, but I do not have a choice. The preschool she attended last year was bigger and safe, but the teachers did not do their job this one; they are teaching them, but it is not safe; they do not have enough space like big premises. There is some improvement, but I am not satisfied."

Apart from the small proportion of caregivers strongly dissatisfied with their facilities, most claimed to be satisfied with their respective ECD facilities. The caregivers praised the ECD facilities for how well they treated their children, the facilities' cleanliness, and their ability to impart knowledge to the children. However, their expressed satisfaction was, to an extent, qualified, given their other responses.

What are the caregivers' concerns about ECD facilities in Philippi?

Concerns over the facilities were centered on easily observable issues such as insufficient space for children to play outside, safety or the lack of stationery, and other issues related to dissatisfaction with a specific practitioner.

Caregiver 3b: "If they would fire this one teacher, she's abusive..."

The above caregiver refused to elaborate on her statement, while another caregiver recounted what appeared to be a case of abuse in a different ECD facility. The caregiver's child had stepped on the wet floor while the teacher was busy mopping, and the practitioner allegedly hit the child. Several caregivers were suspicious of the quality of education, although none had any education training or claimed any ECD expertise.

Caregiver 9a: "The issue with meetings is they need to call a meeting right now; we do not know what is going on there; we do not know if our children are making progress. We would know all those things if they had meetings. Also, I have never seen anything they did at school, like for my child to show me this is where I had written down. All they do is sing Xhosa songs. Those are the same songs and rhymes we sang as children. They are supposed to be learning new rhymes. I am 47 years old, and my child is learning the same rhymes I learned growing up."

Caregiver 13a: "They are not teaching our children; they are not learning anything. I also have concerns regarding hygiene in that preschool; it is not clean. Even the teachers there are not well trained. I am not a teacher, but I learn things on Google. For instance, when children at this age misbehave, you put them in a naughty corner and do not beat them. The teachers use corporal punishment, which is banned even at schools with older children. People who work there do not know anything about children. I wish they would return to school and learn about child development..."

The above caregiver was one of several who confirmed the alarming tendency of some practitioners to use corporal punishment or violence, also noted above. This may reflect a lack of practitioner competence, insufficient supervision, or parental involvement in the facility.

Subjective affordability: Are the fees affordable?

Most ECD facilities require regular payment in advance, and caregivers must pay the fees promptly to enable their children to continue attending the facility. Notions of affordability differ between households as the cost is only one of many household expenses, and the child has many other needs, such as food, clothing, access to health care, and recreational activities. At registered ECD facilities, the fees ranged from R120 to R300 per child per month for the observed group. Unregistered facilities charged higher fees, ranging from R150 to R500, possibly reflecting their lack of a government subsidy.

To assess whether the households could afford the ECD facility fees, the researchers asked the question outright of the caregivers. Thirty-five percent (14) of the caregivers who had children at the registered ECD facilities said the fees were unaffordable. They also felt pricing should reflect the relative independence of older children.

Caregiver 3a: "It is expensive. My child is at an age where he can go to the toilet by himself. They should be charging us R200 or something. At this age, my child can do everything by himself."

Caregiver 5b: "It is expensive, my child is old, he can go to the toilet, he eats by himself. The only thing they have to do is to look after him."

Other caregivers also related affordability to their limited resources. In this sample, 57,5% (23) of the caregivers did not derive an income from any economic activity.

Caregiver 3b: "It is not affordable; they eat our money. It should be around R200 or less. My child is not a baby; he can do most things alone. We contribute a lot as parents; they should also give them fruits and snacks for this amount. And some of us do not work; we rely on the child social grant."

Caregiver 8a: "It is not affordable because only one person is working here [at home]."

Caregiver 7b: "If I cannot pay it...she will not go. So sometimes I afford, sometimes I do not afford."

Due to unaffordability, Caregiver 7b had resorted to sending her child to the facility only when she could pay the fees for that month. At the unregistered facilities, 10% (two) of the caregivers mentioned the fees were unaffordable.

Caregiver 12b: "No, they are expensive because the preschool is here in the township."

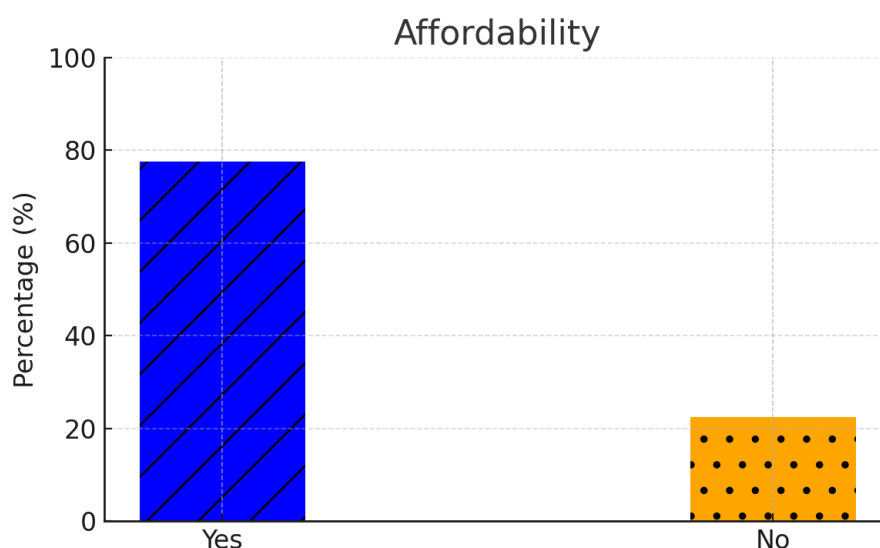
The above caregiver argued that the fees should be lower because the facility was in the township, while several other caregivers felt they were not receiving their money's worth.

Caregivers who deemed the fees affordable had considered various factors before deciding the amount was justified by the expenses that the ECD facilities had to cover, such as salaries, food for the children, and the maintenance of the facility.

Caregiver 4a: "Yes, it is affordable. It would help if you considered these teachers' work; it is a lot. I cannot complain; the amount is fine."

Some caregivers compared their fees to those charged by neighboring ECD facilities and said 'their' ECD facility was the most affordable. Other caregivers related affordability to the child support grant (CSG), saying they were affordable since the fees were below the CSG amount.

Overall, these are the results.



Source: Primary data.

Figure 1: Subjective affordability

Parental perception: Why does the child attend an ECD facility?

The literature provides evidence of the value derived from children attending ECD facilities. In Mozambique, for example, Martinez et al. (2012) showed that an ECD facility intervention improves many child development indicators, such as cognitive, fine motor, and socio-emotional development. Malmberg et al. (2011) and Moreno Mínguez (2018) also established that children who had attended an early intervention program would likely perform better in subsequent grades.

The caregivers in the study often provided more than one reason for sending their child to an ECD facility. Hence, the tally of the responses exceeds the number of caregivers. To give a more straightforward summary, the researchers organized the caregivers' responses into early learning and development, safety, and babysitting themes. Still, they were mindful that the caregivers may use different words to express the same reason or motivation.

Early learning and development

Responses on early learning and development included issues related to cognitive skills, which the caregivers often described as opening the minds of their children, learning, and school readiness. Non-cognitive skills were also referred to, and caregivers emphasized social skills and communication. In all, the caregivers mentioned early development 28 times.

Caregiver 2a: "I want him to get used to other children and be able to communicate with the other children. Also to develop or cultivate the values of sharing in him."

Caregiver 2b: "I want her to be able to think. I do not want her to be dumb."

Caregiver 4b: "To widen her mind, broaden it. You know, so she will not only see the things happening in the township, like her understanding, but not be confined to that. Preschool also prepares her for primary school; the knowledge she has learned there, she can use it at primary school. She will know more than a child who did not attend preschool."

Babysitting

The caregivers mentioned babysitting 12 times, which some needed to free them to go to work, look for work, or work at home.

Caregiver 9a: "He is a handful; he cannot stay in the house."

Caregiver 12a: "I cannot stay with him in the house because he will disturb me when I am sewing. I will be busy sewing; he will want food, constantly interrupting me."

These views echo the findings of Shumba et al. (2014) that parents needed the babysitting function to be able to complete household chores. Given that the children's ages in this study ranged from four to six years old, it was unexpected that parents of children in this age group would prioritize babysitting as a motivation for their children to attend an ECD facility.

Safety

Finally, the caregivers mentioned safety 11 times, which is understandable because of the high local crime levels, overcrowding, and the lack of amenities and safe outdoor spaces for children to play in.

Caregiver 1b: "I do not want her to stay here in the house; if she is in the house, she will want to go play in the street or go to the park on her own, and I do not want that."

Caregiver 13a: "...he could go outside, and I wouldn't know where to look for him. But I am confident he is safe at the center."

Discussion

The findings revealed that caregivers in Philippi are satisfied with the facility their child attends. However, ECD facilities in Philippi, especially the unregistered facilities, were considered to be of low quality, as measured by the facilities' inability to adhere to the basic ECD norms and standards that aim to ensure adequate outcomes of children's learning, health, and safety (Bayat & Madyibi, 2021). Consistent with the views of Fenech (2013) and Bassok et al. (2018), it is likely that the caregivers (due to lack of knowledge) do not judge or assess an ECD facility at the level of the DSD's ECD norms and standards. Most caregivers either believe they are using an acceptable ECD facility in Philippi or, although dissatisfied, feel they need a practical alternative to obtain a better-quality service.

The remaining dissatisfied caregivers communicated valid reasons for their dissatisfaction that, if left unaddressed, stand to undermine their children's development. These caregivers regarded their facilities as low quality, unstimulating, and unsafe, but there were no feasible alternatives. Research clearly shows that the quality of early learning programs, particularly in low-income communities, is a significant concern (Ashley-Cooper, van Niekerk, & Atmore, 2019; Bayat and Madyibi, 2021). Ebrahim, Martin, and Excell (2021) emphasize that one of the main factors contributing to this lack of quality is the presence of unqualified practitioners. The country's Early Childhood Development (ECD) facilities tend to attract underqualified personnel due to the lack of status associated with the profession and the need for a solid system to professionalize the field. However, in this study, there was no indication in their responses that the caregivers ever reported their concerns about the curriculum, the practitioners' performances, or their qualifications to the ECD principals. Previous research (Kalyanpur et al., 2000; Vandenbroeck, 2010) established that economically vulnerable caregivers and those with less education were less likely to express dissatisfaction. Therefore, the silent condonation of caregivers in this study possibly stems from feelings of inferiority or a lack of confidence due to their class positions or lack of education. One

consequence of underperforming facilities needing to be held accountable is that the reported poor performance will likely continue. Through a simulation model, Venter (2022) demonstrates that enhancing the quality of formal ECD programs results in a higher proportion of school-ready five-year-olds. Thus, the study establishes a positive correlation between ECD attendance and school readiness.

Adding to their concerns, there were serious allegations of abuse. It was concerning that none of the above caregivers commented on the illegality of the mistreatment or mentioned reporting it to the authorities.

The affordability of fees is critically vital since ECD facility fees are typically caregivers' burden. Although the government recognizes that many caregivers cannot afford to pay primary and high school fees and thus heavily subsidizes the cost of primary education, it expects the same caregivers who cannot afford schooling and their equally poor neighbors in places like Philippi to afford somehow the cost of early learning which can, as shown in this study, often be higher than school fees. Neither registered facilities that receive subsidies nor unregistered, unsubsidized facilities can afford to reduce or scrap fees significantly. In this study, caregivers admitted to struggling to pay the fees of ECD centers in Philippi. For some, this led to occasional non-attendance or regular absenteeism, negatively impacting the children's learning development and preparation for primary schooling. Gustafsson and Deliwe (2020) highlight the shortcomings of government subsidies, estimating that only about 28% of children in preschools below the Grade R level receive state funding.

Furthermore, the subsidy only covers 66% of the necessary expenses for those who are funded. A key conclusion from the study by Will and Kika-Mistry (2022) on access to early childhood education in South Africa is that the government should assume greater financial responsibility. This would help ensure that access to education is not determined by a family's ability to pay. The findings underscore the need to enhance state funding for early education to separate children's access from their parent's financial situation.

Some caregivers stated that their main reason for sending their children to an ECD facility was a need for babysitting and the assurance of their children's safety. Valuing babysitting and safety above child development might lead some caregivers to compromise on other needs, such as overlooking the low educational attainment of the ECD practitioners and the centers' lack of resources. Both factors directly impact early learning development. Other caregivers more clearly prioritized learning objectives such as developing school readiness, early learning cognitive milestones, and non-cognitive skills (socialization). These caregivers will likely be more motivated to foster early learning development through learning support at home and consistent attendance at the ECD facility.

Reflected against the Epstein model, it seems reasonable to infer from the responses of the caregivers that they need to communicate more effectively with their facilities. Aside from those whose children attend irregularly, caregivers' contact with the centers is limited to brief interactions when dropping off or collecting children and communications about fees. Since the six types of family involvement in the Epstein model work interdependently, the ineffective communication observed in the study may compromise other types of family involvement, such as collaborating and partnering with the facility or guiding home learning activities. Ultimately, the lack of communication feeds a cycle of limited parental involvement and poor early learning outcomes.

4. CONCLUSION

Although the study involved a relatively small sample of low SES caregivers and ECD facilities in one of Cape Town's largest communities, the interactions with caregivers support several conclusions. Despite the economic sacrifice, the caregivers are committed to their children's development, even if they need a uniform or deep understanding of the role of ECD. Further, given the poverty of the typical caregiver and community of Philippi and the many communities like it, it is clear that most parents need help to afford the government's attitude that ECD is a private rather than a public good. Even though it is well established in the literature that supporting ECD results in better learning outcomes later in schooling, the government's failure to improve the supply of high-quality ECD facilities beggars belief, particularly given its enormous subsidization of school fees, massive school nutrition program and other developmental programs focused on the primary schooling system.

Bassok et al. (2018) state that informational interventions in the ECD sector provide caregivers with crucial information to inform decision-making about early learning. With such interventions, low-income families can navigate the early learning landscape and distinguish high-quality from low-quality services (Bassok et al., 2018). It was evident in this study that parents in Philippi need to be more informed about how early learning works and how their investment in it produces social capital that can support their children's lifelong development. Without educational interventions, some parents will wish to hold the ECD facility entirely accountable for their child's development while neglecting to stimulate learning at home. Therefore, the researchers recommend that the DSD take responsibility for initiating and promoting informational interventions, mainly aimed at low SES parents, to ensure caregivers are informed about the importance of early childhood education and know how they can best assist their children, identify quality ECD services and hold the ECD facility to account for delivering those quality services.

The study further confirmed the lack of quality and accessible ECD facilities in Philippi, contributing to caregivers accepting low-quality services to protect their children's interests. There needs to be more community activism supporting ECD than in issues such as housing, social grants, and employment. Registered ECD facilities have limited contact with one another, while unregistered facilities operate like businesses in competition with and unconnected to one another. Creating a formal network of ECD providers in Philippi will empower them as stakeholders in early learning and assist them in lobbying the government to change ECD policies preventing the sector's development.

Lastly, the study emphasized the need for more research to help give a voice to the marginalized. Responses to the significant issues of access, quality, affordability, and the curriculum impacting early education cannot continue to be formulated by policymakers in isolation of the ECD practitioners and caregivers who, although economically disadvantaged and mostly lacking education, proved perfectly capable in this study of eloquently voicing their concerns, satisfaction, and perceptions regarding ECD and its affordability.

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