

# Building the capacity of the early childhood development workforce to deliver quality and responsive services

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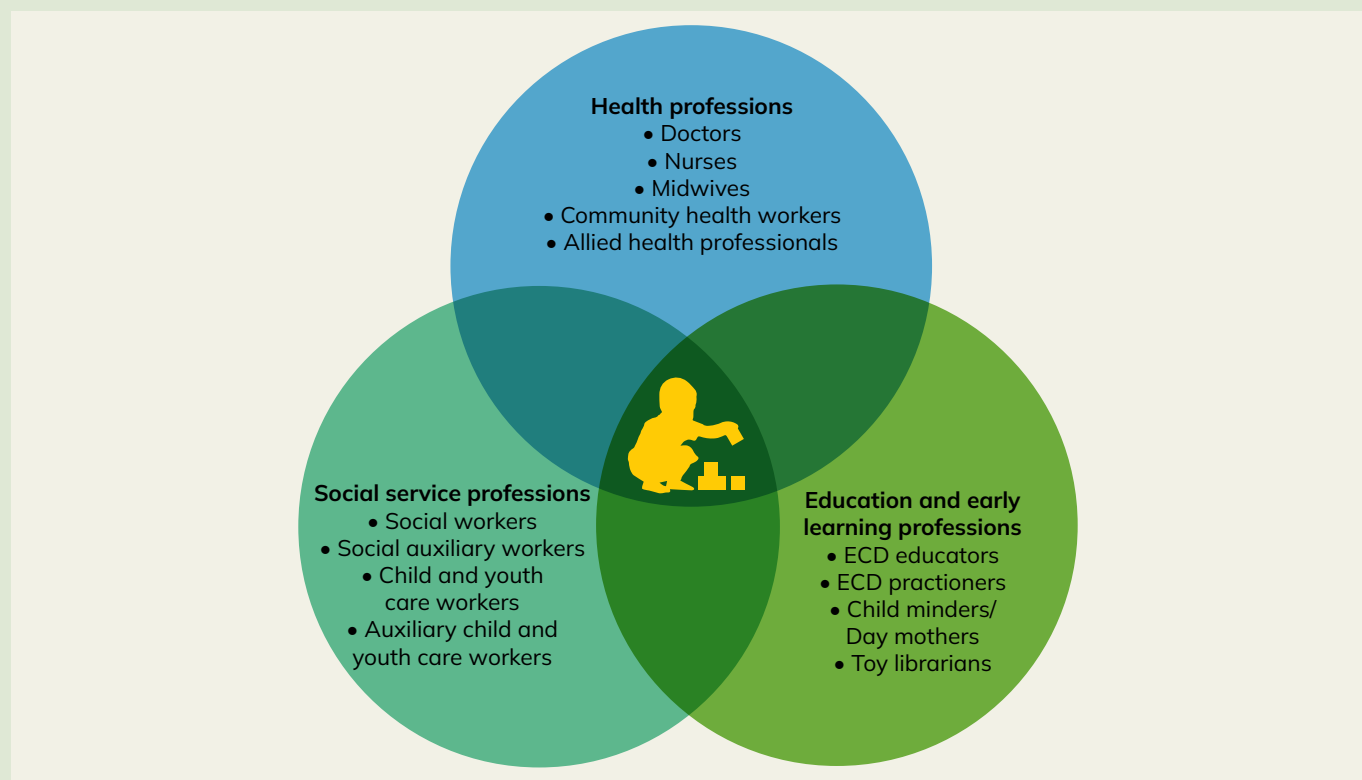
The delivery of an integrated package of services and support to young children and their families is dependent on the expertise of a diverse array of professionals and practitioners working both within and outside of government. Most of these essential services are rendered within the basic education, health and social welfare systems at national and provincial level. While each sector is clearly differentiated with its specific mandate, opportunities and challenges, it is also important to consider points of integration and collaboration across disciplines and sectors in order to support young children's holistic development.<sup>1</sup>

There are two major challenges that arise from current policy and practice discourse that need to be addressed in order to build an effective early childhood development workforce:

- On the one hand the workforce responsible for delivering quality services from pregnancy to school-going age needs to be comprehensive and cut across a range of sectors, yet there is a risk that attempts to be inclusive may cause a dilution in focus;
- On the other hand, the predominant focus on early learning has the potential to compromise the delivery of a broader package of care and support.<sup>2</sup>

Both of these challenges stem from the principle that the early years provide a unique window of opportunity to enhance human development by providing a comprehensive range of services to young children and their families.<sup>1</sup> Yet the continued

Figure 26: A multi-sectoral workforce for early childhood development



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romanticisation of an integrated rather than a harmonised approach to service delivery has its limitations. Notwithstanding decades of policy attempts to facilitate integrated service delivery by government at national, provincial and local spheres this has not proven feasible and sustainable at scale and a more harmonised approach to service delivery to young children and their families may provide for a more sustained and coordinated approach.

### Who are the human resources for early childhood development?

Supporting young children's optimal health, care, nutrition, protection and early learning requires a multi-sectoral workforce that includes specific cadres within the basic education, health and social welfare sectors, as illustrated in Figure 26.

While most human resources in the basic education, health and social welfare sectors are responsible for delivery of services, it is equally important to ensure that adequate human resources are in place to create an enabling environment. This includes human resources for: policy, administration and coordination; management and supervision; and education and training, as these are key determinants of the quality of services and child outcomes.<sup>3,4</sup>

### How have policies evolved to strengthen human resources for early childhood development over the past three decades?

The evolution of policies related to services to young children since the advent of democracy coincided with the recognition of the need to develop appropriately qualified human resources, in order to transform South African society from the devastating effects of the apartheid system, and to ensure that young children and their families are afforded their human rights as safeguarded in the Constitution of the Republic of South Africa, 1996.

The policy intent to develop the human resource capacity to render a variety of services to young children was well established in the early years of democracy.<sup>5-8</sup> Yet, by 2013 persistent challenges were apparent across all three sectors.<sup>9-11</sup> While the human resource policy provisions in the health and social development sectors have remained relatively unchanged over the past 15 years, there have been significant policy changes aimed at strengthening the early learning and development workforce. This includes the goals set out in the National Integrated Early Childhood Development Policy (NIECD Policy),<sup>3</sup> the requirement for a stronger pedagogical approach to early learning in the National Curriculum Framework for

Children from Birth to Four (NCF),<sup>12</sup> and the inclusion of young children with disabilities as outlined the White Paper on the Rights of Persons with Disabilities.<sup>13</sup>

The National Integrated ECD Policy outlines a comprehensive suite of early childhood development services and aims to “develop appropriate cadres of early childhood development (ECD) practitioners, in sufficient numbers and with sufficient skills” to support the implementation of the policy. This included health promoters and community health workers (CHWs), ECD practitioners, child minders, toy librarians, community-based rehabilitation workforce and health care practitioners to support children with disabilities and their families, and with a primary focus on the education and training of those working in early learning and development programmes, and the direct supervision of CHWs and ECD practitioners. Yet the policy is silent about the wider cadre of human resources in the health care and social development sectors, and the proposed qualifications<sup>iv</sup> for ECD educators and practitioners.<sup>1</sup> However, the subsequent approval of the Policy on Minimum Requirements for Programmes Leading to Qualifications in Higher Education for Early Childhood Development Educators,<sup>14</sup> provided the impetus to improve the qualifications of those responsible for implementing early learning programmes.

The shift in leadership and coordination of early childhood development from the Department of Social Development to the Department of Basic Education in 2022<sup>15</sup> provides an opportunity to strengthen the workforce for early learning programmes but has no impact on the other cadres of the ECD workforce. However, in the short- and medium-term, it may provide an opportunity to review policy and programmes across all three sectors in order to enhance collaboration with health and social development.

The following section will identify challenges and opportunities to strengthen human resources for early childhood development by examining the mandates, staffing, education and training, and career pathways in each of the three sectors: early learning, health and social development.

### What are the opportunities to strengthen human resources for early learning and development?

#### A good start

The 1995 White Paper on Education and Training set the democratic government's agenda for education in the country<sup>5</sup> and gave effect to the Reconstruction and Development Programme's (RDP)<sup>16</sup> vision that early learning programmes should be an integral part of a future education and training

iv National Qualification Framework (NQF) level 4 and 5 qualifications equivalent to a matric and a higher education certificate.

## Case 13: The search for a professional home: ECD practitioners and 30 years of promises

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Professional recognition for any profession coincides with three interrelated areas of regulation. These are *prescribed qualifications* (the minimum qualification needed to be registered (licensed) to practice); registration (the legal requirement to be registered with a regulatory body before a person may practice); and *minimum standards of conduct* (the required conduct and ethical practice that a registered professional must adhere to and the sanctions for non-adherence).<sup>17</sup>

Professional recognition plays an important role in the agency of the person practicing the profession as well as the locating them within a system that supports their career development, conditions of service and required proficiency recognised by peers. This coincides with professional accountability and support for continued professional development.

The commitment to develop a professional workforce to provide early learning and development programmes under new democratic dispensation emerged 30 years ago in the Reconstruction and Development Programme (RDP)<sup>16</sup> which called for training, upgrading and the setting of national standards. This commitment was reflected in the White Paper on Education and Training (1995)<sup>5</sup> which recognized that teachers in early learning programmes require specialised knowledge and skills, while the Interim Policy for Early Childhood Development (1996)<sup>18</sup> explicitly called for the professional registration of ECD practitioners/educators and that they be registered with the South African Council of Educators (SACE). The latter commitment is also reflected in the Education White Paper 5 on Early Childhood Education (2001)<sup>6</sup> and the Children's Act 38 of 2005 which require those providing early learning programmes to have the required skills and training. Again, the Diagnostic Review of the ECD Sector (2012)<sup>10</sup> reminded the country nearly 20 years after the RDP that standardisation of the

training, qualifications and remuneration of those providing early learning need should to be prioritised which led to the National Development Plan<sup>11</sup> stating that government needs to invest in training ECD practitioners, upgrading their qualifications and developing clear career paths. The latter was articulated in more detail in the National Integrated Early Childhood Development Policy (2015)<sup>1</sup> nearly ten years ago, while the Policy on Minimum Requirements for Programmes Leading to Qualifications in Higher Education for Early Childhood Development Educators (2017)<sup>14</sup> followed with clear commitment on the qualifications required for educators and practitioners teaching in early learning programmes. The main objective being the development of a cadre of educators and practitioners who are capable of delivering quality early learning programmes

In 2004, SACE started to register Grade R educators in both public and independent schools, providing a professional home for ECD educators and practitioners, which was later followed with the opportunity for ECD practitioners who completed ECD Level 4 or Level 5 qualification to register, subject to certain conditions (conditional registration that opened an opportunity to follow the qualification trajectory for full recognition).<sup>19</sup> Between 2017 to 2023 a total of 136,296 ECD practitioners completed the P.L.A.Y. free online in-service training<sup>20</sup> that is accredited with SACE for continuing professional teacher development (CPTD) points. The significance of this is that more ECD practitioners completed a CPTD accredited course, than the 119,773 Grade 1 to 3 educators who required CPTD points over the same period, despite there being no regulatory benefit or requirement for them to do so.

The early learning workforce is ready for professional recognition through regulation, and the immediate ask is for the accelerated implementation of 30 years of commitments and promises.

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system and that the Ministry of Education needs to improve access to all levels of education, including early childhood development. In particular, the White Paper indicated that a specific pedagogical approach is required for the early learning and development of young children from birth until they enter school; and that their early learning needs to be "entrusted to

teachers who have specialised training in the educational needs of this age group". The latter echoes the vision of the RDP<sup>16</sup> which indicated that "the democratic government also bears the ultimate responsibility for training, upgrading and setting national standards" for those who provide early learning, i.e., ECD educators and practitioners.

### Lost opportunity and new opportunities

But this vision of the Ministry of (Basic) Education being responsible for early learning programmes and the training, professionalisation and recognition of ECD practitioners as part of the education workforce did not unfold as intended during the 1990s. The National Development Plan (NDP) reaffirmed these earlier commitments by proposing to shift responsibility for the ECD function from the Department of Social Development to the Department of Basic Education, and by calling on the country to invest in the training ECD practitioners, upgrading their qualifications and developing clear career paths.<sup>11</sup>

The achievement of the goals set out in the NDP and Sustainable Development Goals to improve early learning and development outcomes for young children is directly dependent on the capacity of the workforce to provide quality and age-appropriate ECD programmes,<sup>3, 21, 22</sup> and these national and global commitments provide further impetus to ensure the systematic and resourced implementation of the NIECD Policy, and the Policy on Minimum Requirements for Programmes Leading to Qualifications in Higher Education for Early Childhood Development Educators<sup>14</sup> as well as the professionalisation of those providing early learning and development programmes.

### Early learning educators and practitioners

According to the 2021 ECD Census, the majority of staff providing early learning and development programmes, work in the non-governmental sector, with a total of 165,059 ECD practitioners and educators (with an average ratio of 3.9 “teaching staff” per ECD programme).<sup>27</sup> Nearly half (48%) of ECD practitioners have no appropriate qualification in early learning and development, while 42% have a Level 4 or 5 qualification (with the overwhelming majority having a Level 4 qualification), and a further 10% having an NQF Level 6 to 9 qualification.<sup>27</sup> This indicates that an overwhelming majority of ECD practitioners do not have the required knowledge and skills to implement quality early learning and development programmes and improve early learning outcomes for children. In 2013, 30% of ECD practitioners had an ECD qualification and 55% had no formal ECD qualification.<sup>28</sup> In other words, there has been no significant change since 2012 when the *ECD Diagnostic Review* expressed concern about the limited capacity of ECD practitioners, educators and administrators to implement quality early learning and development programmes as required in policies and curricula.<sup>9-11</sup>

### Qualifications

Unlike other professionals working with children in their early years, there is no official professional recognition of ECD

practitioners nor any requirement for them to register with a professional body in order to be employed by an early learning programme. Although the Children's Act 38 of 2005 in its Regulations and Norms and Standards provides for some basic requirements, these are seemingly not adhered to, nor used to regulate those who provide early learning programmes to young children, other than (in some instances) the provisions of the Child Protection Register which prohibit people convicted of child abuse and neglect from working with children.<sup>29</sup>

The lack of professional recognition coupled with a lack of minimum requirements for qualifications, supervision and career paths has an impact on the agency of ECD educators and practitioners as there is little incentive for them to invest in further qualifications and skills development, and when individuals do improve their qualifications, they are more likely to seek opportunities outside of the early learning sector, for example in Grade R and/or primary schools. In addition, early learning programmes are largely dependent on parent fees, donors and government subsidies for their income, which makes it almost impossible for ECD practitioners to earn a reasonable wage in line with their qualifications, especially in poorer communities. In the relatively large not-for-profit sector, government's financial support through the ECD subsidies is not sufficient to support the development of a more professional and qualified workforce, and simply perpetuates the cycle of underqualified ECD practitioners remaining in jobs with low wages and with very little opportunity or incentive for progression within the sector.

Education and training of ECD practitioners are offered by approximately 169 registered training providers (resource and training organisations (RTOs) and TVET Colleges, excluding private providers),<sup>30, 31</sup> though not all of these are currently offering qualifications. A concern is that the majority of current registrations are for the legacy Education, Training and Development Practices Sector Education and Training Authority (ETDP SETA) ECD qualifications and DHET Educare qualifications, phasing out at present and relatively few providers are registered for the Quality Council for Trades and Occupations ECD related occupational qualifications.<sup>31</sup> Degree level programmes are mainly provided by universities as part of their education of Foundation Phase educators where the primary emphasis is on schools rather than ECD programmes.

The Policy on Minimum Requirements for Programmes Leading to Qualifications in Higher Education for Early Childhood Development Educators provides an opportunity to improve the qualifications of people working in early learning programmes.<sup>14</sup> However, the successful implementation of this policy is directly dependant on the sector's ability to afford

## Case 14: The story of Grade R and why public provision of an early learning workforce is important for young children from birth to five years

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The Grade R was initiated between 2002 and 2005, with South Africa being the first country in sub-Saharan Africa to legislate, fund and implement one year of free early childhood education under the auspices of the Ministry of Basic Education. Before the formal initiation of Grade R, less than 40% of five-year-old children were enrolled in an early learning programme,<sup>21</sup> and by 2022 this had risen sharply to 95%.<sup>22</sup> Similarly, the number of children in this age group enrolled in Grade R classes has doubled since 2011 with 96% of public primary schools offering Grade R in 2022<sup>22</sup> and employing more than 20,000 Grade R educators<sup>23</sup>.

To understand the importance of the Grade R story for our early learning workforce we first need to go back as far as 2001 when the *Nationwide Audit of ECD Provisioning In South Africa* found that only 17% of the sites providing early childhood education to children aged 0 – 7-years-old were attached to a school, while the remainder were community- or home-based. More than 70% of children aged 5 – 7 were in either a community based or home-based site in 2001, while only 6,828 of practitioners (13%) were in school-based employment.<sup>24</sup> Secondly, we need to look at the Statistics South Africa General Household Survey data that shows that over a 15-year period the percentage of 0 –

4-year-olds attending a “Grade R, preschool, nursery school, crèche, educare centre” showed a relatively low increase from 29.9% in 2009<sup>25</sup> to 33.6% in 2023.<sup>26</sup>

If one merges the aforementioned data then one understands how the story of Grade R is a success story not only for young children’s early learning opportunities, but also how political will ensured universal access in a planned manner.<sup>21</sup> If a single driving force for this success story needs to be identified, it would be a fundamental decision and commitment to shift from community-based and private provision for about 70% of children aged 5 – 7 in 2001, to more than 95% children in this age group being reached through public provision in 2024. This also resulted in a significant expansion and recognition of the early learning workforce teaching Grade R in terms of salaries, conditions of employment in the public service, professional recognition, career paths and being embedded as part of the wider basic education workforce.

The story of Grade R shows us what it possible, and that the early learning workforce as well as the children may benefit from the public provision of early learning programmes for children from birth to age four as part of the country’s basic education system.

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to employ and retain better qualified staff. This will require a deliberate, well-resourced and well-planned reform of the early learning and development sector within the context of the basic education system as envisaged in the NDP (Chapter 9).

### Professional career paths

The professional career structure for ECD educators and practitioners provides for two categories of staff: professionally qualified educators who are in possession of either a degree or diploma; and ECD practitioners with NQF Level 4 and Level 5 qualifications. These ECD practitioners are currently registered with the SACE with a condition attached to their registration status binding them to teaching only in the early learning programmes.<sup>32</sup> Introducing a requirement for all people teaching in early learning programmes to be professionally registered with SACE (a licence to practice similar to all other educators in the country) will not only be a positive step in the professional recognition of the ECD workforce, but will also create a

regulatory system in terms of: the prescribed qualifications; minimum standards for the conduct and practice of ECD practitioners in line with a clearly defined Code of Ethics; and requirements for continuing professional development (SACE accredited).<sup>33</sup> The work of the *Funda Udlale Nathi* (FUN) ECD professional standards team to support the professionalisation of early learning practitioners (see page 105) needs to be taken forward and adapted by SACE as the regulatory authority responsible for the professional standards for ECD educators and practitioners.<sup>34</sup> Currently, SACE is registering ECD practitioners qualified with an ECD Higher Certificate (NQF Level 4) or higher qualification. From 2021 to 2023 a total of 13,032 ECD practitioners were registered with SACE.

Improving the early learning outcomes of South Africa’s children will require concerted investment in the education and training of ECD educators and practitioners to ensure they are qualified to deliver quality early learning programmes, instead of continuing investing in piecemeal interventions.<sup>35</sup> It is evident

that the latter has not been effective over the past 30 years since democracy, though it needs to be acknowledged that there has been an increase in the lower-level qualifications (NQF level 4 and 5).<sup>27</sup>

### Part of the basic education system

The shift of early learning programmes for 5 – 6-year-olds to the Department of Basic Education through the establishment of Grade R in 2001, coincided with the establishment of new funding norms and requirements for employment in order to achieve the required early learning outcomes as outlined in the Curriculum Assessment Policy Statements (CAPS). This process contributed significantly to the professionalisation of Grade R educators, with the improved funding norms enhancing the salaries, retention, career paths and service conditions of Grade R educators.

The 2022 function shift is not only an administrative shift, but it also provides an important impetus to incorporate early learning as part of the broader basic education system, as envisioned in the NDP. This integration will require a careful planning to ensure a seamless career path for educators within a single system, while also ensuring the advancement of the early learning workforce by improving their qualifications, agency and employment conditions. This will require a well-resourced intervention to advance the professional qualifications of those already employed and those entering the sector, and must coincide with a system-wide reform process to ensure the well-resourced public, private and non-governmental provision of quality early learning programmes within the basic education system.<sup>36</sup> The Government of South Africa's commitments 12 and 13 in 2022 as part of the National Statement of Commitment in preparation for the Transforming Education Summit, provides important national impetus towards ensuring that the early learning workforce has the required knowledge, skills and qualifications to provide quality and inclusive ECD programmes, and that priority be given to the professional recognition and professionalisation of the education workforce in early childhood development, including the requirement to be registered with the SACE.<sup>37</sup>

### What are the opportunities to strengthen the workforce for young children and their families within the health system? <sup>v</sup>

The health system plays a central role in young children's health, survival and development starting early in the antenatal period and continuing until the start of formal schooling. It is also often the first point of contact with young

children and their families that then enables referrals to a range of other support services.

### A bold vision

The past 10 years have seen a paradigm shift in the design of child health care services – from a narrow focus on child survival to the delivery of a more comprehensive package of care to ensure that children not only survive but thrive. This bold vision implies that care needs to be both comprehensive (encompassing promotive, preventative, curative, palliative and rehabilitative care) and holistic (to address the physical, mental, emotional, social and spiritual needs of child, mother and family).

Most of the non-clinical elements of holistic care are already embraced in models of palliative care and the global Nurturing Care Framework (NCF) which includes a focus on “good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning”.<sup>38</sup> The NCF underpins the redesign of South Africa's Road to Health Book and Side-by-Side Campaign, and has been progressively adopted within the health sector to expand the package of care and support, and to strengthen the in-service training of health care professionals working with young children and their families.<sup>39, 40</sup>

The momentum with which the health sector has embraced the Nurturing Care Framework to deepen health professionals' knowledge and capacity to support early childhood development will contribute to achieving essential child health outcomes in line with the country's national, continental and global commitments. Sustaining this momentum amidst budget cuts, will depend on the efforts of champions (either individuals, organisations or provincial departments), and needs greater political commitment at both a national and provincial level.

### Critical shortages

The *Human Resources for Health Strategy 2030* South Africa pointed to critical shortages of paediatricians, doctors, nurses and allied professionals, and persistent inequalities between public and private health care and across provinces. It also called for “significant additional investments in the health workforce .... to improve health service access, quality and equity”<sup>41</sup> by 2025, including an additional 97,000 health workers. This was prior to the recent austerity cuts that have led to the freezing of more posts.

The HRH strategy does not address what human resources are needed to build a workforce for child health. This is symptomatic of a broader challenge within the public health

<sup>v</sup> This analysis draws on the *2019 South African Child Gauge* which included a chapter on building the workforce for a child- and family-centred health service.

system which aims to deliver care to the entire population and where children tend to be a secondary focus. The child health workforce is regularly redeployed to address emerging crises such as the COVID-19 pandemic or to strengthen programmes such as HIV/AIDS and TB, raising concerns that children's access to health care will be further compromised by additional austerity cuts.

The primary cadres of health workers providing direct services to families and young children include medical practitioners (doctors), nurses, midwives and community health workers. They are accompanied by a range of allied health professionals including nutritionists and dietitians who support children's optimal growth and nutrition, and occupational therapists, physiotherapists, speech therapists and psychologists who provide screening and support for children with developmental delays, disabilities and long term health conditions. So, to what extent are there sufficient human resources in place to enhance children's health, survival and development?

### Community health workers

Community health workers (CHWs) have the potential to enhance child health outcomes by improving the uptake of breastfeeding and vaccination, and reducing child morbidity and mortality.<sup>42</sup> In 2011, Ward-based Primary Health Care Outreach Teams were established to support the re-engineering of primary health care, with teams of CHWs providing a range of home and community-based services to bring health care closer to the home, including antenatal and postnatal care and routine promotive and preventive child health programmes..

The 2018 *Policy Framework and Strategy for Ward-based Primary Health Care Outreach Teams*<sup>43</sup> aimed to build on this foundation by improving CHWs working conditions and integration within the public health care system. It envisaged that each outreach team (comprising 6 – 10 CHWs led by an enrolled nurse) should serve 1,500 households or 6,000 people, and proposed a phased approach to scaling up access by prioritising poor communities.

As the end of March 2023, there were a total of 46,172 CHWs in the country.<sup>44</sup> This is less than half of the required number (96,030) estimated in an investment case undertaken for the Department of Health in 2018.<sup>45</sup> While their scope of practice includes a focus on maternal, neonatal and child health care, most of their time is focused on HIV, TB and adult non-communicable diseases, with less than 15% of their time dedicated to maternal and child health.<sup>46</sup>

In addition, there are concerns about the capacity of CHWs and their low levels of education. There is no clear requirement set out in policy or law with regards to their education and

training, and regulation by the Health Professions Council of South Africa. Yet the expectations of what interventions CHWs are to deliver continue to increase. It is therefore unlikely that CHWs will be able to deliver parenting support programmes at scale as proposed in South Africa's 2030 Strategy for ECD Programmes.

The role of CHWs within the health sector requires greater recognition and investment as well as increased numbers so that there is a greater ratio of CHWs to population. A more appropriate ratio will enable greater prioritisation of maternal, infant and child health and nutrition within the broader basket of community-based health services. Coinciding with the aforementioned is a formal recognition of the community health workers by government through employment, at a decent wage, within the public sector.

### Nurses

Nurses form the backbone of the health system and are primarily responsible for the provision of child health services in clinics and district hospitals. Yet the training of professional, general and auxiliary nurses does not have a specific focus on child health – other than professional nurses who are introduced to midwifery and neonatal care.

While the majority of pregnant women and young children access primary health care services such as antenatal care, immunisation and growth monitoring that are delivered through clinics and community health centres, some are in need of more specialised care for acute or long term health conditions.

Paediatric specialist and advanced specialist nurses have more specialised postgraduate training and have the clinical expertise to manage the complex care needs of children with acute and/or long term health conditions. Yet their numbers are extremely limited and their deployment is concentrated at higher levels of care.<sup>47</sup>

Paediatric specialist nurses also have the potential to play a central role in enhancing the quality of care at primary health care clinics and district hospitals<sup>48</sup> given that most doctors, nurses and CHWs working within the district health system have had limited education and training on neonatal and child health.

### Doctors

Very few district hospitals have specialised paediatric staff, with most doctors sharing responsibility and rotating across a wide range of clinical services including paediatric and neonatal wards. This means all doctors in the district health system need to be competent to care for children and neonates, yet most doctors have had limited exposure to child health and

the district health system during their medical degrees.<sup>47</sup> While in-service training plays a critical role in building their capacity to deliver priority programmes such as the management of sick and small newborns, or children with severe acute malnutrition, the medical curriculum also needs to be revised to include a greater emphasis on child health services at district level. In addition, it would be helpful to limit rotation of staff in paediatric and neonatal wards to enhance continuity and quality of care.

### Allied health professionals

Allied health professionals play a critical role in the early identification and support of children with developmental delays and disabilities and their families, yet few districts have a full multidisciplinary team of physiotherapists, speech therapists, occupational therapists, psychologists and social workers capable of meeting their complex care needs. Efforts to develop a cadre of community-based rehabilitation workers and/or peer supporters have the potential to expand access to care by providing practical and psychosocial support to children and families at community level.<sup>47</sup>

### Leadership and coordination

Given these systemic challenges, strong leadership for maternal and child health services is needed at provincial, district and facility level – to coordinate services, provide mentoring and support, monitor and evaluate programmes, drive quality improvement and systems strengthening, and ensure that maternal and child health is prioritised within the broader basket of care. This should include the appointment of provincial paediatricians, as recommended by the National Perinatal Morbidity and Mortality Committee (NaPeMMCo) and Committee on Morbidity and Mortality in Children Under 5 Years (CoMMiC),<sup>49, 50</sup> paediatric outreach programmes from regional hospitals to support lower levels of care, and district specialists capable of driving intersectoral collaboration to enhance child health, nutrition and development within their catchment area.

Given the current economic climate in the country, additional funding for health services is highly unlikely. It is therefore imperative to ensure that the child health workforce is protected from austerity cuts,<sup>51</sup> and that the current staff working with children are reorientated and their role expanded beyond basic preventative and curative care to deliver true holistic care. This shift is especially feasible in in-patient settings where bed utilisation rates across the country were 60.7% in 2022,<sup>52</sup> as this may free up capacity and allow existing staff to more fully support children's comprehensive and holistic care.

## What are the priorities for social service professionals?

Social service professionals, i.e., social workers, child and youth care workers and community development workers, provide services to young children and their families within the wider social development mandate to address the rights of vulnerable individuals, groups and communities.<sup>53</sup> The latter include young children, and these services are rendered by the Department of Social Development (DSD) as well as civil society organisations employing social service professionals.<sup>54</sup> In 2022 the role of social service professionals in relation to ECD programmes<sup>vi</sup> for young children and their families was significantly redefined following the function shift,<sup>15</sup> particularly at a policy implementation and administrative level. However, the social services for young children that includes support to families with young children with disabilities, prevention and early interventions services as well as specific services where families and young children are at risk, remain central to the mandate of the Department of Social Development and rendered by social service professionals as directed by the Children's Act 38 of 2005, NIECD Policy, Revised White Paper on Families in South Africa, and White Paper on the Rights of Persons with Disabilities, amongst others.

Services to young children within the social development sector are rendered as either dedicated or generic services by social workers, social auxiliary workers, child and youth care workers and auxiliary child and youth care workers within the public and non-governmental sector. According to the South African Council of Social Service Professions (SACSSP),<sup>55</sup> the regulatory authority for the registration of social service professionals, there were 38,173 social workers, 12,343 social auxiliary workers, 159 child and youth care workers and 7,964 auxiliary child and youth care workers in the country on 31 March 2021.

### Young children remain a core mandate

The Minister of Social Development emphasised in her 2024 Budget Vote Speech<sup>54</sup> the central role of families within the social development sector, while confirming that priority service delivery by social service professionals within the government and civil society sectors needs to focus on addressing determinants related vulnerability as well as those who are vulnerable. Thus, affirming the important role of social service professionals in rendering services, including service for young children and their families, aimed prevention and support such as through poverty alleviation programmes, skills development,

vi The Children's Act 38 of 2005 defines an early childhood development programme as "a programme structured within an early childhood development service to provide learning and support appropriate to the child's developmental age and stage", and corresponds to early learning or similar programmes that form part of the basic education system as outlined by Chapter 9 of the NDP.



## Case 15: Responding to the rights of young children in child protection system

André Viviers<sup>i</sup> & Nicolette van der Walt<sup>ii</sup>

Social workers render a wide array of social services of which child protection services is one of the better known and publicly scrutinised services. Working with children requires specialised knowledge to engage with the complex interplay of human development, while navigating family and societal dynamics and diversity in language, culture and socio-economic context. Social workers rendering child protection services to young children under six years also must take into account the social, emotional, language and physical development, and evolving capacities of young children.

An interview with Lerato,\* a social worker with 12 years' experience working in the inner-city of Johannesburg, responding to and investigating cases of child abuse, provides some valuable insights.

*I started to work in child protection fresh out of university. In the first two years, I realised that my biggest challenge was to provide professional services when very young children are victims of abuse. At the best of times, it is difficult for young children to articulate what happened to them and to understand why you must take certain actions, even if you are well versed in their mother tongue. I found that my knowledge of human development and general understanding of young children's developmental milestones only took me to a point, and then I need to have more in-depth knowledge to support, communicate and most of all serve in the best interest of young children.*

*I realised that I need a different and more concrete approach, without compromising my professional*

*investigation and be cautious not to traumatise young children further. I continuously seek advice and attended courses at organisations like the Teddy Bear Clinic and Childline in Gauteng for my professional development.*

*Today, after 12 years in the field, I am more confident in my practice, but with young children it is every time critical to be aware of their varying capacity and how they are making meaning of the trauma to ensure that they receive the best service from us.*

*I think all social service professionals working in the child protection system need to be required to receive capacity development on how to support and respond to young children who are victims of abuse as part of their continuous professional development. Not only to improve our knowledge and skills, but also to protect the rights of young children.*

*Lastly, one aspect that we often forget is the impact of working with young children who are victims of abuse on one as a professional as well as a personal level, and the importance of professional support to combat vicarious trauma.*

Lerato's reflections highlight the importance of training and support for social service professionals in safety and risk assessment as well as their need for in-depth knowledge of all the forms of child-maltreatment, particularly when it concerns young children and their families. This includes the need for a trauma-informed approach, especially regarding developmental trauma and adverse childhood experiences, and how these unfold in the early years.

<sup>i</sup> UNICEF South Africa  
<sup>ii</sup> ACVV  
\* Not her real name as a footer

support to parents, care and support to young children with disabilities and their families, and child protection services, among others.

A central mandate of social service professionals, and in particular social workers and to some extent child and youth care workers, is to develop and implement programmes for families with (young) children to strengthen their capacity and self-reliance through prevention programmes; and to families where (young) children have been identified as vulnerable

or at risk of harm as prescribed in sections 143 and 144 of the Children's Act. These parenting support programmes require social service professionals to assess where such programmes may benefit parents and their young children, and to develop and implement such programmes either as individual or group programmes. The NIECD Policy confirms the role of social service professionals in supporting parents with young children, and the National Parental/Primary Caregiver Capacity-Building Training Programme (Children Birth to Five

Years) is a national resource used for the purpose of prevention and early intervention.<sup>56</sup>

Social workers in particular play an important role in providing care and support to young children with disabilities and their families, which include early identification, referral to services, direct support to parents/caregivers, and the management and/or oversight of care facilities and programmes for young children with severe disabilities. Notwithstanding the Children's Act 38 that explicitly provides for services to children with disabilities, including partial care facilities for children with disabilities or chronic illnesses<sup>57</sup> which is amplified in the White Paper on the Rights of Persons with Disabilities,<sup>13</sup> accessible social services remain a challenge.<sup>58</sup> and there is a specific call towards those providing social services to young children with moderate and severe disabilities needing special care. In addition, the recent Concluding Observations of the United Nations Committee on the Rights of the Child, call for greater investment in building the capacity of professionals to work with and support parents of children with disabilities.<sup>59</sup>

Social workers in particular are also at the forefront in providing statutory and therapeutic interventions for young children who are victims of abuse and neglect or witnesses of domestic violence (children's court procedures, services to children and families, and family reunification), adoption services, and services to children in alternative care (foster care and residential care) amongst others. These services for young children require expert knowledge and skills on young child development and how best to engage with young children as part of child protection services. Most child and youth care workers and auxiliary child and youth care workers largely work in residential care programmes (child and youth care centres where young children are placed in alternative care) while some work in community-based programmes such as Isibindi and the DSD's multi-disciplinary RISIHA programme (a community-based prevention and early intervention programme).<sup>vii</sup>

### Not-for-profit sector

The challenges in the funding of the not-for-profit sector rendering services to children by provincial DSD's were prominent in the media in 2023/2024 and have an impact on the retention of qualified and experienced social service professionals working with young children and their families in the social development sector. Not only does it contribute to uncertainty and instability for those rendering social services

to vulnerable young children, whether prevention, early intervention or statutory, but also impacts on their ability to render quality services and meet the demand for services. Thus, rendering meeting of professional standards extremely difficult with high caseloads, poorer quality in services due to mismatch between demand and personnel available, while compromising the rights of young children and their families.<sup>60</sup>

### More specialised training

The education and training of social service professionals as well as their professional regulation in terms of the Social Service Professions Act 110 of 1978 is well established compared to that of the early learning sector, although there are still prominent systemic challenges in the child and youth care work profession.<sup>61</sup> However, the education and training of social service professionals tends to be focussed on generic professional practice, with only basic input on child development and how to work with young children in the undergraduate programme for social workers and child and youth care workers, and even less on the qualifications for social auxiliary work and auxiliary child and youth care work.<sup>62</sup> Other than postgraduate degrees in play therapy for social workers, there are no formal qualifications specialising in work with young children whether in general or within the child protection system. Working with children younger than five years requires social service professionals to have more in-depth profession-specific proficiency, that goes beyond the general child development theories covered in undergraduate developmental psychology, to ensure they are equipped to intervene and support young children in difficult circumstances including child protection.

### What are the implications for policy and practice?

The safeguarding and fulfilment of the rights of children to their early childhood development is directly related to the competency (required minimum knowledge and skills) of the human resources who are responsible for providing quality services, and in particular those working in the early learning (basic education), health and social development sectors. Evidently such competency differs between professionals as defined in their respective scopes of work, but at the core remains the requirement to be able to provide a service that meets the expected minimum requirements that will achieve the required outcomes for young children as envisaged in law and policy.

vii The Department of Social Development's RISIHA (resilience in Xitsonga) programme is a community based prevention, early intervention and care and support programme for orphaned and vulnerable children where a range of social service professionals from government and NGOs, in particular social workers and child and youth care workers, provide direct services and referral for services in line with the Core Package of Services (child care and protection, psychosocial support, HIV and AIDS, health promotion, food and nutrition, economic strengthening, as well as educational support for orphaned and vulnerable children).

Early childhood development services, not dissimilar to services for older children and adults in general, require service-type specific interventions, with a clear understanding of the wider range of services needed and/or provided in the interest of holistic development. This is only achievable when each sector is clear about the scope of practice of those working within the sector, while understanding and embracing the contributions of those in other sectors. While collaboration and coordination have improved over the past four decades, there remains significant room for improvement in line with the provisions of the NIECD Policy, which needs to be rekindled by the Department of Basic Education as newly designated lead for the wider ECD sector.

Young children and their families are the *single user* of multiple services starting already during pregnancy and often shaped around specific needs. This provides both an opportunity and a challenge for those working in different sectors with this age-group, which include the balance between a profession's scope of practice and the comprehensive, often complex, service needs of young children and their families. The responsibility of education, health and social service professionals is to ensure that the young children and their parents experience a harmonised and coordinated approach within and across different services, including appropriate and

responsive referrals and follow up care – to ensure children and families don't fall through the cracks.

This calls for a breaking down of the silos between sectors and disciplines, to ensure that the education and training of these professionals include sufficient understanding of the scope of practice of other professionals providing services to the same *single user*. This should coincide with a commitment and understanding to lead on this at national, provincial, district and practice levels.

Young children and their families have the right to expect quality and timely services from the basic education, health and social development sectors delivered by sufficient numbers of competent and well-qualified staff. This requires the state, as duty-bearer, to:

- fulfil its commitments in policy and plans to strengthen the ECD workforce as a priority;
- make available the resources needed to address the gaps and challenges;
- ensure that all members of the ECD workforce have the required competency to meet the constitutional and legal obligations towards young children; and
- ensure that all who work with young children and their families are held accountable for upholding their professional code of ethics.

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