INNOVATION CAPABILITY AND SOCIAL FRANCHISING:
AN EVALUATIVE CASE STUDY OF THE FAMILY IN FOCUS (FIF) EARLY CHILDHOOD DEVELOPMENT PROGRAMME IN THE WESTERN CAPE

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ABSTRACT

International research studies on early childhood development (ECD) confirm the importance of ECD as a key social policy phenomenon. In the South African context, this is a significant social developmental policy and planning consideration, where 5.3 million children under the age of 5 years, are living in households with a monthly income of R604, and only 1 million have access to ECD services. Through organisational service innovation in the Western Cape, an in-depth policy case study of the Family in Focus (FIF) programme, developed and implemented by the Western Cape Foundation for Community Work (WC FCW), may be considered a potential model for broader national policy innovation in the ECD field.

The main aim of this current research was to evaluate and document the process of development and implementation of the FIF programme, as well as the management of organisational change processes to improve access to, and the quality of ECD services. As an evaluative case study in the discipline of Social Work, it sought to contribute towards new knowledge of social change management in social service organisations, within a developmental context, by exploring the innovation capability, and investigating whether the FIF programme could be considered for further expansion and scalability, through the application of the Scalers Model.

A qualitative case study research design was employed for this current study. The population of 10 projects provided a purposive sample of two urban and two rural project cases. The data collection strategy involving multiple data sources, namely, documentary studies, participant observation, focus groups discussions, and semi-structured, individual interviews, was followed to generate rich data of the scope and depth of the organisation's work over the preceding five years. A thematic data analysis and the Human Capability Theory were used to code and analyse the data. The ethical obligations of the study were observed; the participants in the study participated voluntarily; confidentiality and anonymity were maintained; the participants could withdraw without any negative consequences; and their identities were protected by coded references. In addition, the researcher is bound by the social work code of ethics of the South African Council for Social Service Professions, and ethical clearance to conduct this study was provided by the Faculty of CHS and UWC Senate Research Ethics Committee.

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The findings of this study identified that growing poverty and a complex registration system involving the Department of Social Development and municipal authorities responsible for land-use registration, fire, health and safety, systematically deprive young children in the poorest communities of benefiting from the government subsidy system. In addition, the findings revealed that the Children's Act, through its registration processes, only made provision for ECD services offered from partial-care facilities, which must be registered, and therefore, excluded other modalities and programmes from consideration for funding. However, in contrast to the Children's Act, the National Integrated ECD Policy acknowledged that a range of ECD modalities was necessary to provide access to ECD opportunities for more children. The vision of the policy was to ensure universally available access to quality ECD services through home visiting programmes, playgroups, parenting programmes, and programmes offered by the Department of Health. The findings further revealed that the Foundation for Community Work [FCW] conducted a credible home visiting programme that was well documented, with an accredited training programme, training manuals, and field guides, which could be packaged for increased scaling. In addition, the organisation had an existing track record of replicating the FIF home visiting programme, through an MOU system, which should be strengthened, instead of exploring scaling through a social franchise model.

In conclusion, based on the strength of the Scalers Model's core organisational capabilities present in the organisation, it became proactive and entrepreneurial in the expansion of the Family-in-Focus home visiting programme, as an innovative, non-centre-based ECD programme modality that could benefit the early development of young children in poor and marginalised communities.

The data will be stored and protected for 5 years before being discarded.

KEYWORDS

Access

Community partnerships

Dominant preschool model

Early childhood development

Home visitors

Non-centre based ECD programmes

Organisational capability

Scaling

LIST OF ACRONYMS

AI   Artificial Intelligence

CA   Capability Approach

DBE   Department of Education

DSD   Department of Social Development

DCT   Dynamic Capability Theory

ECD   Early Childhood Development

ECCE   Early child care and education

ECEC   Early Childhood Education and Care

EPWP   Expanded Public Works Programme

ETDP   Education Training and Development Practice

FIF   Family in Focus

FCW   Foundation for Community Work

HCA   Human Capability Approach

NDSD   National Department of Social Development

NIP   National Integrated Plan

OC   Organisational Capability

SDG   Sustainable Development Goals

SETA   Sector Education and Training Authority

WESWOC   Western Cape Welfare Organisation for Coloureds

4th IR   Fourth Industrial Revolution

DECLARATION

I declare that this dissertation, *"Innovation capability and social franchising: An evaluative case study of the Family in Focus Early Childhood Development Programme in the Western Cape",* is my own work, which has not been submitted for any degree or examination to any other university, and all the sources that I have used, have been indicated and acknowledged by complete references.

Student: Riedewhaan Allie

Date: May 2022

Signed: ....

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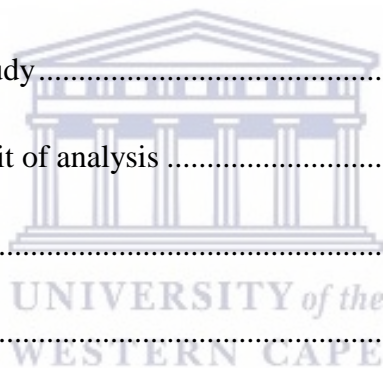
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CHAPTER ONE

BACKGROUND AND PROBLEM STATEMENT

1.1. Introduction

Research studies and findings on early childhood development (ECD), from multiple disciplines, confirm that quality ECD programmes have lasting positive effects on education, work, productivity, as well as other social and economic outcomes for children (Lu et al., 2020). Similarly, recent World Bank studies have tracked trends in several countries and revealed that pre-school education have a sizeable and persistent positive effect on a child's ability to succeed at school, as well as in further qualifications later, to obtain higher wages in the labour market (World Bank Group, 2018). Pre-school services also appeared to reduce socio-economic inequalities, as children from disadvantaged backgrounds benefitted more, than did those from advantaged backgrounds (Sayre, Devercelli, Neuman, & Wodon, 2015; World Bank Group, 2018).

Various long-term studies on ECD programmes conducted by the Centre for the Developing Child at Harvard University, and the High Scope Educational Research Foundation, showed a range of considerable gains for children participating in various programmes, such as the Perry Preschool Project, the Abecedarian Project, and the Nurse-Family Partnership programme. This was particularly true for the Perry Preschool Project, which assessed participants up to the age of 40 years, and reported a positive impact on high school graduation, employment status, home ownership, reduced rates of teen pregnancies, delinquency, arrests, and welfare dependency use (Goncalves, Duku, & Janus, 2019; Schweinhart, Montie, Xiang, Barnett, Belfield, & Nores, 2005).

Several studies in high-income countries, including the United States, Norway, Germany, and Italy, have indicated that childcare provision, even for very young children, has had significant positive effects on disadvantaged families. These include cognitive development as early as 18 months old; reading and math achievement throughout the entire school period; rates of university graduation; as well as health, social decision-making, and reduced criminal behaviour as adults (Grunewald & Rolnick, 2010; Heckman, 2008, 2011; Sparling & Meunier

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2019). This support earlier studies, for example, in France, where the ECEC system includes various types of provisions. For the youngest, provision consists of centre-based *crèches* and other group settings, which are complemented by regulated home-based provision. From the age of three years, all children are legally entitled to free pre-primary education (*écoles maternelles*), which are coordinated by the Ministry of Education (European Commission [EC]/Education, Audio visual and Culture Executive Agency [EACEA]/Eurydice, 2015). Since 2013/14, pre-primary schools already ensure free access to children from the age of two years in socially disadvantaged areas (EC/EACEA/Eurydice, 2015). Although pre-primary school is free, parents have to pay for home-based care, as well as contribute towards meals and additional hours, when needed (EC/EACEA/Eurydice, 2015). Similarly, in Norway, pre-school education for children between the ages of three and six years, were already expanded during the 1970s (Havnes & Mogstad, 2009).

Similar evidence was detected in Bangladesh, an Asian developing country context, where pre-school attendance appeared to boost primary school achievement, as well as reduce mortality, including drownings and injuries (Zahar & Khondker, 2017). In addition, when Uruguay, Brazil, and Argentina, expanded their pre-school systems, policy studies comparing siblings with, and without pre-school experiences, revealed clear outcomes and benefits for children, who attended pre-school, with improved primary school performance that continued into secondary school (Berlinski, Galiani, & McEwan, 2008; Goncalves et al., 2019). Similarly, in Africa there appears to be a growing awareness for more research and development, to inform and support these policy directions. However, despite the low priority afforded to ECD services on the continent, by 2020, at least 50% of the 21 Eastern and Southern African countries had developed a national ECD policy, or strategic framework (Camaione & Muchabaiwa, 2021; Orkin, 2012).

1.2. Rationale for the study

Research by the World Bank, World Health Organisation and UNICEF reveals that improved access to ECD programmes provides children with a better trajectory in life (Camaoine & Muchabaiwa, 2021; Devercelli & Beaton-Day, 2020; Sayre et al., 2015; Tanner, Candland, & Odden, 2015). However, currently in South Africa, this is not the reality for the majority of children under the age of five years (Statistics South Africa [Stats SA], 2018). The last National ECD Audit (Republic of South Africa [RSA], Department of Social Development [DSD],

2014) determined that, of the 5.3 million children under the age of five years in South Africa, less than one million were benefiting from ECD services. Therefore, the researcher is of the opinion that drastic measures are needed, not only to increase investment in ECD and social services, but also to improve educational opportunities, as well as access for young children, through scalable ECD interventions. In addition, more innovation is required to increase awareness of the benefits of ECD, in a balanced and integrated way. The statistics of the last National ECD Audit (RSA, DSD, 2014), which revealed that a significant number of South Africa's young children have no, or limited access to conventional centre-based ECD services or programmes, motivated the researcher in this current study, to explore the scaling potential of a non-centre-based ECD programme, with the aim of improving access for more children.

1.3. Problem statement

Local and international research have determined that quality ECD programmes provides children with a better trajectory for life-long learning. Examples of these research studies are, from France (EC/EACEA/Eurydice, 2015), Norway (Havnes & Mogstad, 2009; Sparling & Meunier, 2019), Asia (Devercelli & Beaton-Day, 2020), South America (Berlinski et al., 2008; Goncalves et al., 2019), and from South Africa (Ashley-Cooper & Atmore, 2018; Lu et al., 2020; Martin et al., 2014). This is supported by the developmental welfare service delivery model (Patel, 2015), which maintains that multi-level developmental influences, including developmental contexts (community, school, classroom, and home setting), affects the social and emotional skills of the child (communication, decision-making, conflict-resolution), as well as parenting skills (skills to train children), and jointly shape the social development of children.

A local policy concern is the fact that an under-five mortality rate is used as a benchmark to assess the success of the implementation of health and social development policies (Lu et al., 2020). The National ECD Audit (RSA, DSD, 2014) highlights the overwhelming national need for young citizens to have greater access to ECD services. This is further supported by research evidence in the Diagnostic Review on ECD (Richter et al., 2012), estimating that only 20% of 0-four-year-old children, in the poorest 40% of households, currently, have access to some form of out-of-home care, including ECD services. The Diagnostic Review on ECD (Richter et al., 2012) served as a stepping-stone in the development of the National Integrated ECD Policy (Republic of South Africa [RSA], 2015). The overwhelming child protection and safety

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needs, as well as the need for more children to gain access to, and benefit from ECD services, as a preventative, and early intervention social work and social policy approach, had to be foregrounded in the government's evolving attempt to improve service integration. The Integrated Social Development Model (Patel, 2015), clearly indicate the need for improved integration and cooperation across government departments.

This calls for significant policy attention, at an accelerated pace, and validates the proactive, developmental intent of non-profit ECD service programmes, such as the Family in Focus (FIF) programme, which is a non-centre-based initiative (Fredericks, 2006). However, as a service programme that has evolved, significantly, over the past ten years, studies have highlighted that its organisational innovation capability was in need of appropriate appraisal (Biersteker, 2015: Van Niekerk, Ashley-Cooper, & Atmore, 2017). The need to consider and develop social indicators for policy monitoring and evaluation practices, as well as conduct a critical study of social investments that contribute to successful social service development integration, which the policies strive for, but find difficult to achieve (Patel, 2015), is under-researched. In addition, the researcher augurs a need to monitor the quality and sustainability of services, for them to be considered scalable to a *best practice partnership model* between the state and the non-profit sector, at national level. The South African social work, as well as social policy and planning context, therefore, require more indigenous ECD programme studies and models that are innovative and evidence-based (United Nations Children's Fund [UNICEF], 2009). The organisational approach of the Foundation for Community Work (FCW) to FIF could be appraised, documented, and analysed, as an organisational learning strategy, to demonstrate the potential of meeting a dual objective, namely, combining increased access to important ECD services, in an innovative way, integrating both social and economic development with adult education, and employment creation for women (and men). In addition to job creation, this initiative could contribute to local economic development, as well as capacity and leadership development in poor communities (Biersteker, 2015).

Unlike mainstream centre-based pre-school services, the FCW FIF home visiting programme is an established non-centre-based ECD programme that works directly with caregivers. It has managed to expand rapidly over the last few years, to become the largest ECD home visiting programme in the Western Cape, and possibly in South Africa (Biersteker, 2015). It has an outreach to more than 10 000 children, creating employment for approximately 250 women

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and men each year since 2010 (Western Cape Foundation for Community Work [WC FCW], 1979a, 1979b, 1979c, 1979d, 1979e, 1980, 2013, 2015, 2016, 2018, 2019, 2020a, 2020b). This current study, therefore, explores, analyses, and critically describes evidence, to determine whether the FIF programme could serve as a social franchising model, to maximise access for more children to ECD services. The researcher further applies the Scalers Model (Bloom & Chatterji, 2009) to explore the organisation's scaling capabilities, as well as the potential of the FIF programme, as proposed by Van Welie (2014).

1.4. Aim of the study

The aim of this study was to evaluate the Family in Focus ECD programme, to ascertain whether this could contribute to improved access to ECD services, through scaling and social franchising.

1.5. Objectives of the study

The objectives of the study were:

1. To explore and synthesise the prevailing preschool policy and practice challenges that affect access for the majority of South African children.

2. To evaluate the Family in Focus ECD programme, which supports the early learning needs of young children in the Western Cape, South Africa.

3. To explore the scalability (growth potential) of the FIF programme for replication and social franchising.

1.6. Methodology and design

1.6.1. Design: Qualitative evaluative case study research

- **Social constructivism**

  Social constructivism was the most appropriate theoretical paradigm for this qualitative study, employing a single case study design, purposefully selecting sites, and using documents, focus groups, interviews, and observations to collect data (De Vos, Strydom, Fouché, & Delport, 2011). The research paradigm is presented in detail in Chapter 3.

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- **Single case design**

  A qualitative case study refers to a researcher's exploration of a phenomenon within a context, using one or more cases, and over time (Baxter & Jack, 2008; Patton, 2002). This research strategy focuses on understanding the dynamics present within single settings (Baxter & Jack, 2008), or within a bounded system, a context, or unit of study. The *case* is described in detail in Chapter 3.

1.6.2. Programme evaluation

Evaluation research assesses a particular intervention, or practice, in real-life situations in the social world (Bryman, 2008, p. 693). The evaluative part of the scientific design in this current study drew on programme evaluation techniques that were appropriate in the observational study, or appraisal of the Family in Focus ECD programme that involved various projects and stakeholders (Patton, 2002). Evaluation research is discussed in detail in the methodology chapter (3).

1.6.3. Selection of the *case* and *unit of analysis*

The *case* is defined as a phenomenon that occurs in a bounded context (Miles & Huberman, 1994, also cited in Baxter & Jack, 2008). For the purposes of this current study, the selection and boundaries for the cases were the organisation, FCW, and the implementation of the FIF programme in the Western Cape Province, South Africa, which comprises ten projects, catering for more than 10 000 children, in various municipal districts across the province. The unit of analysis was project communities, or project cases that exist within the larger FIF service programme of FCW. Each project community involved a project committee of between 5 to 9 executive members, a project staff leader (coordinator or manager), and a staff team of stipend-paid home visitors, responsible for the fieldwork. In total, 250 home visitors were involved with, and affiliated to the entire FIF service programme.

1.6.4. Population and sampling

- **Population**

  The term, population, in qualitative research is used to determine the group of people, to whom a researcher intends to draw attention (Babbie & Mouton, 2010, p. 100). Neuman (2006, p. 224) explains the term similarly, as an abstract concept

http://etd.uwc.ac.za/

of an entire group of people, from which the sample or unit will be chosen. In this current study, the population consisted of the ten projects of the FIF service programme, affiliated to FCW, located in various districts across the Western Cape Province.

- **Sampling process and criteria for selection**

  Sampling is the process of selecting the units, or a portion of the target population, for the purpose of the study being undertaken (Maree, 2007, p. 79), in such a way that the findings reflect the concerns of the population of interest. The sampling techniques included identifying the population and choosing a representative sample. Non-probability sampling involves convenience, quota, and purposive sampling, through which participants are selected based on specific characteristics and criteria (Maree, 2007, pp. 176–178). For this current evaluative case study, purposive sampling was employed as the non-probability sampling technique, which enabled the researcher to validate his judgement regarding the selected characteristics or elements to be included in the sampling framework, to assist in answering the research questions (Bless, Higson-Smith, & Kagee, 2006). Neuman (2006) asserts that purposive sampling aims to cover all possible cases that meet particular criteria, as in this organisational case study.

  Therefore, the sampling criteria in this current study was project-based. To meet the above aim of this study, a purposive sample of four FIF Projects was selected from the ten projects, based on *two criteria: language, and geographical location*. Two were urban project sites (Atlantis and Delft), and the other two were semi-rural project sites (Klapmuts and Franschhoek). These sites involved project participants from diverse Afrikaans and Xhosa speaking communities, as well as a combination of formal and informal settlements in the Western Cape. Apart from language diversity and geographical location, additional criteria were, levels of project participation (for example, beneficiaries/service user levels); staff (home visitors/field workers, trainers, management, governance, donors); project work experience, age, and gender (intersecting with race and class). The characteristics of the projects and participants, recruitment, and criteria for selection are described, in detail, in Chapter 3.

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1.6.5. Data collection

Case study research allows for the use of multiple data sources, as a strategy to enhance data credibility (Baxter & Jack, 2008; Patton, 2002). Data sources may include documentary studies (such as studying archival records), interviews, physical artefacts, direct observations, and participant-observation (Baxter & Jack, 2008).

- **Data collection process**

  The researcher utilised a comprehensive data collection strategy that consisted of three main methods. The first was reviewing selected literature and documents that included international and local policy documents; research studies; publications; organisational archival documents, such as annual reports, strategic planning reports, donor reports; previous programme research reports; as well as other visual material and artefacts. The second method was participant observation; the third was focus group sessions; and the fourth, individual interviews. The above methods of data collection were selected for triangulation purposes; to obtain multiple perspectives on the FIF programme, the selected projects, their implementation in the field, as well as how the communities had received the programme. The data collection process and tools utilised in this current study are presented in Chapter 3.

1.6.6. Data analysis

The data analysis involved the following four broad steps:

Firstly, a full transcription of all the interviews and focus group sessions was prepared. According to Patton (2002), the most desirable kind of data to obtain would be a full transcription of the interviews. The second step in the process was to organise the data into topics or themes, and to *code* or label them. According to Patton (2002), the purpose of content analysis is organising and simplifying the complexity of data into some meaningful and manageable themes. The data were coded according to the *seven broad themes* or *drivers* in the Scalers Model [Figure 2.3] (Bloom & Chatterji, 2009). The narrative responses by participants were listed for each FIF project, as the researcher sought to identify whether general patterns emerged.

Thirdly, when a researcher has used a variety of methods and means to elicit the type of information required (Creswell, 2009, pp. 191,199), the data need to be crosschecked or verified, referred to as triangulation. However, in this current study, the triangulation of data sources transpired by studying literature and project records (documents and textual analysis), together with the field data (focus group and interview data).

1.7. Ethic obligations

The researcher obtained ethical clearance from the UWC Research Ethics Committee (Annexure 1) and was granted permission for access from the FCW Board and Project Committees, from which the participants were recruited. The purpose of the research study was explained to all the participants (Annexure 2). Although the research study would not help the participants personally, it was intended to build a broader understanding of the project, for the project communities to benefit from well-researched information about organisational challenges and change management. The researcher provided consent letters (Annexure 3a, 3b, & 3c) to all participants in the study and explained that they should only sign the letters once they had been fully informed, and understood the study process, which would constitute their informed consent. In addition, the researcher guaranteed their anonymity and confidentiality, as their personal details would be coded and referenced to their particular project or organisation, while no information would be disclosed to unauthorised third parties. The participants were informed that their participation in the study would be voluntary, and that they would have the right to withdraw from the study at any given stage, without being penalised. Additionally, they were advised that some risks might be involved in the sharing of information in focus groups; however, they had the right to end their participation at any time.

For the purposes of translation and understanding, a moderator was employed to facilitate the focus group sessions. The moderator was a former staff member, who was fluent in all three regional languages (Xhosa, English and Afrikaans), as well as familiar with the FIF programme and project locations. During his notice period, he volunteered to facilitate the focus group sessions and assist with the Xhosa/English translations, when the participants would respond in their first language. Only the community beneficiaries required a moderator to facilitate and translate from Xhosa to English, and Afrikaans/English to Xhosa, when necessary. The moderator's role was explained to the participants, who expressed no objections. None of the participants had a need for additional help or support after the interviews and group discussions.

Data would be kept in a safe space for five years, before being discarded. Ultimately, the researcher is also a registered social worker, who subscribes to the ethical code of the South African Council for Social Service Professionals (SACSSP); therefore, the confidentiality of all information provided by participants must be protected.

1.8. Trustworthiness

In this current study, the term, trustworthiness, is used to describe the quality criteria employed. Lincoln and Guba (1985, p. 263) argue that trustworthiness validates a study to a level that is worthy of academic researchers' attention. Lincoln & Guba (1985) refer to the following four criteria, namely, credibility, transferability, dependability and confirmability that researchers should apply to enhance the trustworthiness of their research. A detailed discussion on the trustworthiness of this current study is discussed in section 3.12.

1.9. Definitions of key concepts

- **Early Childhood Development (ECD):**

  The National Integrated Early Childhood Development Policy (Republic of South Africa [RSA] department of Social Development [DSD], 2015) defines ECD as the period in which the foundation is laid for the survival, growth development and protection of children, to their full potential, across all domains and competencies. The optimal development of children depends on whether they have a supportive and nurturing environment that secures their access to a full complement of services, which in turn, secure all their rights, protected by law, including health, education, birth registration, nutrition, care and protection, basic services, information and participation (Martin et al., 2014; Richter et al., 2014).

- **Family in Focus (FIF)**

  The FIF programme is an ECD intervention strategy that focuses on the needs of pre-school-aged children and their families, living in impoverished communities, who do not have access to, or are unable to afford ordinary ECD services, such as pre-schools and crèches. Trained home visitors are appointed to take learning opportunities for children directly into homes, as well as support the primary caregivers and other family

members to become involved, and be responsible for the development and education of their children (UNICEF, 2009).

- **Innovation capability**

Innovation capability could be defined as the ability to transform knowledge and ideas continuously into new products, processes, and systems, for the benefit of the organisation, and its stakeholders (Lawson & Samson, 2001).

- **Programme Evaluation**

Patton (2002) describes programme evaluation as the systematic collection of information about the activities, characteristics, and outcomes of programmes, to make judgements about the programme, improve programme effectiveness, and inform decisions about future programming.

- **Case Study**

The term, *case study*, could be used to describe a unit of analysis (Miles & Huberman, 1994, also cited in Baxter & Jack, 2008), or to describe a research method (Maree, 2007). A case study is further defined as a phenomenon occurring in a bounded context (Maree, 2007).

- **Social Entrepreneurship**

Social entrepreneurship is a discipline that combines exceptional leadership and innovation, to bring about social transformation. Business entrepreneurs are dynamic initiators of innovation and economic growth, who are perceived to exhibit leadership and drive, together with the ability to identify and take advantage of market opportunities. Similarly, social entrepreneurs are perceived to be able to identify the gaps in social service delivery, recognise opportunities to create social value, and develop pioneering approaches to bringing about positive social and environmental change. Social entrepreneurs are also dedicated and bold in the pursuit of this change, assumed to have, both the vision to create an improved society, and the commitment to find practical, sustainable solutions to implement such goals (Gray, 2007).

- **Social franchising**

According to Alter (2010), social enterprise/social franchising is located at the midpoint on a continuum between traditional *non-profit* on one end, and traditional *for-profit* on

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the other extreme, as described in the hybrid spectrum model. Social franchising is the use of a commercial franchising approach, to replicate and share proven organisational models for greater social impact (Temple, 2011). Social franchising is part of a spectrum of replication strategies, which range from the very flexible and loosely controlled (dissemination, giving away freely, open source), to the more restrictive and tightly controlled (wholly owned by central organisation). Social franchising sits between these two extremes but does demand a larger degree of involvement and control from the parent organisation than partnerships or licensing (Alter, 2010; Temple, 2011). Social franchising is based on the principles of commercial franchising, such as its legal contracts/franchise agreements, protection of intellectual property, operations manuals, and marketing efforts (Khethiwe, 2014). Similarly, "a social enterprise is any business venture created for a social purpose - reducing a social problem or a market failure - and to generate social value while operating with the financial discipline, innovation and determination of a private sector business" (Alter, 2010, p. 8).

- **Scalers Model**

In the field of social entrepreneurship, scaling is defined as increasing the impact that a social purpose organisation produces, to match the magnitude of the social need or problem it seeks to address (Dees, 2008). The Scalers Model (Bloom & Chatterji, 2009), draws on human capability theory and proposes seven drivers, or organisational capabilities that could stimulate successful scaling of innovative social intervention strategies. The acronym, SCALERS, refers to Staffing, Communication, Alliance building, Lobbying, Earnings generation, Replication and Stimulating market forces (Bloom & Chatterji, 2009).

1.10. Chapter outline

In **Chapter One**, the background and problem statement of the topic under investigation are presented, as well as the aim, objectives, methodology, ethic obligations, trustworthiness, and definitions of key concepts.

In **Chapter Two,** an overview of the literature on ECD is presented, and the importance of investment in ECD, as a poverty reduction strategy, is highlighted. In addition, the researcher

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examines the South African policy-making process and how it impacts on ECD. The Human Capability Approach served as the theoretical framework for the study.

Chapter Three comprises the research methodology of the study, and records the research questions, the research process, data construction methods, data analysis, and interpretation.

In **Chapter Four**, a contextual overview of the organisational history is presented, as well as the development of the Family-in-Focus programme, as a non-centre-based model to improve access to ECD services. Secondary data sources (organisational reports, archives, and related publications) were used to provide an introspective understanding of the organisational growth process, and the Human Capability Approach was used as a theoretical lens to understand the developmental challenges of learning and expanding organisational capabilities.

In Chapter Five, the findings of the primary data from various focus group sessions (held with beneficiary community representatives), as well as individual interviews (with the management, board members, local ECD stakeholders and donor representatives) are presented, to explore and examine the experiences of the organisation's FIF programme, as a non-centre-based model.

In **Chapter Six,** the scalability of the organisation's FIF programme is explored for replication and social franchising, through the application of the Scalers Model, which served as a coding template.

In **Chapter Seven,** a summary of the main findings of the study is provided, and the strength of the individual scalers, as capabilities present in the organisation that will support its scaling initiative, is reflected upon.

In **Chapter Eight,** the conclusions and recommendations are presented.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

In this chapter, the researcher explores the threads found in literature studies that deal with the importance of early childhood development (ECD), as well as the theoretical framework, applied in the study. Several authors (Camaoine & Muchabaiwa, 2021; Devercelli & Beaton-Day, 2020; Lu et al., 2020; Sayre et al., 2015; Tanner et al., 2015) highlight the importance of ECD exposure for young children, which is internationally recognised. The literature emphasises the importance of policy, as well as the need for governments to invest in ECD, to improve socio-economic opportunities for children and families in poor communities. The importance of ECD in the South African context, therefore, is presented to contextualise the South African policy processes that reflect the government's recent policy commitment to make a difference in the lives of South African children, in general. In this chapter, an overview of the Capability Approach (CA) that serves as the theoretical lens is presented, in relation to ECD and organisational development. An overview of the Scalers Model, as an organisational developmental model for scaling social impact, as well as the individual scalers, as organisational capabilities necessary for scaling, are highlighted against local and international studies that were conducted.

2.2. ECD: Global challenges and dilemmas

Internationally, research studies and findings on early childhood development (ECD), as a poverty reduction strategy for both developed and developing countries, confirm that quality ECD programmes have lasting positive impacts on academic, as well as other social and economic outcomes for children (Engle et al., 2011). Subsequently, studies conducted by UNICEF (Camaione & Muchabaiwa, 2021) and the World Bank (Devercelli & Beaton-Day, 2020; Sayre et al., 2015; Tanner et al., 2015) tracked trends in Latin America, Asia and Eastern, as well as Southern Africa. The findings of these studies revealed that pre-school education has a positive impact on children's ability to succeed in school, and further qualifications, to obtain higher wages in the labour market. Pre-school services also appeared to reduce socio-economic inequalities, as children from less advantaged backgrounds benefit more, than others do, from

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more advantaged backgrounds (Camaione & Muchabaiwa, 2021; Devercelli & Beaton-Day, 2020; Goncalves et al., 2019; Sayre et al., 2015).

Landmark studies on the benefits of ECD, by the renowned economist, James Heckman (Heckman & Masterov, 2007; Heckman & Rubinstein, 2001; Heckman, Stixrud, & Urzua, 2006), as well as other economists at the Federal Reserve Bank of Minneapolis, USA, argue that investment in early childhood has a future return of between 7 to 18 percent. In addition, young children, who are exposed to quality ECD programmes, are more likely to complete schooling, and tend to become gainfully employed in their adult years (Grunewald & Rolnick, 2010; Heckman, 2008; Heckman & Masterov, 2007; Heckman & Rubinstein, 2001; Heckman, Stixrud, & Urzau, 2006). The ground-breaking work of Heckman, as well as fellow economists, psychologists, neuroscientists, and statisticians, determined the following:

1. intelligence and social skills are developed at an early age, with both being essential for success;

2. early investment produces the greatest returns in human capital;

3. a society's advantage comes from helping the disadvantaged; and

4. quality economic returns come from quality investments in early childhood development (Heckman, 2012, 2017).

These economic perspectives convincingly argue that part of the policy investment would be in the form of future government savings on remedial education, rehabilitation, welfare, and social security (Heckman & Rubinstein, 2001; Grunewald & Rolnick, 2010).

The shift in policy discourse towards social investment in ECD, therefore, needs to be understood against the global economic policy context, and the failure of the market to address poverty (Gray, 2013; Razavi, 2007). The neo-liberal *social investment approach* in global policy discourse, consequently argued strongly for governments to redirect current social policies, social institutions, and programmes towards investing in people's capabilities and potential (Jensen, 2010, cited in Gray, 2013). Directing governments to invest in people's capabilities and potential is linked to the arguments of Heckman (2012), who found that intelligence and social skills are developed early in life, with both being essential for success. Exposure and participation in quality ECD programmes could enhance social skills and social

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abilities, such as attentiveness, persistence, and working with others. Like Heckman (2012), Sen's (2003) Theory of Human Capability determined that these *soft* social skills are, in fact, capabilities that are essential ingredients for success in life. Early development of effective social skills greatly influences the successful development of the IQ, and ultimately personal and social productivity (Heckman, 2012). Sen's (2003) Theory of Human Capability and functioning maintains that the capabilities, adults acquire and develop, are conditional and dependent on their early experiences and functioning as children (cited also in Gray, 2013). For the purposes of this current study, the capability approach (Sen, 2003) served as the theoretical lens that was applied in the study, and will be elaborated on later in the chapter.

According to a study by Lu, Black, and Richter (2016), 43% of children under the age of 5 years (nearly 250 million), in low and middle-income countries, are at risk of poor development due to stunting, or exposure to extreme poverty. The study also observed that the highest concentration of affected children are in South Asia and sub-Saharan Africa (Lu, Black, & Richter, 2016). Earlier, World Bank studies also revealed that inadequate nutrition between conception and two years, could lead to serious cognitive delays in school-aged children (Grantham-McGregor et al., 2007). Therefore, as argued by Heckman (2012), developmental delays before age 6 are difficult to restore later in life, because early childhood is a particularly sensitive period for rapid brain development, which forms the basis of cognitive and emotional functioning for the rest of the child's life (Young & Mustard, 2008). ECD investments, consequently, are shown to have significant and long-lasting benefits in three broad categories of interrelated outcomes, listed below:

2.2.1. Challenges of integration

- **Educational outcomes**

  School readiness means a child possesses the cognitive and socio-emotional abilities necessary to learn and succeed in school. Related educational outcomes include improved performance on standardised tests, reduced school dropout or failure, and increased grade retention (Lynch 2005). ECD interventions that are focused on early education and pre-literacy, nutrition, as well as parenting skills and knowledge, have been shown to affect school readiness and academic achievement positively (Naudeau, Kataoka, Valerio, Neuman, & Elder, 2011; Ward et al., 2019).

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Because of inequalities in early childhood care and development, studies also show that children in low/middle-income countries remain at risk, because of their exposure to extreme poverty (Lu et al., 2020). Too many children are still spending their time in sub-optimal environments, with negative implications for their development and lifetime opportunities. These children will fall behind their primary school peers, who had access to quality ECD services. It is estimated that 53% of children in low/middle-income countries are living in "learning poverty," unable to read and understand simple stories by the end of primary school (Devercelli & Beaton-Day, 2020).

In a South African study by Ashley-Cooper, Van Niekerk, and Atmore (2019), the interplay between growing poverty and inequality in the South African context, and access to quality ECD programmes, indicates that the gaps in inequality is widened when children enter formal school, on an unequal footing, with huge short-comings in their development and school readiness levels. The authors argue that children are exposed to a dysfunctional schooling system in South Africa, where differences in child outcomes, in the early years, are not remedied, but amplified.

- **Health care system**

ECD interventions that promote opportunities for early stimulation and learning also have a direct impact on children's health. Programmes that strengthen young children's cognitive and socio-emotional abilities could lead to fewer health problems later in life, in part because they reduce the likelihood of mental health problems, as well as empower children to make choices that have health benefits (Schulman, 2005).

A recent World Bank study in Bangladesh, Gautemala, Colombia, and India revealed that participation in quality ECD programmes could reduce mortality, improve daily nutrition requirements, such as protein, iron, and vitamin A intake, as well as reduce the prevalence of underweight among children, and combat incidences of wasting among children (Devercelli & Beaton-Day, 2020). The same study also revealed that ECD sites could provide opportunities to reach children with a range of critical services, including screening for developmental delays, immunisation, and growth monitoring.

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- **High-risk behaviour**

High-risk behaviours common to children and youth includes smoking, risky sexual behaviour, substance and addiction, as well as criminal and violent activity (Lynch, 2005). Although remedial interventions are possible later in a child's development, the longer society waits to intervene in the life cycle of a disadvantaged child, the more costly it is to remediate the disadvantage (Heckman, 2008). ECD interventions do not only have a high cost-benefit ratio, but also a higher rate of return for each dollar invested, than interventions directed at older children and adults (Heckman, 2008; Heckman et al., 2006). These studies support greater investment in ECD, which makes sense for countries and governments to invest public resources in ECD, as both a rights-based service (United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2006), and a sound financial investment. Another economic advantage of ECD intervention is that it enhances both efficiency and equity, and offers a cost-efficient way of producing a well-trained and capable workforce, which could lead to better outcomes for those at the greatest disadvantage (Heckman & Masterov, 2007).

In addition to the direct impact of ECD interventions on young children, it also positively influences the areas of girls' education and women's labour force participation. Evidence suggests that affordable childcare for young children could increase the school enrolment rates of older female siblings, as well as an increase in maternal wages and mothers' engagement in the workforce (Berlinski & Galiani, 2008; Lokshin, Glinskaya, & Garcia, 2000; Naudeau et al., 2011, p. 19).

The UNICEF (2009) report on under-5 mortality revealed progress and positive trends between 1990 and 2008. The report reflected that the global under-5 mortality rate dropped by 28%, from 90 to 65 deaths per 1000 live births. A more recent study (Lu et al., 2020) indicated that the under-5 mortality rate was used as a benchmark, to assess the success of the implementation of health and social development policies, and revealed a further decline from 12.5 to 8.8 million. Despite progress in many countries, under-5 mortality rates have stalled or worsened in Africa, where infections, such as pneumonia (20% of neonatal and

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child deaths), diarrheal diseases (18% for both neonatal and child deaths), measles, malaria, and AIDS (combined, these three diseases caused 15% of under-5 deaths), are the primary causes of death among children (UNICEF, 2009; UNICEF, ESARO, 2020).

Strategies to ensure that children survive the first five years of life is a high priority in countries where UN Millennium Development Goal (MDG 4: Reduce child mortality by two-thirds between 1990 and 2015) was not met. In the current Sustainable Development Goals, SDG 3 (Ensure healthy lives and well-being) the targets to end preventable deaths of newborns, as well as children under the age of 5 years, were pushed back to 2030 (United Nation General Assembly [UNGA], 2015). However, survival alone is not sufficient for children to grow into healthy, competent, and productive members of society. In a 2007 study (Walker et al., 2011) it was estimated that at least 200 million children under the age of 5 worldwide would most likely have survived early childhood but would fail to reach their full potential in life because of poor health, under-nutrition, and the lack of stimulation in early childhood. For these children and the societies in which they live, early deficits will translate into long-lasting and costly consequences.

In February 2013, former USA President, Barak Obama, acknowledged that more investment was needed in early education, to improve the American economy. He was quoted as saying, "…the lack of access to preschool, can shadow children for the rest of their lives" (Allie, 2015, p. 61). In his February 2013 State of the Union address, the former USA President also announced that he would earmark seventy-five billion dollars (R796 billion) over the ensuing ten years, to fund his 'Preschool for all' initiative (Obama, 2013; Allie, 2015). Raising US$75 billion was achieved by ring fencing a tax increase of $0.94 per packet of cigarettes. This further suggests that the USA government realised that investing in the future of their children in the present, would benefit the children, economically, in the future. Obama's appeal to his senate was "let's do what works and make sure that none of our children start the race of life already behind" (Obama, 2013; Allie, 2015, p. 61).

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Studies on the benefits of ECD and the social investment approach, as well as the potential returns for governments that sufficiently invest in children's future, are strengthened against research in developing countries, revealing that nearly 40% of young children, under the age of 5 years, are stunted, or living in poverty (Ashley-Cooper et al., 2019; Devercelli & Beaton-Day, 2020). Consequently, their academic outcomes could be expected to be lower (Lu et al., 2020). Disadvantaged children are also unlikely to have access to basic services, such as health care, water, sanitation, nutrition and quality childcare. These multiple risk factors could lead to poor physical, socio-emotional, and cognitive development, which could lead to low achievement levels throughout life, as revealed in several World Bank studies on ECD (Naudeau, 2009; Sayre et al., 2015; Lu et al., 2020).

2.3. ECD – African situational analysis

Progress has been made to enhance access to ECD worldwide, because of international attention on ECD. However, sub-Saharan Africa still lags behind the rest of the developing world, in terms of access to ECD (Orkin, 2012; Camaione & Muchabaiwa, 2021). In addition, earlier studies on ECD in Africa observed that less than 12% of children in the age group of 4 to 6 years were enrolled in ECD programmes, compared to 40% in East Asia, and 70% in North America, as well as Europe (United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2010). Given the global focus on ECD, as well as the G20 Agenda 2030, many African countries are working towards developing ECD policies (United Nations General Assembly [UNGA], 2018). According to an ECD study conducted by the Open Society Institute in Nairobi (Okengo, 2010), only 19 sub-Saharan African countries had adopted ECD policies. However, very little has changed, as indicated in a recent UNICEF study, which observed that less than 50% of Eastern and Southern African countries had credible operational ECD policies (Camaione & Muchabiawa, 2021). Access to early childhood education remains a dream for millions of children in Eastern and Southern Africa [ESA]. Based on the latest available data, nearly three quarters of the children in ESA, between 0-6 years, are not accessing early childhood education. As of 2019, the average attendance rate in early childhood education for ESA countries, where data is available, is estimated at 24 percent. However, the attendance rate varies significantly across these countries, from as low as two percent in Somalia, to 48 percent in South Africa (Camaione & Muchabiawa, 2021; Lu et al., 2020).

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One of the main challenges in African states is the low priority assigned to ECD services within essential sectors. In this regard, it could be stated that, in 2019, only about 2% of education budgets were focused on early childhood education, while the international benchmark for governments were to allocate at least 10% of their education budget towards ECD (Camaione & Muchabiawa, 2021). The World Bank's Fast Track Initiative (FTI) to fund and address poverty reduction strategies and Education for All (EFA) initiatives in Africa, saw the establishment of a multi-donor Catalytic Fund, to support African governments with the development of early childhood care and education (ECCE) policies (UNESCO, 2010). This resulted in power struggles between ministries and agencies, regarding who the custodians of ECD budgets should be, as well as the complicated multisectoral coordination of ECD services (Pence & Nsamenang, 2008).

However, in countries such as Swaziland, Zimbabwe, Kenya, Malawi, Mozambique and Zambia, community and faith-based ECD programmes fulfilled a leading role in ECD, often with volunteers, or low paid caregivers (Okengo, 2010, p. 17). ECD studies in Kenya and Ghana, where evidence of ECD curricula existed, observed that many facilities providing ECD services, use a language of instruction that was not the children's mother tongue, the caregivers and practitioners often had received only one year of skills training, and the teacher-children ratio was 1:25, while the ideal should be 1:14 (UNESCO, 2010, p. 11). In countries like Lesotho, Kenya, South Africa, and Zimbabwe, where large numbers of community-based ECD sites existed, the practitioners were poorly paid, which affected teacher motivation, with teachers frequently leaving community-based centres for the private sector (Biersteker, 2008, p. 244).

With a growing child population in Africa of over 250 million children, 110 million under the age of 6 years (United Nations Department of Economic and Social Affairs [UNDESA], 2020), African countries have no option but to prioritise investment in the early years (Cummins, 2019). However, where facilities are being constructed, training of the ECD workforce and the supply of educational resources are being neglected, and infrastructure in rural communities are not equipped with water, sanitation, and hygiene facilities (Atmore, 2013; World Bank & United Nations Children's Fund [UNICEF], 2018). The G20 Initiative for ECD, however, acknowledged that responsive care is one of the most fundamental elements for optimal child development (World Bank & UNICEF, 2018). In this regard, the family is considered the

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natural and best environment for the growth, development, and well-being of children. It has also been acknowledged that ECD interventions could be home, centre or community based; formal or informal; and should include play-based programmes, which complement the parents' role. Additionally, it has been acknowledged that early learning and stimulation during early childhood, is important for the promotion of social and cognitive development, while ECD programmes should include the enhancement of parents and caregivers' capabilities, to promote development and learning. The G20 Initiative for ECD (World Bank & UNICEF, 2018) also recognised that ECD is a multi-dimensional subject that requires a comprehensive approach, and is influenced by nurturing care, which includes health, food security, quality nutrition, responsive caregiving, physical and emotional security and safety aspects, as captured in the NIECD Policy in South Africa (RSA, 2015).

In the South African context, the social investment policy approach to ECD may also be a significant consideration, as more than 16 million people receive government grants (Ashley-Cooper et al., 2019; Stats SA, 2018). Additionally, 11 million children are beneficiaries of child support grants; however, of the 5.3 million children under the age of 5 years, only approximately 1 million are benefiting from existing ECD services (Stats SA, 2018). The South African policy landscape became increasingly influenced by the emerging social investment discourse, which sought to create an enabling environment to provide services that nurture children, as well as enhance their growth and development in a supportive environment (Gray, 2013). The researcher reflected on key policy processes and documents that emerged since 1994, as well as the launch of the National Integrated ECD Policy in South Africa [NIECDPSA] (RSA, 2015).

In 1994, the ANC Policy Framework for Education and Training recognised that the Apartheid education system had to be transformed, to meet the needs of a non-racial, single education system. This policy framework further recognised that investment in ECD was an investment in social and economic reconstruction (African National Congress [ANC], 1994; Atmore, 2018). The Reconstruction and Development Programme (Republic of South Africa [RSA], Ministry in the Office of the President, 1994b) adopted a developmental approach in meeting basic needs, such as education, housing, water, sanitation, health care and electricity, with human resource development as a key driver of economic reconstruction, to reduce inequality. However, post 1994, the South African Democratic Government soon departed from the RDP,

and adopted the Growth, Employment and Redistribution (GEAR) programme, as the preferred macro-economic framework (Fataar, 2000). While the RDP was focused on increased social spending to address inequality, the GEAR programme was focused on the market, and a reduced role for government in social spending. The fiscal constraints imposed by GEAR, significantly affected government spending on social, education, and health programmes, which negatively affected the implementation of quality ECD programmes (Atmore, 2018). As indicated in Annexure 5, the South African Government took nearly two decades, from 1994 to 2015, to adopt the National Integrated ECD Policy that recognises various programme modalities, to reach and support the ECD needs of South Africa's young children (RSA, 2015).

ECD in South Africa is regulated through a system of norms and standards that require all ECD service providers to register their facilities, firstly, according to the prescripts of the Children's Act (RSA, 2005). Only after registration, the ECD centre could apply to government regarding a subsidy for children, whose parents earn less than R7500 per month (Republic of South Africa [RSA], Department of Social Development [DSD], 2018). The compliance norms and standards include buildings and infrastructure, registration of learning programmes for children, and administration. The ECD centre-based model is the dominant model, and compliance through accreditation, standardisation, adherence to government regulations, indicates how neo-liberalism has influenced the ECD sector (Atmore, 2018, p. 19). Moss (2009, p. 10) describes the dominant centre-based model, as the "market model", in which ECD is provided through "markets", with the parents and caregivers selecting the ECD programme that the family requires, from "suppliers in the marketplace". Additionally, Moss (2009) argues that the "market model" is a product of neo-liberal thinking, which allows parents and caregivers to view ECD as a commodity to be purchased in the marketplace, where advocates of the "market model" claim that the market is better able to provide high quality and competitive programmes that meet prescribed government norms and standards. According to Moss (2009, p. vii), the ECD sector should consider a "model of democratic experimentalism to resist the hegemonic tendency of the market model". The democratic experimental model is based on participation, collaboration, and trust, in which ECD becomes a community responsibility, and collaborative, rather than compliance driven, where diversity is valued, and the existence of other perspectives on ECD is acknowledged (Moss, 2009).

The National Integrated ECD Policy in South Africa (RSA, 2015) is the culmination of nearly

20 years of policy processes and development, to realise a better life for South Africa's children. In this policy, early childhood development is recognised as a universal right of children, a national priority, and a public good, to which all young children are equally entitled. The policy was approved by Cabinet on December 9, 2015.

The vision of the policy was for all South African young children and their families to live in environments that are conducive to their optimal development. Additionally, the purpose of the ECD policy was to develop an integrated national early childhood development system, with the necessary institutional structures, public funding, and infrastructure, to ensure sustainable, universally available access to comprehensive quality ECD, for the period from conception until the year before children enter formal school (Martin et al, 2014; Richter et al, 2014). The policy also acknowledged that both centre-based programmes (market models) and non-centre-based programmes (democratic experimental models) would be required to meet the ECD needs of South Africa's children. The policy, therefore, documents the responsibilities of the government of South Africa, to secure this provisioning of universal comprehensive early childhood development for children between 2017 and 2030 as follows:

- **The short-term goal by 2017:** To establish the necessary legal framework, the organisational structures, as well as institutional arrangements, to undertake the planning, and establish the financing mechanisms, necessary to ensure universal availability and equitable access to early childhood development services.

- **The medium-term goal by 2024:** To establish age and developmental stage-appropriate essential components of the comprehensive package of quality early childhood development services that are available and accessible to all young children and their caregivers.

- **The long-term goal by 2030:** To establish a full comprehensive age- and developmental stage-appropriate package of quality early childhood development services, which should be available and accessible to all young children and their caregivers (Martin et al., 2015).

The Constitution and Section 28 of the Bill of Rights (Republic of South Africa [RSA], Act No. 108 of 1996a) describes the broad rights of children. These are, a name and nationality; family and parental care; childcare and support; health care; food and nutrition; social

services; protection from abuse and neglect; psychosocial support and social assistance; and basic education, including early childhood education, starting from birth. To facilitate these rights, the comprehensive package of ECD services should include the following:

- free birth registration services;

- parenting and family support;

- free basic health care for pregnant women and children;

- food and nutritional support for pregnant women and children;

- social protection;

- protection from abuse, neglect and exploitation for pregnant women, mothers and children;

- early learning programmes;

- inclusive and specialised services for children with disabilities;

- information on the value of early childhood development;

- subsidised and affordable water, sanitation and energy;

- access to safe housing; and

- play, recreational and cultural amenities

(Hall, Sambo, Berry, Giese, & Almeleh, 2017).

The policy also introduced a range of new ECD services including:

- Early childhood development programmes, provided through home visits by community workers, from conception to the age of 2 years (RSA, 2015, p. 55);

- Ante- and post-natal health and nutritional support for pregnant women and young children at risk (RSA, 2015, p. 56);

- Screening of young children for abuse and neglect, and the provision of counselling;

- Parent programmes for child development, child safety, and positive parenting (RSA, 2015, p. 56);

- Pre-registration for the Child Support Grant, to ensure that children have access to the benefits of the grant from birth (Hall et al., 2017; RSA, 2015, p. 56).

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In line with the NDP (Republic of South Africa [RSA], National Planning Commission [NPC], Department: The Presidency, 2011) and the NIECDP (RSA, 2015), as influenced by the Diagnostic Review on ECD (Richter et al., 2012), the intention was to establish an essential package of ECD services by 2024, with full access for all preschool children by 2030 (Martin et al., 2014; RSA, 2015). However, the researcher posed the following question; "Can South Africa and our youngest citizens afford to wait until 2024 or 2030 for ECD services and programmes that research asserts, could lift them out of poverty?"

Against this policy background, as reflected in Annexure 5, the brief review conducted to identify existing ECD programmes and strategies among Western Cape-based ECD organisations, exposed several challenges, in terms of poverty, inequality, and lack of access to ECD services. The magnitude of the problem supports the motivation to explore alternatives, to mainstream ECD centre-based approaches. In this section, the researcher provides some background regarding current efforts to support ECD in the Western Cape. According to the General Household Survey data, approximately 7.2 million children, aged 0 to 6 years, reside in South Africa, with approximately 738 000 children in the Western Cape (Stats SA, 2018). The Child Support Grant (CSG) was introduced in 1998 to alleviate income poverty experienced by children in South Africa (Brynard, 2006). Although the CSG covers children from birth to 18 years, data from the South African Social Security Agency (SASSA, March 2017, as cited in Stats SA, 2018) revealed that 12 million children benefitted from the CSG, of which 4.9 million were children aged 0 to 6 years, with 392 205 from the Western Cape.

Table 2.1: Children aged 0 to 6 years, who had access to social grants – March 2017

Region	Grant Type			Total
	Child Dependency Grant	**Child Support Grant**	**Foster Grant**	
Western Cape	3 529	392 205	5 064	**400 798**
Eastern Cape	3 737	740 798	5 947	**750 482**
Northern Cape	1 035	126 243	868	**128 146**
Free State	1 487	268 616	1 747	**271 850**
KZN	6 936	1 107 175	3 302	**1 117 413**
North West	1 597	341 464	1 706	**344 767**
Gauteng	3 925	741 033	3 266	**748 224**

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Mpumalanga	2 181	436 047	1 557	**439 785**
Limpopo	3 071	777 963	2 367	**783 401**
RSA	**27 498**	**4 931 544**	**25 824**	**4 984 866**

In Table 2.1, the researcher reflects that nearly 400 000 children in the Western Cape are beneficiaries of child support grants, and as the neediest, they should benefit from ECD services and programmes. However, in Table 2.2, a clear indication is that nearly a third of the Western Cape children aged 0 to 6 years are still not accessing ECD services.

Table 2.2: Access to ECD services and programmes

Variable	South Africa	Western Cape
Number of children aged 0 to 6 years (2017)	7.2 million	738 000
Number receiving child support grant	4.9 million	392 205
Number also attending ECD centre	3.3 million	100 000 - 150 000
Number of children attending subsidised ECD	700 000	119 640
Number of poor children in unsubsidised ECD	1.3 million	50 000 - 70 000
Number of registered ECD facilities	14 346	2211
Estimated number of unregistered facilities	+11 000	2298
Number of poor children (aged 3 to 5 years) not accessing ECD	1 million	66 000

The data cannot be compared directly; however, in the Western Cape, approximately only one third of the poor children of preschool age, who benefit from child support grants, attend subsidised ECD centres, as well, while, at least, 120 000 children (roughly a third) are in unsubsidised centres (Table 2.2). The remainder have no access to ECD services (Levy & Maphike, 2017). The Stats SA (2018) report reflected nationally that 49% of 3-year-olds; 29% of 4 year olds; and 13% of 5 to 6 year olds, did not attend any ECD service. Hickman (2021) also observed that the number of children 0 to 4 years old, who access ECD services, is declining based on statistics from the General Household Survey – 2019 (Statistics South Africa [Stats SA], 2020). The number attending ECD programmes was lower in 2019 than

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during 2017 and 2018. Significantly, this downward trend started before the COVID-19 pandemic.

The statistics reflected above provided an opportunity to reflect on the Integrated Provincial ECD Strategy in the Western Cape: 2011 – 2016 (Western Cape Government, 2011) with the following priorities:

- Programmes for children 0 to 3 years old, in both centre-based and out-of-centre-based programmes;

- Implementing a nutrition strategy for children 0 to 5 years old to prevent malnutrition, including at home;

- Communication plan to support the implementation of the ECD strategy for parents;

- Quality improvement (Development of framework with prioritised norms and standards;

- Mainstreaming of children with disabilities; and

- Quality improvement of professional services (Republic of South Africa [RSA], Department of Social Development [DSD], 2011).

In the Western Cape, as in all the provinces, ECD facilities are mushrooming at an alarming rate, and questions are being raised about the quality of services being rendered (Govender, 2015, p. 104). To address the issue of mushrooming, the MEC for Social Development in the Western Cape announced an amnesty for unregistered ECD centres to become registered (Koyana, 2011). This proved futile, as other challenges, such as municipal requirements and adherence to the National Minimum Norms and Standards for facilities and programmes, as stated in the Children's Act (Republic of South Africa [RSA], Act no. 38 of 2005), emerged, which complicated the adherence to the registration criteria for these centres. Currently, the Western Cape has 2 211 registered facilities, and almost an equal number of 2 298 unregistered facilities (DSD, 2020), which reflects the challenge of mushrooming, and the inability to fast-track registration, or address the opening of facilities that are still unregistered. Despite the visionary approach of the NIECDP (RSA, 2015), and its plans to accommodate a range of ECD modalities to improve and increase access to ECD services, the Children's Act (RSA, 2005) still remains the overarching legislation responsible for ECD.

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As mandatory, the Children's Act (RSA, 2005) states that any place of childcare has to be registered, and no child may be kept in an unregistered place of care, with the exception of a place, which is controlled and maintained by the state (Republic of South Africa [RSA], Department of Social Development [DSD], 2006). The Department of Social Development stipulates minimum standards that are required for the registration of childcare centres, which are regulated by the Children's Act (RSA, 2005). These guidelines encompass standards on the premises and equipment, health, safety and nutrition, management, active learning activities, practitioners, and the relationships with families.

In a study conducted by Govender (2015) on ECD, its findings revealed that a strategic goal for the Western Cape Provincial Government was to ensure that more children have access to registered ECD centres, which remained a challenge, as the number of unregistered facilities have currently overtaken the registered and compliant facilities. Smartstart (2019) observed that the Children's Act (RSA, 2005), as well as the regulatory framework, are unnecessarily complex and onerous, resulting in many ECD programmes being excluded from registration and funding. This position paper highlighted the following:

- The Act creates a dual registration process. An ECD facility must firstly be registered as a partial care facility. Secondly, it must render an ECD programme, as defined in the Act, which must also be registered. This duplication creates an unnecessary and bureaucratic burden.

- The lack of differentiation between various ECD modalities results in a 'one-size-fits-all' regulatory framework, which does not consider the realities of home-based ECD centres, as well as non-centre-based programmes, such as childminders and playgroups.

- The nature of the premises and contexts of many ECD programmes, makes the infrastructure standards for registration (including the link to municipal requirements) inappropriate and unrealistic.

- These barriers to registration and funding impacts on the types of programmes that are relied upon by vulnerable families, for both childcare, as well as access to early learning and development opportunities. These programmes are denied the opportunity to access the subsidies that would help them to improve their facilities and provision.

(Smartstart, 2019).

The role of municipalities and local government also affects the registration process. Allie (2011) indicates that the ECD service provider must obtain the required rezoning certificate, have approved building plans for the facility, as well as a health clearance certificate, issued by the municipal environmental health practitioner. The certificate would also indicate the number of children allowed to be accommodated on the premises, based on its floor size.

The 2011 audit of ECD centres in the Western Cape revealed that a large number of unregistered sites were located in houses, garages, and backyard structures (Biersteker & Hendricks, 2012). In addition, the audit revealed that most of the practitioners, who offered the services, were untrained, or had less than one year's experience in ECD (Biersteker & Hendricks, 2012). Consequently, it appears that the lack of quality ECD services in poor communities in the Western Cape and South Africa will continue to affect the school readiness and preparation of children entering the formal school sector, negatively.

Although there has been growth in the provincial DSD budget for ECD provisioning between 2016 and 2020, as reflected in Table 2.3, it is clearly not reaching enough children. The table reflects that the 2016 Western Cape DSD budget for approximately 72 000 children was R281 million, based on the per child subsidy of R15 per day, for 260 days of the year. The subsidy allocation increased during 2018, from R15 to R17 per day, per child, for 260 days of the year (Republic of South Africa [RSA], Department of Social Development [DSD], 2018), and based on the 2020 statistics, it is estimated that the DSD budget for 120 000 children could be more than R528 million.

Table 2.3: Western Cape DSD Budget

Spread of ECD Facilities						
Region	ECD facilities		No. of Children		2016 Budget	2020 Budget
	2016	2020	2016	2020		
Metro North	72	393	4 279	22 203	16 688 100,00	98 137 260,00
Metro South	223	351	17 378	18 178	67 774 200,00	80 346 760,00
Metro East	294	397	17 460	20 523	68 094 000,00	90 711 660,00
Eden Karoo	166	389	12 385	24 931	48 301 500,00	110 195 020,00
West Coast	68	213	4 363	10 972	17 015 700,00	48 496 240,00
Cape Wineland/Overberg	229	468	16 205	22 833	63 199 500,00	100 921 860,00
Totals	1 052	2 211	72 070	119 640	R281 073 000,00	R528 808 800

Source: Mguda (2016 – shaded areas); Republic of South Africa [RSA], Department of Social Development [DSD]. (2020 – unshaded areas)

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In the Western Cape, the current number of preschool aged children is approximately 800 000 (Stats SA, 2018). For the provincial government to scale its efforts, to benefit more children through increased subsidies, from the current 120 000 children (RSA, DSD, 2020), to, at least, 250 000, would require an increase in the budget; from R528 million, to more than R1.1 billion. Levy and Maphike (2017) argue that this would have been about 2% of the overall Western Cape 2016/17 budget of R55 billion, and about 5% of the Western Cape education budget of R14 billion. Therefore, the researcher questions how viable and sustainable this funding model is, in a restrained economic environment, and how does government ensure a significant level of scale that will allow more children to benefit from ECD programmes and services.

The challenges with the conventional approach to centre-based ECD provision has compelled ECD organisations and service providers to explore alternative strategies, to help prepare children for the challenges of the formal school system. These challenges are the mushrooming of unregistered ECD facilities, difficulties with registration procedures and requirements, untrained and unqualified teachers, the lack of classroom material for stimulation, as well as over-crowding. In response to the limited and insufficient quality of ECD services for children from poor communities, a number of non-profit organisations have initiated home and community-based programmes (Ebrahim, 2014; Naeser, Rangasami, Stewart, & Williams, 2012). These programmes include interventions, such as toy libraries, early childhood development care and education enrichment centres, playgroups, after school clubs, home visiting programmes, parenting programmes, and family literacy programmes (Naeser et al., 2012). Children from disadvantaged backgrounds, with increasing poverty and its related stressors, need these interventions to ensure proper development. These programmes deviate from the norm of the traditional centre-based early childhood development care and education services. They go into the communities and homes of children, who need and cannot easily access services to ensure proper development.

These alternative programmes are an attempt to contribute towards child development, in preparation for formal schooling. They seek to ensure that a child has developed the needed competencies to begin formal schooling. ECD home visiting programme models, such as the Family in Focus (FIF) programme, have shown that they can create access to geographically and psychologically isolated groups, as well as address various developmental stages of children, and outcomes for them and their families, providing them with a multi-generational,

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life course perspective. In addition, they reduce barriers to accessing services (Ebrahim, 2014). Through the home visiting programme, organisations could develop responsive interventions, related to the specific needs of specific groups. For example, pregnant mothers, and mothers in the postpartum period with newly born babies, could be shown how to read the Road to Health Chart and when to access clinic services. Some of the non-centre-based programmes, offered by local ECD organisations, are reflected in Table 2.4.

Table 2.4. Non-centre-based ECD programmes in the Western Cape

ECD NGOs	Accredited Training (L4 and L5)	Site learning Programmes	Educational Resources and Material	Non-centre Based Programmes
Grassroots Educare Trust (Provincial)	Practitioners: 1405	Practitioners: 1387	Preschool shop Unregistered ECD sites: 383	Playgroups: 37 (100 Playgroup leaders)
Centre for Early Childhood Development (Provincial and National)	Principals: 214 Practitioners: 726 Governing body: 240	Principals: 40 Practitioners: 200	Infrastructure upgrades, assistance with registration and subsidisation, educational equipment: 40 ECD Centres	Parenting Programmes: Family Outreach: 120 families; Playgroups x 18
Foundation for Community Work (Provincial)		Centres of excellence programme: 25 principals	Infrastructure upgrades to 13 preschool sites, conditionally registered	Home Visiting Programme: 245 trained home visitors 10 000 caregivers/families Parenting Programme: 1200 caregivers Toy Library: 7 preschools 3 x Mobile Toy Library: 3500 children
Early Learning Resource Centre (Provincial and National)	Practitioners:185 Principals: 112	Practitioners: 59	Unregistered ECD sites: 311	FCM Home visiting programme: 35 home visitors, 350 families Playgroup Programme:274 facilitators & 1920 children Smart Start Playgroups: 72 facilitators and 960 children. Whole Centre Dev. 61 centres = 4644 children
Word Works (Provincial and National)				Every Word Counts: 200 teachers and home visitors Home School Partnerships: 33 schools and 600 parents Ready Steady Read Write: 3000 children Gr. R/1

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Ikamva Labantu (District based)		Practitioners: 63 Principals: 62		Nutrition programme for 3000 children Seniors Club: 761
Sikhula Sonke (District based)				Imbiza home visiting programme: 148 families and 198 children Funda Udlala Toy Library Programme: 15 sessions Emthonjeni playgroup Programme: 288 children & 240 parents
Early Years Services (Provincial)				FASD Programme: 21 727 children and 4033 teachers/parents 5 x Toy libraries supporting 250 children.

Sources: Organisational reports (2016, 2017, 2018)

Most of the established ECD organisations offer accredited ECD training to preschool teachers, as well as a wide range of support services to preschools, such as governance training and support with registration procedures, infrastructure, and maintenance support, through donor funding. In addition, many offer food and nutrition services, made available by corporates and donors. Only two of the local organisations have no direct involvement in formal preschool programmes, offer only support and non-centre-based services, to address the needs of children, who are not attending local preschools.

Local and international studies on non-centre-based programmes (Le Roux et al., 2013; Tomlinson, Hartley, Le Roux, & Rotherum-Borus, 2016; Wagner & Clayton, 1999; Yakubovich et al., 2016) have revealed that family-based services such as home visiting, and the benefit to caregivers, also lead to direct benefits for children. The findings of a home visiting programme in Peru (Josephson, Guerrero, & Coddington, 2017) revealed that the weekly home visiting programme, had a significant impact on the children's cognitive and language development, as well as a lesser effect on personal-social and fine motor skills. A reduction of the socio-economic gradient in problem-solving and communication skills was also observed. A similar home visiting programme in Brazil (Goncalves et al., 2019), where trained home visitors worked directly with caregivers, the level of education of the caregivers, period of participation in the programme, and the socio-community context, impacted on the overall development of children, as well as their level of school readiness by the age of 5 years.

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The Parents as Teachers (PAT) model (Wagner & Clayton, 1999) also used trained home visitors to build the skills of parents, to engage in age-appropriate stimulating activities with children, and to create positive personal interactions that support child development. Local studies in the Western Cape, such as the Philani mentor mothers programme (Tomlinson et al., 2016), and the Family and Community Motivators programme (Newman, 2005), observed that children, who attended family-based interventions, had better psychosocial outcomes, received more positive parenting, experienced less family violence and conflict, and displayed fewer symptoms of depression. These findings revealed that participation in these family-based interventions, not only improved the psychosocial well-being of children, but also the home environment (Yakubovich et al., 2016).

In addition, it was observed that home visiting programmes could be more beneficial than overcrowded, low quality, centre-based provision, which could further compromise the development of babies and toddlers from poverty-stricken backgrounds (Ebrahim, 2014). The Sobambisana study (Dawes, Biersteker, & Hendricks, 2012), which involved three different home visiting programmes – one in a rural Western Cape (Theewaterskloof municipality), and two in rural Eastern Cape (Lusikisiki and Chris Hani district) – also observed that home visits benefit vulnerable caregivers significantly, as well as their children, who previously had no access to holistic ECD services. The programme also facilitated access to grants, health and social services. The study findings revealed no difference in the children's cognitive, numeracy, language and social development, when they reached Grade R, compared to children, who never participated in ECD programmes. Through this current study, the researcher intends to present evidence of the effectiveness of the FIF programme, based on the experiences of community beneficiaries; caregivers and home visitors in the FIF programme.

2.4. Theoretical framework - Human and organisational capability

The investment argument and the benefits of investment in early childhood could be considered as investment in human capabilities. The Capability Approach was used as the theoretical lens that was applied in this current study. As stated in Chapter 1, the Capability Approach (CA) of Amartya Sen (1980) has emerged as one of the leading international alternative approaches to standard neo-classic economic theoretical frameworks for reflection on poverty, inequality, and human development (Sen, 1980). The Capability Approach, therefore, is perceived as a broad framework for reflection on normative issues, and loosely defined as a paradigm. It provides a

framework for the evaluation of individual well-being and social arrangements, as well as the design of policies and proposals about social change in society (Robeyns, 2003). Therefore, it was considered relevant for the conceptualising of this current study.

The core elements of the Capability Approach are the distinction between *functionings* and *capabilities*. A *functioning* is an achievement; a *capability* is the ability to achieve (Sen, 1980). *Functionings,* are more directly related to living conditions, since there are various aspects of living conditions. *Capabilities*, in contrast, are notions of freedom, in the positive sense, referring to the real opportunities available in the life an individual may lead (Sen 1987, p. 36). In addition, Sen (1980) describes *functionings* as the *beings and doings* of an individual, whereas an individual's *capability* is the various combinations of *functionings* that s/he could achieve. *Capability*, therefore, is a collection of functionings, reflecting an individual's freedom of choice, or freedom to lead any type of life s/he may choose (Sen, 1980). A key distinction in the Capability Approach is between the means and the ends of well-being and developments. Sen (1980) argues that only the ends are important, while the means are instrumental in reaching the goal of increased well-being and development. Therefore, the Capability Approach to well-being and development evaluates policies according to their impact on people's capabilities (Robeyns, 2003).

Additionally, people's well-being must be understood within the context of their socio-economic environment (Robeyns, 2003). This author argues that the Capability Approach, as a philosophical framework, respects people's diverse ideas of a good life, as well as their freedom to choose the type of life they wish to lead. However, ideas of a good life and freedom to choose are often moulded by family, tribal, religious, community or cultural circumstances. In a free market society, neo-liberal economic theory stresses the superiority of the market over public provision, favours lowering taxes, suppressing state regulations of economic activity, cutting public spending, as well as embracing formal democracy and the rule of law (Evans & Sewell, 2013). It also promotes a free and open economy that would make the *markets* the distributors of well-being; families responsible for their own opportunities; and the community, the ultimate safety net (Jensen, 2010, p. 62). However, the failure of the neo-liberal economic model to generate economic growth and reduce poverty, coupled with processes of political liberalisation, facilitated social movements in various parts of the world, to advocate for more effective social policies that address the market failures (Razavi, 2007).

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The shift in social policy, from the high neo-liberalism of the 1980's and 1990's, to a post neo-liberal social investment approach, argued for the state to redirect social policies, social institutions, and social programmes, towards investment in people's capabilities and potential (Jensen, 2010, p. 63). The social investment drive, therefore, seeks to find the most effective way of delivering services and benefits to those most in need, as well as galvanising macroeconomic policies around people-centred economic outcomes. The human capital investment drive, therefore, depends on a child-centred social investment strategy (Riesco, 2007), which is based on three principles:

- Learning is the pillar of future economies and societies. This is linked to policy attention to preschool aged children through ECD.

- Assuring the future is a better option than ameliorating current conditions – increasing social spending on children to break the intergenerational cycle of poverty.

- Successful individuals enrich our common future; therefore, investing in their success is beneficial for the whole community; hence, the strengthening of child-centred policy interventions (Jenson & Saint-Martin, 2006).

2.4.1. Capability approach in relation to ECD

The Theory of Human Capability (Sen, 2003) helped to drive the social investment approach towards investing in human capital. Sen (2003) argues that the capabilities, which adults acquire and enjoy, are conditional and dependent on their experiences as children, "and a securely preparatory childhood can augment our skill in living a good life" (Sen, 2003, p. 78). In support of Sen's (2003) human capabilities approach, Heckman (2000, p. 43), through his research on human capital formation, showed that "…the rate of return to a dollar of investment made while a person is young is higher than the rate of return to the same dollar made at a later age…" According to Carneiro and Heckman (2005, p. 90), learning begets learning; and skills …acquired early on facilitate later learning".

Given the social challenges associated with families in poor communities, Heckman's studies, and collaboration with several authors, highlight the importance of non-cognitive skills development in the preschool years, as well as the importance of strong families, during the early years for children (Heckman & Masterov, 2007; Heckman, Moon, Pinto,

Savelyev, & Yavitz, 2010; Heckman et al., 2006). Engle, Black, and Behrman (2007) concur that biological and psychosocial risk factors associated with poverty lead to inequalities in early child development, which undermine educational attainment and adult productivity, perpetuating the poverty cycle. Friedman and Sturdy (2011) allude to negative influences associated with poverty and socio-environmental conditions, its impact on healthy brain development, and the development of core capabilities in early childhood. The development of executive function and self-regulation are core capabilities that develop in early childhood, emerge during the first year through focussing and attention. By age 3 years, children start to use executive function skills, by remembering (where they left their shoes), and following simple rules (washing their hands before eating). However, serious early adversity, as well as unpredictable and chaotic environments, could affect self-regulatory abilities and impulse control (Stiles, 2008).

2.4.2. Human Capability Approach and Organisational Development

The capability approach is linked to the knowledge-based view of the organisation. A basic assumption of the *capability view* is that organisations have organisation-specific ways of performing tasks and dealing with organisational problems. This displays strong elements of continuity (Dosi, Faillo, & Marengo, 2008), and are based on organisational capabilities that have been accumulated gradually, and shaped within organisations, over time (Schienstock, 2009).

Because organisational capabilities are developed over time, they remain stable. Organisational capabilities are of a tacit nature, difficult to transfer, or imitate, and therefore, valuable for the organisation (Schienstock, 2009). Organisational capabilities also embody proprietary knowledge that is unique to a particular organisation, and different to that of the main competitors (Schienstock, 2009). Therefore, it could be concluded that organisational capabilities enable organisations to deal effectively in an organisation-specific way, with key organisational challenges (Dosi, Nelson, & Winter, 2000). Schienstock (2009) argues that organisation capabilities enable organisations to cope effectively with different types of problems, and identify four (4) key problems:

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1. Producing the significant output in an effective way to stay ahead of the competitors. If the organisation cannot manage its resources effectively, they will struggle in a competitive market.

2. The ability to adapt to a highly dynamic environment by accumulating new knowledge and transforming it into technological innovations.

3. The ability to balance or manage conflicting interests of various asset holders in organisations, namely, employees, beneficiaries (customers), as well as donors and investors, who all have different demands.

4. Coping with various societal demands and being pressured to legitimise decision-making processes, could be defined as a fourth organisational problem (Schienstock, 2009, p. 5).

In order to deal with organisational challenges, Schienstock (2009) argues that organisations have to develop and manage a range of technical capabilities to remain effective. *Firstly*, static capabilities are associated with the ability to deal with routine problems that occur in the production process of the dominant output. However, static capabilities could become weaknesses, if organisations do not aim to expand them by integrating new knowledge (Leonard, 1995). *Secondly,* innovative capabilities, on the other hand, cannot be developed in a vacuum; they depend on an organisation's existing knowledge resources. March (1991) uses the exploration and exploitation of concepts as problems for which organisations require capabilities. Exploration is associated with the development of novel resources and experimenting with new alternatives, while exploitation implies the effective use of available resources. This suggests that organisations cannot deal with exploitation and exploration separately; exploration has to be integrated into the process of exploitation. *Thirdly,* dynamic capabilities reflect an organisation's ability to achieve new and innovative forms of competitive advantages, despite path dependencies and core rigidities in the organisation's organisational and technical processes (Prahalad & Hamel, 2006).

2.4.3. Dynamic Capability Theory

Building on the capability sets within organisations, Lawson and Samson (2001) applied the Capability Approach (CA) to organisations and businesses, and argue that, in the

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context of organisational development, organisations have a moral obligation towards its members and staff, as governments are similarly expected to demonstrate social responsibility towards its citizens. In terms of the capability approach to human development, organisations have to create an environment that would enhance the capability of its members, to achieve the kind of life they value, and in exchange, derive economic value from its members' skills (Lawson & Samson, 2001).

Lawson & Samson (2001) identified the following organisational capabilities. Firstly, *functional capabilities* refer to an organisation's technical knowledge (intellectual properties). Secondly, *integrative capabilities* allow organisations to draw on knowledge from external sources, to improve internal competencies across various departments or sections of the organisation. Thirdly, *innovation capabilities* are regarded as "higher-order" capabilities, which enable the organisation to mould and manage multiple capabilities.

According to Lawson and Samson (2001), innovation capabilities allow organisations to be competitive, and to maintain their competitive edge, depending on how the organisation manages its capabilities across the organisational space. An innovation capability, therefore, could be described as the ability to transform knowledge and ideas into new products, processes, and systems continuously, for the benefit of the organisation and its stakeholders (Lawson & Samson, 2001, p. 380). Therefore, it could be argued that innovation present organisations with options to remain viable in a challenging, or competitive environment. Therefore, the model of Innovation Capability (Figure 2.2) is aimed at building a theoretical framework that highlights the actions organisations could take, which mostly affect innovation success.

In contrast, the organisational model (Figure 2.1) proposed by Kanter (1989), maintains that organisations are more effective where the different resource needs of the *mainstream* and *new-stream* are recognised, but managed autonomously. However, Lawson & Samson (2001) argue that this is unlikely to be successful in a dynamic and turbulent operating environment, because strong information flows and connections of effort between the two streams are required to ensure organisational success.

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Consequently, the following 2 organisational models in Figures 2.1 and 2.2, reflect the adaptation of Kanter's (1989) model, and the new version that illustrates how the *new stream* generates innovation
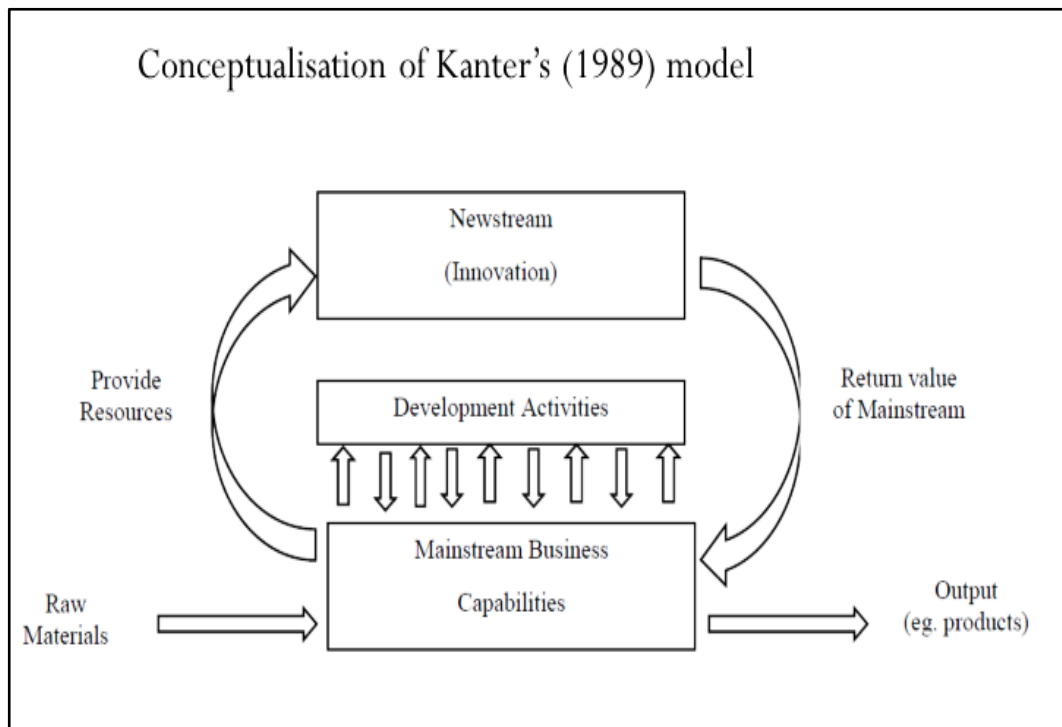
Figure 2.1: Kanter's Model (1989)
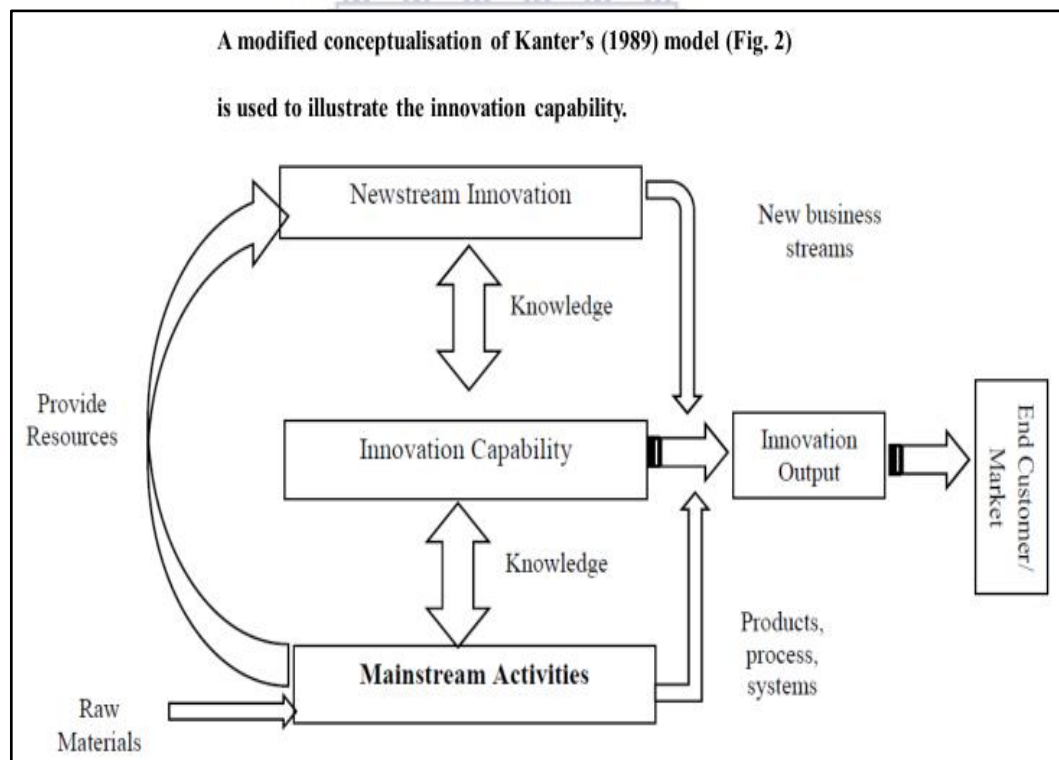
Figure 2.2: Innovation Capability Model (Lawson & Samson, 2001)

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The dynamic capabilities theory, therefore, is well suited to the study of organisational innovation for a number of reasons. *Firstly*, there is no special focus on technology; for example, research and development is but one resource, among many, available to the organisation, which facilitates development of a holistic model of organisational innovation. *Secondly*, the innovation process may as easily relate to the development of new products, as it could lead to new processes, systems, or even business models. In addition, the requirement of asset heterogeneity reflects the expectation that there is no one generic formula of innovation capability. There are, however, common threads running between highly, and lowly innovative organisations, which vary only in degrees of importance (Tidd, Bessant, & Pavitt, 1997).

The literature also identifies capabilities based on the type of knowledge they contain. Functional capabilities allow organisations to develop technical knowledge (Amit & Schoemaker, 1993; Pisano, 1997; Prahalad & Hamel, 2006). Integrative capabilities allow organisations and businesses to absorb knowledge from external sources, and to blend the various technical competencies developed in various departments (Cohen & Levinthal, 1990; Grant, 1996; Henderson & Clark, 1990; Kogut & Zander, 1992; Pisano, 1997). Innovation capability is considered a higher-order than integration capability, implying that it has the ability to mould and manage multiple capabilities. Organisations that possess this innovation capability have the ability to integrate key capabilities and resources of their organisations, to stimulate innovation successfully.

Schienstock (2009) takes the theoretical discussion on the Organisational Capability Approach further, and identifies the following elements of Dynamic Capabilities:

- Knowledge creating capabilities – dynamic capabilities are not limited to the development of knowledge stock, but also the application of knowledge in the production process (Schienstock, 2009, p. 7)

- Absorptive capabilities relate to the ability to identify and exploit external sources of knowledge and opportunities (Cohen & Levinthal, 1990).

- Combinatory capabilities relate to the ability to integrate and combine new external and internal technological knowledge with the existing knowledge stock of the organisation, to remain competitive (Schienstock, 2009, p. 7).

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- Transformative capabilities involve the ability to recognise and exploit available in-house knowledge and related technological opportunities (Schienstock, 2009, p. 7).

2.5. The Scalers Model – An overview

By building on the capability approach of Sen (1980), as well as the theoretical framework of innovation capability proposed by Lawson and Samson (2001), the Scalers Model, developed by Bloom and Chatterji (2009), provide social entrepreneurs and innovation-oriented organisations with a model, or guidelines for scaling. Scaling is defined as "increasing the impact a social-purpose organisation produces to better match the magnitude of the social need or problem it seeks to address" (Dees, 2008, p. 18). However, the challenge of how to scale social impact effectively is a key issue for social entrepreneurial organisations. In addition, the donors, who support their work, would be eager to learn how a programme that has helped to resolve a social problem in a limited way, could be scaled for the programme's impact on society to become wider (reach more people in more areas), and deeper (reduce the problem's effects more dramatically).

This is very much the way an organisation, such as the Foundation for Community Work [FCW], has attempted to address the issue of access to ECD services, as well as opportunities for young children in poor communities in the Western Cape, through its Family in Focus [FIF] home visiting programme. This is an innovative intervention, which seeks to take learning opportunities for young children directly into their homes, to support caregivers in the stimulation and development of their children. This is a radical departure from the conventional preschool model, which is centre-based, and where caregivers have to pay for the service.

2.5.1. The Scalers: Organisational capabilities

The Scalers Model was developed on the foundation of various forms of capital, namely financial, human, social and political capital, acknowledging that each form of capital could contribute to the scaling of social impact, by reducing constraints and increasing opportunities for growth of impact (Bloom & Smith, 2010, p. 131). Therefore, it is important to understand how organisations create, develop, and maintain various forms of capital. The studies of Bloom and Smith (2010), as well as Dosi, Nelson, and Winter

(2000), on organisation capabilities, help to clarify organisation capabilities in relation to the various forms of capital. Firstly, organisation capability implies that an organisation has the ability to achieve something, or the capacity exists to produce this *thing*, as the result of intended action. Therefore, capability fills the void between intention and outcome (Bloom & Smith, 2010; Dosi et al., 2000). These authors also argue from this perspective that the SCALERS Model could be understood as the reliable capacity to generate various forms of capital.

Situational Contingencies	Organisational Capabilities	
Labour Needs		S
	Staffing	C
Public Support		A
	Communicating	L
Potential Allies		E
	Alliance Building	O
Supportive Public Policy		F
	Lobbying	S
Start-Up Capital		O
	Earning Generation	C
Dispersion of Beneficiaries		I
	Replicating	A
Availability of Economic Incentives		L
	Stimulating Market forces	I
		M
		P
		A
		C
		T
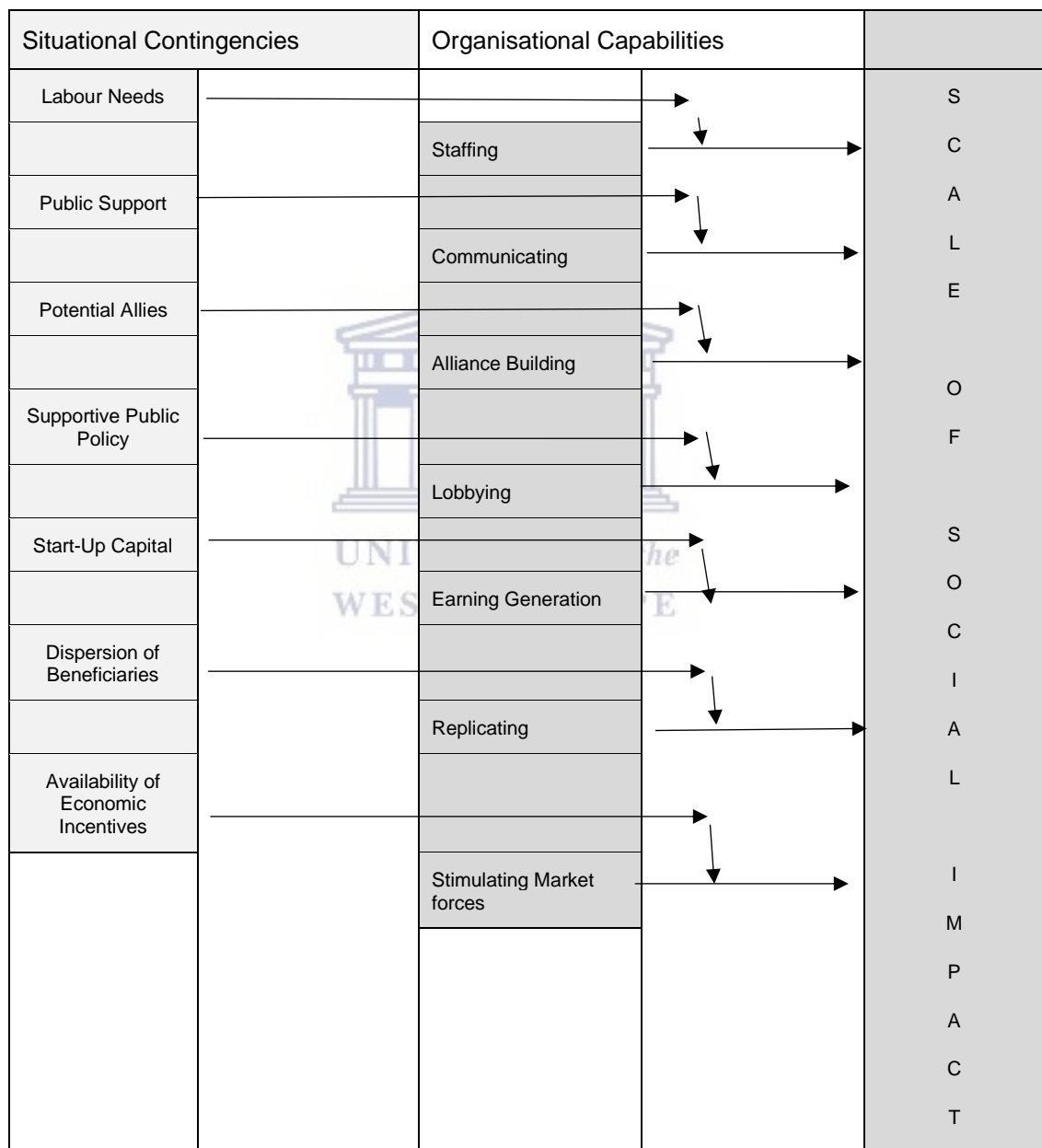
Figure 2.3: Scalers Model (Bloom & Chatterji, 2009)

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Following this argument, organisation capability focuses on the organisation level of analysis, instead of the individual level, and acknowledges the role of the organisational decision makers, in the development of various forms of capital (Bloom & Smith, 2010). The Scalers Model views each of the *Scalers* as an organisational capability, to create, develop, and maintain various forms of capital, which could be used to grow, or scale the social impact of social entrepreneurial organisations.

The *scale of social impact* is achieved by a social entrepreneurial organisation, or the extent to which the organisation has been able to scale "wide" (serve more people) and "deep" (improve outcomes dramatically). It is influenced by the effectiveness of the organisation at developing some, or a combination of the seven capabilities, or SCALERS, namely, staffing, communicating, alliance building, lobbying, earnings generation, replicating, and stimulating market forces (Bloom & Chatterji, 2009, p. 117). However, successful scaling is also influenced by situational contingencies, namely, labour needs, public support, potential allies, supportive public policy, start-up capital, dispersion of beneficiaries, or availability of economic incentives, related to each of the SCALERS, as explained by Bloom & Chatterji (2009).

2.5.1.1. Staffing:

Staffing often refers to the effectiveness of an organisation at filling its labour requirements, including its managerial posts, with people, who have the requisite skills for the vacant positions. Organisational growth, therefore, is linked, and dependent on the necessary human resources, as well as how the organisation's human resources policies and strategies will influence its performance. The degree to which staffing drives scaling will vary, depending on the situational contingency of the organisation's labour needs; specifically, the extent to which the organisation's change strategy requires it to provide labour-intensive and skilled services to beneficiaries.

Consequently, when labour needs are high, such as when an organisation like FCW provides a home visiting programme, staffing becomes critical for successful scaling (Bloom & Chatterji, 2009).

2.5.1.2. Communicating

Communicating is defined as the effectiveness with which the organisation is able to persuade key stakeholders that its change strategy is worth adopting and/or supporting (Bloom & Chatterji, 2009). A high value on this construct would mean that the organisation's communications has been successful at creating favourable attitudes or behaviours toward the organisation's programmes among its stakeholders, including beneficiaries, employees, partners, and donors. In this way, communicating is closely related to the development of social capital that is necessary for growth and scaling of social impact (Bloom & Chatterji, 2009). A successful communication and marketing strategy that includes publications, advertising social media, as well as a recognised brand ambassador would improve the situational contingency of public support, or the extent to which the public already support the change strategy of the organisation.

2.5.1.3. Alliance building

Alliance building is about partnerships, coalitions, and other linkages that are needed to bring about social change. According to Bloom & Smith (2010), a high value on this construct means that the organisation is actively seeking joint efforts, instead of trying to do things solitarily. Therefore, the capability of alliance building enables organisations to scale its social impact, with the support of other organisations (Bloom & Smith, 2010).

2.5.1.4. Lobbying

Lobbying is defined as the effectiveness of an organisation to advocate for government action that might work in its favour (Bloom & Chatterji, 2009). A high value on this construct implies that the organisation has managed to persuade government departments to support its cause. In this sense, the organisational capability of lobbying is focused on the development of political capital. Political capital is distinct from social capital. While social capital refers to potential resources made available through social networks, political capital refers to the resources and powers generated through participation in interactive political processes, linking civil society to the political system (Sorensen & Torfing, 2003).

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2.5.1.5. Earnings generation

Earnings-generation is defined as the effectiveness with which the organisation generates a stream of revenue that exceeds its expenses (Bloom & Chatterji, 2009). A high value on this construct would imply that it does not have concerns about covering its expenses and funding its activities. Earnings-generation is derived from earned income through donors, sponsorships, investments, fees, or other sources, which allows social entrepreneurial organisations to have sufficient income to scale its social impact. A situational contingency that could affect the impact of earnings generation is Start-up Capital, or the extent to which the organisation is starting its scaling efforts, with an ample pool of financial resources committed to it (Bloom & Chatterji, 2009, p. 122).

2.5.1.6. Replicating

Replicating refers to the effectiveness with which an organisation is able to reproduce the programmes and initiatives that it had started (Bloom & Chatterji, 2009). A high value on this construct implies that an organisation is able to extend or copy its programmes and services, without a decline in quality, using training, contracting, social franchising, and other tools, to ensure quality control. Replicating is more directly related to an attribute of social innovation itself, which refers to the ability of the social solution to be transferred easily. When addressing a related issue about social capital, Bourdieu (1986) refers to the potential capacity (of an object) to reproduce itself in identical, or expanded form. In this way, the organisation's ability to replicate enables social entrepreneurial organisations to package their innovation, to expand the potential capacity, to scale its social impact. The social entrepreneurial organisation that is adept at replicating should be able to reach and serve more people with quality services and programmes, leading to rapid scaling. Such an organisation would ideally have systems, procedures, training, franchise agreements, branding, and communication networks in place.

2.5.1.7. Stimulating Market Forces

Stimulating market forces relates to the effectiveness of an organisation to create incentives for people, or institutions, to pursue private interests, while also serving the public good (Bloom & Chatterji, 2009). A high value on this construct implies

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that the organisation has been successful at creating a market for its services. Therefore, the extent to which stimulating market forces would encourage scaling, will depend on the situational contingency of the availability of economic incentives, to continue the provision of stipends to home visitors, as opposed to expecting home visitors to serve as volunteers.

Van Welie (2014), in a study on ECD in South Africa, suggested that ECD services, similarly, could be taken to scale through social franchising, by applying the Scalers Model. In this current study, therefore, the researcher intended to explore whether social franchising, as an organisational model, argued by Van Welie (2014), is a feasible and alternative organisational option, to develop and expand ECD service provision. In addition, the researcher intended to use lessons from social entrepreneurial business models, as well as assess the appropriateness of the seven drivers, or capabilities of the Scalers Model, in relation to the situational contingencies of the Family in Focus ECD programme in the Western Cape.

In support of the idea of social franchising in ECD, Foulis (2014) argues that the common scheme and processes of a franchise is to deliver a standardised package. Lomofsky, Flanagan, and Coetzee (2008) assert that the benefit of social franchising in ECD is, being regarded as cost effective, as it avoids the costs of model development, avoids duplication, and benefits from the scale of delivery. Social franchising could also be suitable for various ECD modalities, including home visiting programmes (Lomofsky et al., 2008). However, a key challenge for those interested in social franchising is the issue of generating funding. Lomofsky et al. (2008) observed that social franchising programmes in developing countries are predominantly donor funded, and the appropriateness depends on the level of government funding, and donor support. However, Foulis (2014) asserts that social franchising offers funding and investment benefits, as it creates additional revenue streams for the franchisor, and safer investments for the franchisee.

2.6. Conclusion

In this chapter, the researcher presented an overview of recent research and policy trends regarding the importance of ECD as a poverty reduction strategy for governments, who invest

in child centred policies. The researcher also provided a description of the theoretical framework that underpins this current research study. An insight into the Capability Approach, which provides a theoretical lens for this study, was discussed, in relation to organisational development (Bloom & Smith, 2009; Lawson & Samson, 2001; Schienstock, 2009). These authors' arguments and assumptions about organisations that develop certain capabilities over time, which enable the organisations to manage organisational challenges, in order to remain viable and maintain their competitive edge, will be tested through the findings discussions presented in Chapters 4 to 6.

In the following chapter, the researcher presents the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

The researcher launches this chapter with an explanation of the research methodology followed in this current study. The research design, participant-sampling procedure, and the selection of the research sites are described. The phases of data collection, the data collection tools, organisation, and analysis are expounded. The quality measures, employed to ensure trustworthiness, as well as the ethic obligations, are presented in the final section of the chapter.

3.2. Research methodology

This current study is a qualitative research enquiry, utilising the case study method, to evaluate how the Family in Focus (FIF) home visiting programme provides early learning opportunities for young children. The FIF programme participants' lived experiences contribute significantly to the elucidation of the meaning that individuals, namely home visitors and project coordinators (PCs), ascribe to a social phenomenon, such as the FIF home visiting programme. This approach allowed the researcher to study the FIF home visiting systems, as well as people's functioning in their natural settings (Creswell, 2014, p. 185).

The research participants shared their day-to-day operations of the FIF home visiting programme through participation in the focus group discussions and interviews. Consequently, the researcher was able to gain insight into, as well as attach meaning to how the participating caregivers, home visitors, and project coordinators experienced their reality (Creswell, 2014, p. 186; Thanh & Thanh, 2015, p. 25; Yin, 2016, p. 9). Additionally, being allowed to see the FIF programme phenomenon through their subjective eyes, the researcher was enabled to create a description of how they view quality, create access, and operate the programme, in the context of the FIF programme communities (Creswell, 2014, p. 186).

The qualitative research process involved a hybrid approach to the thematic analysis of the data, utilising a combination of inductive and deductive approaches.

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3.3. Aim and objectives of the study

The aim of this current study was to evaluate the Family in Focus ECD programme, as well as ascertain its contribution to the improved access to ECD services, through scaling and social franchising. Consequently, the following research objectives were formulated:

1. To explore and synthesise the prevailing preschool policy and practice challenges that affect access for the majority of South Africa's children.

2. To evaluate the Family in Focus ECD programme, which supports the early learning needs of young children in the Western Cape.

3. To explore the scalability (growth potential) of the FIF programme for replication and social franchising.

3.4. Research design

"Qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meaning people bring to them" (Denzin & Lincoln, 2005, p. 3). According to Clissett (2008, p. 100), qualitative research covers a wide range of approaches, for the exploration of "human experience, perceptions, motivations and behaviours", and is concerned with the collection and analysis of words, whether in the form of speech or writing. Qualitative research methodologies seek to learn about the social world, in ways that do not rigidly structure the direction of the inquiry (Oakley, 2004). Yin (1993) suggests five basic components of a research design:

- A study's questions.

- A study's propositions (if any).

- A study's units of analysis.

- The logic linking of the data to the propositions.
- The criteria for interpreting the findings.

In addition to these five basic components, Yin (1993) also emphasises the importance of clearly articulating the theoretical perspective, determining the goals of the study, selecting the subject(s), selecting the appropriate method(s) of collecting data, and providing some consideration to the composition of the final report.

3.4.1. Single case design

A qualitative case study refers to a researcher's exploration of a phenomenon within a context, using one or more cases, over time (Baxter & Jack, 2008; Creswell, 2014; Patton, 2002; Yin, 2003). It is a research strategy that is focused on understanding the dynamics present within single settings (Huberman & Miles, 2002), or within a bounded system, context, or unit of study. These units could be individuals, groups, organisations, movements, events, or geographic communities (Minnaar-McDonald, 2014, p. 143). In social work, case studies assist policy researchers to connect micro individual, and group or organisational level interventions, to macro social structures and policy processes (Minnaar-McDonald, 2014). When using a qualitative case study as an evaluation tool or instrument, it is usually associated with a learning process about a complex phenomenon or instance, based on an in-depth understanding of that instance, obtained through investigation, as well as extensive description and analysis, taking a holistic view in context (Baxter & Jack, 2008).

3.4.2. Evaluative case study

Evaluation research assesses a particular intervention or practice in real-life situations, in the social world (Bryman, 2008, p. 693). The evaluative part of the scientific design in this current study drew on programme evaluation techniques that were appropriate in the observational study or appraisal of the Family in Focus ECD programme, which involved various projects and stakeholders (Patton, 1990, 2002). Strydom (2013) indicates that evaluation research is concerned with programme evaluation or practice evaluation, involving several objectives. In addition, it seeks to determine the effects of social policies, as well as the impact of programmes and interventions in a systematic manner, describing the client's use of a particular programme, evaluating the effectiveness of the programme, estimating causal effects, and monitoring the progress of the clients.

The literature that was reviewed on qualitative evaluation determined that programme evaluation was one type of evaluation for which qualitative research strategies are appropriate (Babbie & Mouton, 2010). Patton (2002, p. 167) describes qualitative programme evaluation as "the systematic collection of information about the activities, characteristics, and outcomes of programmes to make judgements about the programme, improve programme effectiveness, and informs decisions about future programming".

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Qualitative methods are used in evaluations for the following reasons: firstly, it creates space for the programme participants to tell their own stories, reflected in their own words. Secondly, it allows the researcher to use qualitative methods "to follow and document development changes" (Patton, 2002, p. 167). Programme development, therefore, is perceived as a process. Consequently, the growth of the current FIF programme was researched within the context of organisational development processes, as well as its effect on facilitating/managing change and expansion, based on the Scalers Model (Bloom & Chatterji, 2009).

Strydom (2013) identifies three types of evaluation research. *Formative evaluation* is focused on needs assessments, and aims to ensure that the planning and design of a programme is effective, while it is being implemented. *Summative evaluation* is concerned with impact, judging the effectiveness of a programme, or intervention, after it had been implemented (Babbie & Mouton, 2010). Finally, *process evaluation* is focused on the process of programme development, as well as ongoing monitoring for improvement.

For the purpose of this current study, the evaluative orientation was descriptive and summative in nature, focused on the implementation outcomes, effectiveness, and operation of the FIF programme, in terms of changes in the ECD service, as experienced by project communities.

3.5. Selection of the case and unit of analysis

The case, as defined by Miles & Huberman (1994), is a phenomenon occurring in a bounded context. For the purposes of this current study the selection and boundaries for the case was the organisation, *FCW*, and the implementation of the FIF programme in the Western Cape Province in South Africa, consisting of 10 projects, catering for more than 10 000 children, in various municipal districts. The *unit of analysis* was the project communities, or project cases that exist within the larger FIF service programme of FCW. Each *project community* involves a *project committee*, *a project staff leader* (coordinator or manager) and a *staff team* of stipended/paid home visitors, responsible for the fieldwork. Two-hundred-and-fifty (250) home visitors were involved and affiliated to the entire FIF service programme.

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3.6. Population and sampling

3.6.1. Population

The term, population, in qualitative research is used to identify a group of people to whom a researcher wants to draw attention (Babbie & Mouton, 2010, p. 100). Neuman (2006, p. 224) describes the term, population, similarly, as an abstract concept of an entire group or people, from which the sample or unit will be selected. Consequently, in social work, as in human sciences, population refers to all possible cases that a researcher is interested in researching, and individuals, who have specific characteristics in common that are relevant to a specific study. In this current study, the population consisted of project participants from 10 projects of the FIF service programme, affiliated to FCW, located in various districts across the Western Cape Province.

3.6.2. Sampling

Sampling is the process of selecting the units, or a portion of the target population, for the purpose of a study to be conducted (Maree, 2007, p. 79) in such a way that the findings reflect the concerns of the population of interest. The sampling techniques included identifying the population and selecting a representative sample. The researcher employed non-probability sampling techniques that involve convenience, quota, and purposive sampling methods to elect participants based on specific characteristics and criteria (Maree, 2007, pp. 176-178). For this current evaluative case study, purposive sampling was selected. This non-probability sampling technique allowed the researcher to exercise personal judgement regarding the selected characteristics or elements to be included in the sampling framework that would assist in answering the research questions (Bless et al., 2006). Neuman (2006) further emphasised that the principle of purposive sampling is to identify all possible cases that fit particular criteria, using various methods as an acceptable type of sampling for a special situation, as in this organisational case study.

The sampling criteria in this current study was project based. To meet the above aim of this study, a purposive sample of four FIF Projects was selected from the available ten projects, based on two criteria: *language* and *geographical location*. Two were urban project sites (Atlantis and Delft), and the other two were semi-rural project sites

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(Klapmuts and Franschhoek). These sites included project participants from diverse Afrikaans and Xhosa speaking communities, as well as a combination of formal and informal settlements in the Western Cape. Apart from language diversity and geographical location, additional criteria were levels of project participation (for example, beneficiaries/service user level; staff [home visitors/field worker, trainers, management, governance, donors); project work experience; age; and gender (intersecting with race and class).

3.6.3. Selection criteria

As indicated above, the selection of participants across various levels (community and project participation; organisational staff and management; NGO partners and donors) were selected as follows:

3.6.3.1. FIF Project communities

Two urban and two rural project sites were selected based on the following criteria: (i) NPO status and registration; (ii) Functional governance committees, in terms of their constitutions; (iii) AGMs; and (iv) Submission of audited financial reports to the NPO Directorate. Additional criteria were: (v) Language and diversity (Afrikaans, English, and Xhosa speaking communities in both formal and informal settlements); and (vi) Geographical location (urban and rural communities).

3.6.3.2. Programme and project staff

The sampling criteria for the selection of programme and project staff were as follows: *job status, working experience, skills, age, as well as gender and language diversity*. For the FCW programme team, the researcher considered staff with at least 3 to 5 years' working experience at FCW. This included the operations manager, three curriculum designers/trainers, who were also accredited assessors/moderators.

At the project level, the field staff included the project coordinators and home visitors, whose selection was contingent on their participation in the programme for at least two years, and their completion of the FIF skills training programme, facilitated by the programme staff trainers.

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3.6.3.3. Project management

The sampling criteria for the selection of the project management representatives were as follows: *leadership status and duration of membership*. The selection of the project management representatives included a committee chairperson, a founding member, or any other executive member, who had served for a period of two years.

3.6.3.4. FCW board and governance structure

The sampling criteria for the selection of participants at the FCW board level were as follows: *leadership status and duration of membership*, and consequently, included the chairperson and any two senior members, who had served for, at least, two years.

3.6.3.5. ECD service organisations and donors

The sampling criteria for the selection of ECD service partner organisations were as follows: *service history, accreditation status, and legal status of the organisations*. Their selection was based on the following: *a service history of, at least, 10 years*; *accreditation with the Provincial Department of Social Developmen*t; *with registered ECD learning programmes*. Donor selection was restricted to the four leading donors or funders that had supported the organisation over the last 5 years.

3.7. Research participants

According to Kumar (2005, p. 211), "individuals from whom information is obtained, or those who are studied, become the participants of the qualitative research study". "Alternatively, the source of data in quantitative research, on the other hand, is known as respondents" (Babbie & Mouton, 2010, p. 647). The difference between the terms, *participants* and *respondents*, is located in the notion that *participants* provide data from their own experiences, which is congruent with the character of a qualitative study. A *respondent*, however, responds to the specific questions that the researcher poses, in order to assist the researcher to draw statistical inferences (Kumar, 2005).

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As indicated previously, the FCW FIF programme comprised 10 projects in various districts across the province. Each project involved a project committee of between five and nine members, a project coordinator or manager, and a team of home visitors, who are responsible for the fieldwork. Two-hundred-and-fifty (250) home visitors were involved in the programme; however, the size of the teams of home visitors, involved in the various sites, varied from project to project. The following table represents an overview of the research participants.

Table 3.1: Research participants

1. Community Beneficiary Level					
Communities	**Atlantis**	**Delft**	**Franschhoek**	**Klapmuts**	**Data collection method**
Parents and Caregivers	5	4	2	2	2 Focus group sessions
Home visitors	5	5	8	6	2 Focus group sessions
Project Coordinators	1	1	1	1	1 x Focus group session
Committee Representatives	1	1	1	1	4 individual interviews
Total	**12**	**11**	**12**	**10**	
2. Organisation and management level					
Programme Staff	**Employment/ Association period**	**Project Communities**	**Programme responsibility**	**Data collection method**	
No. 1	10 years	Delft and Atlantis	Assessor and moderator		
No. 2	8 years, started 2012 as intern	Mitchells Plain, Langa and Bonteheuwel	Trainer and assessor	1 x Focus group session	
No. 3	8 months	Khayelitsha and Caledon	Trainer and assessor		
No. 4	5 years	Oudtshoorn and Beaufort West	Trainer and assessor		
No. 5	1 year	Athlone	Trainer		
Senior Programme developer	10 years	Hermanus, Stanford, Gansbaai	ETDP SETA Liaison	Individual interview	
Operations Manager	14 years	Provincial oversight	Programme Management	Individual interview	
Board Member 1	15 Years	Chairperson	Advocate, Labour Consultant	Individual interview	
Board Member 2	8 Years	Finance Sub-Committee Member	Industrial Psychologist, HR Consultant	Individual interview	
Board Member 3	5 Years	Additional Member	ECD Specialist	Individual interview	
Board Member 4	3 Years	Additional Member	Ward Councillor	Individual interview	

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3. Donor and ECD NPO Partner Level				
Donor organisation	**Designation**	**Funding arrangement**	**Grant amount < or > 1million**	**Data collection method**
Donor 1	Regional Manager	3 year funding cycles	R5m	Individual interview
Donor 2	ECD Manager	Grant in Aid and tenders	R800 000	Individual interview
Donor 3	CSO Coordinator	Grant funding	R1.4m	Individual interview
Donor 4	National Marketing Manager	Programme funding	R1.2m	Individual interview
ECD organisation	**Designation**	**Outreach**	**Years in existence**	**Data collection method**
NPO 1	Director	Provincial/National	48 years	Individual interview
NPO 2	Project Manager	Provincial/National	40 years	Individual interview
NPO3	Programme Manager and Researcher	Provincial/National	25 years	Individual interview

Sixty-three (63) participants were involved in the research process that comprised 6 focus group sessions and 17 individual interviews. At the community level, 45 participants were involved; at the organisational level, seven staff members and four board members were involved, and at the partner level, three NPO representatives and four donor representatives consented to participate.
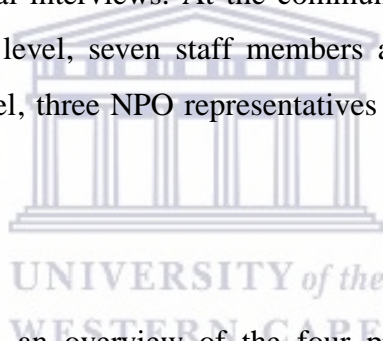
3.8. Research setting

The researcher briefly presents an overview of the four project community sites in the following sections.

3.8.1. Klapmuts

The community of Klapmuts covers an area of approximately 1.76km^2, situated about 15km from Stellenbosch and Ward 18 (Ackerman et al., 2016). The town of Klapmuts started out as an *outspan* area for farmers, who travelled by ox-wagon and horses between Cape Town and Worcester, to rest and refresh animals, with little development until the 1990s. Under the administration of the Stellenbosch municipality, the area rapidly developed over the last 15 years into four distinct sub-areas. Bennetsville, is the older part of the town, with about 1 200 residents, and Klapmuts SP, is the area between the railway line and the N2 freeway, with about 130 residents. Weltevrede Park, is a densely populated RDP settlement, with more than 5 600 people, while Mandela City, is an informal settlement, with about 600 residents (Ackerman et al., 2016). Initially, the

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community was predominantly Afrikaans speaking; however, a growing Xhosa speaking community has settled in, due to individuals' search for employment on surrounding farms. Additionally, a steady increase in the number of foreign nationals has been observed in the area. With people constantly in search of employment in the surrounding farming communities, a growing backyard dwellers problem has developed in Klapmuts that has led to overcrowding in the community, which only has one primary school, and no secondary school as yet (Ackerman et al., 2016).

3.8.2. Franschhoek

The Franschhoek community, administered by the Stellenbosch municipality, has developed, as a town, into a tourist valley, with two municipal wards:

- Ward 1 comprises the CBD and the historical residential areas in and around the town. It also includes the RDP settlement of Mooiwater, as well as the farms in the Bo Hoek area, where tourism is the major revenue generator in the Franschhoek and Stellenbosch ward plan (Stellenbosch Municipality, 2017).

- Ward 2 comprises the residential areas of La Motte, Dennegeur, Groendal, Langrug, and the farms along the R45, in the direction of Pniel. Although Franschhoek, as a traditional farming area, had a predominantly Coloured farming community, the enticement of cheap farm labour, led to a dramatic influx of Black, Xhosa-speaking families, who have now surpassed the Coloured, Afrikaans-speaking community (Stellenbosch Municipality, 2017).

3.8.3. Delft

According to the 2011 Census, Delft had a population of 152 030, comprising 39 576 households. The community is predominantly Coloured (52%) and Black African (46%). The greater Delft community is divided into 6 sub-districts: Delft South, Delft SP, Eindhoven, Roosendal, The Hague, and Voorbrug. The Delft community is one of the first areas where integrated development was piloted, where both Coloured Afrikaans-speaking families and Black Xhosa-speaking families were settled in the area. The initial tensions of about 10 years ago has now blown over and the community has settled as accepting and accommodating neighbours, who look out for each other. More than 90% of all the households have access to basic services, such as piped water and electricity. Although 59% of the population are employed, 69% of the households survive on an

income of about R3200 per month (Republic of South Africa [RSA], Department: Statistics South Africa [Stats SA], 2011).

3.8.4. Atlantis

The town of Atlantis, situated approximately 40km north of central Cape Town, was established during the 1970s, when the Apartheid government developed an industrial hub in the region. The Atlantis community, which was predominantly Coloured, provided the affordable labour for the growing industry. However, when the government stopped the subsidy incentives to the industry and businesses, it resulted in unemployment and a reduced attractiveness of the area. Atlantis has a population of approximately 67 491 residents, with unemployment, lack of housing, and crime, being the major challenges in the area (RSA, Stats SA, 2011).

3.9. Data collection

Case study research allows for the use of multiple data sources, as a strategy to enhance data credibility (Patton, 1990; Yin, 2003). Data sources may include documentation, archival records, interviews, physical artefacts, direct observations, and participant-observation (Baxter & Jack, 2008). For the purposes of this current study, the researcher utilised multiple sources of evidence, namely, field notes (memos, journals), documents (international and local policy documents, donor reports, annual reports, previous research reports and other visual material) transcribed narratives (individual interviews and focus group discussions).

3.9.1. Data collection process

The researcher utilised a comprehensive data collection strategy, consisting of three main methods, namely, **reviewing selected literature and documents**, which included international and local policy documents, research studies and publications, organisational archival documents, such as annual reports, strategic planning reports, donor reports, previous programme research reports, as well as other visual material and artefacts. In addition, the researcher used **participant observation field notes** (memos, journals), and lastly, **transcribed narratives** (from focus group discussions and individual interviews). The above main methods of data collection were selected for triangulation purposes and multiple perspectives on the FIF programme, the selected

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projects, the implementation of the programme in the field, as well as how the communities received the programme.

3.9.2. Documentary and textual analysis

Documents are regarded as "standardized artefacts" and come in different formats (Flick, 2015, p. 153), such as notes, project reports and other material. Additionally, Rule and John (2011) note that documents include various types of reports, minutes, newsletters and correspondence. The range of methods employed to collect and read documentary data, was to benefit this current study, and ensure that it elicited diverse perspectives, to understand, describe, and contextualise the development of the programme. The following organisational documents and records were sourced for the purposes of the research:

a) Annual Reports for the period 2014 to 2019.

b) Historical publications documenting the first 35 - 40 years of the organisation.

c) Minutes of board meetings that reflected on the developmental route of the organisation.

d) Programme reports completed for donors and funders (Western Cape Department of Social Development, National Development Agency, DG Murray Trust, Imam Abdullah Haron Education Trust, and Community Chest) during the period 2014 to 2018.

e) Previous publications that were authored by the researcher.

3.9.3. Participant observation and gaining entry

Participant observation is a strategy and method employed to gain access to the inner, seemingly subjective aspects of human existence (Krieger, 1985). Through participation, the researcher was able to observe and experience the meanings and interactions of people from the role of an insider (Jorgensen, 1989). Case studies conducted by way of participant observation; attempt to describe a phenomenon, in detail, in terms of a research question. Direct observation is the primary method of information gathering. Depending on the nature and extent of participant involvement, the researcher's immediate experience could be an extremely valuable source of data (Jorgensen, 1989). Participant observers commonly gather data through casual conversations, in-depth,

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informal, and unstructured interviews, as well as formally structured interviews and questionnaires (Fine, 1987).

"At the beginning stages of a research project, participant observation is used to facilitate and develop positive relationships among researchers and key informants, stakeholders, and gatekeepers, whose assistance and approval are needed for the study to become a reality. These relationships are essential to the logistics of setting up the study, including gaining permission from appropriate officials, and identifying and gaining access to potential study participants" (Mack, Woodsong, Macqueen, Guest, & Namey, 2005, p. 16). The researcher partially achieved this through a series of site visits that were set up with the respective projects. Due to the researcher's role as director, and to avoid role confusion (Creswell, 2014; Mukherji & Albon, 2010), the supervisor agreed that meetings with the research participants could assist in clarifying the purpose of the research project, as well as ensure that the researcher received the required approval from the project teams, to participate in the research.

Over a period of two days, the researcher and the study supervisor visited the four project communities. On day one, the Klapmuts and Franschhoek projects were visited, and on day two, the Delft and Atlantis projects were visited. In Klapmuts, the project coordinator arranged for the use of the primary school boardroom, where the team of home visitors, as well as a few caregivers, were present. Meeting in the school boardroom was considered a neutral space. In contrast, the Franschhoek team met at the residence of the chairperson, who is currently also the ward councillor for the area. In the Delft community, the team met at the local library, and in Atlantis, the team and some caregivers met in the community centre, where the project rented office space.

After being welcomed by the local project coordinators, the researcher, as the director/ researcher explained the purpose of the research study, as well as and why the four project areas were selected. The research supervisor further clarified the research process, and that the participation of caregivers and home visitors would be protected through the application of a consent form, which offered consent for their involvement in the research, and guaranteed their confidentiality. The meetings also served as an opportunity to assess their willingness to serve as data sources for this current study. An example of

the consent letter that was disseminated to the prospective focus group participants, is attached as Annexure 3a. Participant observation also enabled the researcher to develop a "familiarity with the cultural milieu" (Mack et al., 2005), and meeting the teams in their communities, provided a better understanding of the contexts in which the projects were located.

3.9.4. Focus group discussions

A focus group discussion is a research interview, conducted with a group of people, who share a similar type of experience (Terre Blanche, Durrheim, & Painter, 2006, p. 304). The four basic components of a focus group are as follows:

a) Procedure – the rules that give structure to the group process;

b) Interaction – the facilitator's ability to manage the conversation and be aware of all the dynamics;

c) Content – what is spoken about, usually following a semi-structured interview format; and

d) Recording – focus groups are usually recorded by audio and video recording, as well as note taking.

(Terre Blanche et al., 2006, pp. 305–307).

For the purposes of this current study, the researcher used open-ended questions that allowed the participants to share stories about their experiences (Babbie & Mouton, 2010). The sessions were audiotape recorded with the prior consent of the participants.

At the project level, the focus groups were structured as follows. From the four participating communities (Klapmuts, Franschoek, Delft, and Atlantis) the following participants were considered:

- Parents/caregivers

- Home visitors

- Project Coordinators

- Project committee members (chairpersons)

Two joint focus group sessions were arranged for the parents/caregivers, one for Klapmuts and Franschoek, and one for Delft and Atlantis, with each joint focus group session including five participants from each site, specifically, 10 participants in each joint focus group. Ultimately, the Delft/Atlantis FG included 9 participants (4 & 5 respectively), and the Klapmuts/Franschoek FG, 4 participants (2 & 2 respectively, as per Table 3.1). Similarly, two joint focus group sessions were arranged for the home visitors, one for Klapmuts and Franschoek, and one for Delft and Atlantis, with each joint focus group session including five participants from each site, specifically, 10 participants in each joint focus group. Ultimately, the Delft/Atlantis FG included 10 participants (5 & 5 respectively), and the Klapmuts/Franschoek FG, 14 participants (6 & 8 respectively, as per Table 3.1). One focus group session was arranged with the four project coordinators from the four project communities. Additionally, one focus group session was arranged with five programme staff. Consequently, a total of 5 focus group sessions were conducted with the community participants, and one with FCW programme staff. The planned focus group session with the project committee chairpersons did not materialise, due to their unavailability and work commitments. Instead, they were included as participants in the individual interviews that were conducted.

3.9.5. Individual interviews with key informants

According to Babbie & Mouton (2010), the individual interview is the most common method of data gathering in qualitative research, as it allows the participants to speak freely in their own words. These authors define an interview as a conversation, during which the interviewer establishes a general direction for the conversation, and pursues specific topics raised by the participants (Babbie & Mouton, 2010, p. 289). The in-depth interview is a technique designed to elicit a vivid picture of the participant's perspective on the research topic. In-depth interviews are usually conducted face-to-face and involve one interviewer and one participant (Mack et al., 2005).

For the purposes of this current study, a total of 17 semi-structured, in-depth interviews, of at least one hour, was conducted with four project committee chairpersons or representatives, two senior FCW management staff members, four FCW board members, three managers from ECD service partner organisations, and four donor representatives.

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The interviews with the NGO partners and donors were to explore their views on scalability and challenges experienced in the ECD sector.

3.9.6. Field and reflective notes

Notes from the participant observation, interviews, and focus groups, are referred to as *field notes*, which are entered directly into a field notebook. After each event, the researcher needed to expand the notes into rich descriptions of what had been observed (Mack et al., 2005). These authors also caution researchers against reporting their own interpretations, instead of an objective account of what had been observed. "To interpret is to impose your own judgement on what you see" (Mack et al., 2005, p. 23). Note taking should include the date, time, place, and type of data collection event. Notes should be brief and taken strategically, using key words and phrases. During the process, blank space should be left on the page for the researcher to expand the notes. Additionally, the researcher is encouraged to document people's body language, moods, or attitudes, the general environment, interactions among participants, ambiance, and other information that could be relevant (Mack et al., 2005).

During the focus group sessions and interviews, the researcher made brief notes and recorded key words and statements made by or shared by the participants. After each focus group session and interview, the researcher typed up these *reflective notes*, highlighting the flow of the interview, as well as how the participants responded. In the opinion of the researcher, all the participants were keen to participate, and open to share their experiences, honestly.

3.10. Data analysis, coding and triangulation

The system of thematic analysis for this current report drew on the guidelines and steps of Braun and Clarke (2006), as outlined in Table 4.2.

Table 3.2: Guidelines and steps of Braun and Clarke (2006)

Phases	Description of the Process
Phase 1: familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
Phase 2: Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.

Phase 3: Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
Phase 4: Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis
Phase 5: Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
Phase 6: Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Braun and Clarke (2006)

Thematic analysis is a search for themes that emerge as important to the description of the phenomenon. The process involves the identification of themes through "careful reading and re-reading of the data" (Rice & Ezzy, 1999, p. 258). It is a form of pattern recognition within the data, where emerging themes become the categories for analysis. Braun and Clarke (2006) define themes as recurrent and distinctive features of participants' accounts, characterising particular perceptions, and/or experiences, which the researcher considers relevant to the research question.

The method of analysis chosen for this current study was a hybrid approach of qualitative methods of thematic analysis, which incorporated both the data-driven inductive approach of Boyatzis (1998), as well as the deductive approach, as outlined by Crabtree & Miller (1999, also cited in Fereday & Muir-Cochrane, 2006). The researcher used a template, in the form of codes from a codebook, as a means of organizing text for interpretation and analysis of data. The codebook or template was developed *a priori*, based on the research question (the scaling potential of the FIF programme), and the theoretical framework (Scalers Model).

Triangulation was also applied to validate the findings from the various data sources – primary and secondary data – as well as assess the consistency of the findings that emerged from the focus group sessions and individual interviews, with the contextual information, which was used to describe the historical development of the organisation, in order to develop a comprehensive understanding of the phenomena (Patton, 2002). For the purposes of this current study, in order to protect the identity of participants, each focus group or interview was given a code (HVS1 or PCFG). Each segment of conversation was coded, using a formula such as HVS1, p1: 1 – 10. The HVS1 referred to the home visitors' focus group session 1 or 2; p1: indicated the page number; and 1 - 10 referred to the line number/s of the transcription on that specific page.

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3.11. Ethic obligations

Research ethics deals primarily with the interaction between researchers and the people they study (Mack et al., 2005). "Research ethics help ensure that as researchers we explicitly consider the needs and concerns of the people we study, that appropriate oversight for the conduct of research takes place, and that a basis for trust is established between researchers and study participants" (Mack et al., 2005, p. 8). After receiving ethical clearance from the University of the Western Cape's Ethics Committee, as well as the FCW Board, the researcher embarked on the field study.

The following core principles, originally articulated in The Belmont Report (United States of America [USA], Department of Health & Human Services, National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research [NCPHS], 1976), form the universally accepted basis for research ethics:

- *Respect for persons* requires the commitment to ensure the autonomy of research participants, and, where autonomy may be diminished, to protect people from exploitation of their vulnerability. The dignity of all research participants must be respected. Adherence to this principle ensures that people will not be used simply as a means to achieve research objectives.

- *Beneficence* requires the commitment to minimize the risks associated with research, including psychological and social risks, and maximize the benefits that accrue to research participants. Researchers must articulate specific ways in which this will be achieved.

- *Justice* requires the commitment to ensure a fair distribution of the risks and benefits that result from research. Those who take on the burden of research participation, should share in the benefits of the knowledge gained.

- *Respect for communities* places an obligation on the researcher to respect the values and interests of the community in research and, wherever possible, to protect the community from harm (Mack et al., 2005).

The following guidelines were followed to achieve informed consent (Mack et al., 2005). All the research participants were informed of the following:

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- The purpose of the research;

- What was expected of them;

- How much time might be required for their participation;

- Expected risks and benefits;

- Participation would be voluntary and they could exit at any time, without any repercussions;

- Confidentiality will be protected, and

- Contact details of the research supervisor at the university (Mack et al., 2005).

In addition, the researcher made use of a moderator to facilitate the focus group sessions, to ensure that the participants expressed themselves in their first language (English, Afrikaans, or Xhosa), and to translate for the benefit of other participants', as well as the researcher's understanding.

3.12. Trustworthiness

Researchers should apply the following four criteria, namely, credibility, transferability, dependability and confirmability, to enhance the trustworthiness of their research (Lincoln & Guba, 1985). Firstly, credibility in qualitative studies is achieved when researchers include the following strategies, while designing and conducting research (Lincoln & Guba, 1985, p. 263):

- Adoption of appropriate, well-recognised research methods;

- Prolonged engagement;

- Triangulation;

- Peer scrutiny;

- Member checks of data collected;

- Thick description of the phenomenon; and

- Referential adequacy (archiving of data).

In this current study, the researcher adopted a case study research design, which has been widely used by researchers, and in which the abovementioned strategies were incorporated.

Through this qualitative case study, the researcher explored the phenomenon of an organisational programme that involved a range of participants, from various project communities, as well as stakeholders from ECD organisations and donor representatives. The researcher's position, as both director and researcher, provided sufficient opportunity for ongoing engagement with the research participants from the participating project communities, through regular project meetings and site visits, to observe home visitors in the field, as well as through meetings with project coordinators and project committees to build trust, cooperation, and understanding, without influencing the researcher's professional judgement (Lincoln & Guba, 1985, p. 260).

In this programme evaluation study, the technique of triangulation was applied through individual interviews and focus group sessions. Triangulation, as a quality measure, was achieved through various methods, during the data production phase that involved document reviews, focus groups, and individual interviews, as well as field observations. Triangulation was also achieved through the involvement of various stakeholder groups from the four participating communities, to verify and compare experiences of the FIF programme, which enhanced credibility. In addition, the participants were granted the opportunity to verify the verbatim transcriptions, soon after the data were collected. Creswell (2014, p. 201) refers to this as *member checking*, which is defined as "… a process whereby the final report or specific description or themes are taken back to the participants".

The researcher opted to share the verbatim transcriptions with the participants during the data production phase, as opposed to sharing the final report. Member checking is an essential step in establishing trustworthiness, as it reduces the likelihood of any misrepresentations of the findings due to researcher bias. Additionally, the time that elapses between data production and reporting, may affect the participants' memory of events, initiating an inability to identify the manner in which the data is presented. To further enhance the credibility of the data, a moderator was employed to facilitate the focus group sessions, as well as translate/interpret from Xhosa to English and Afrikaans, and vice versa. This was important to ensure a true reflection of the participant's experiences.

During the research project, regular opportunities were allowed for reflection and feedback, firstly from the research supervisor, based on the documentation process, and secondly, during

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team meetings, where fieldwork experiences were discussed. The feedback and comments were incorporated to strengthen the study. Finally, the researcher provided thick descriptions of the phenomenon under study, by accurately describing the actual situations that were investigated, as well as the contexts surrounding the investigations. The researcher interpreted the human experiences of the participants in a way that enabled others, who shared the same experiences, to recognise the descriptions immediately.

The second criterion of trustworthiness is transferability, which is achieved within qualitative research, when the researcher presents sufficient descriptive data to allow comparisons. Transferability is more the responsibility of the person wanting to transfer the findings to another situation, or population, than that of the initial researcher (Bengtsson, 2016, p. 13). Qualitative studies do not aim to generalise findings, and therefore, make very limited claims in this regard (Bengtsson, 2016, p. 13). Providing sufficient contextual information about the selected FIF project community sites, might enable a researcher, in a similar setting, to transfer the findings. Rich, thick descriptions are an important strategy linked to transferability, not with the intention to replicate the study, but rather, to truthfully reflect on the participants' views of their realities, or contexts, through descriptions of the project communities, the urban-rural divide, and the various levels of project participants in the study.

Thirdly, dependability and credibility are closely related. A detailed description of the research design is provided to enable future researchers to repeat the design. Along with the research design, in this current study, the researcher presented the data production processes and instruments (documents, focus group discussions, interviews and observations), making triangulation of the data possible, to increase the trustworthiness, as suggested by Creswell (2014, p. 201) and Yin (2016, p. 161).

Fourthly, confirmability considers the objectivity or neutrality of the data (Bengtsson, 2016, p. 13). Consequently, the researcher has to ensure that the findings are the result of the participants' experiences, and not those of the researcher. Therefore, self-reflection and the use of triangulation reduce the effect of researcher bias. An audit trail of the data production process (interviews and focus groups, transcriptions, feedback from the participants, as well as how the data leads to the findings) ensures that the criterion of confirmability is met. The researcher provided rich, thick verbatim descriptions of the participants' discussions and contributions to

ensure that the reader has a sense of sharing in the experience (Creswell, 2014, p. 199). The use of a reflection journal, minutes of the supervision sessions, as well as the supervisor's feedback, enabled the researcher to reflect on any biases, with respect of the roles as director and researcher (Creswell, 2014, p. 188).

3.13. Reflexivity

The researcher, as the director of the organisation, had an insider's, or emic view of said organisation, which, in qualitative design, made it easier to identify with the research participants (Babbie & Mouton, 2010). However, this position was guided by research ethics, as well as the principles of respect and dignity for the research participants. As director, the researcher also had access to documentation, donor reports, and publications on the organisation, as well as the FIF projects for the period 2015 to 2019.

3.14. Conclusion

In this chapter, the researcher provided a description of the research methodology, best suited to achieve the aims of this current research study, as well as the elements that were applicable in the research methodology. The researcher also described the various ethic obligations that were considered during the implementation of the study, to ensure confidentiality. The trustworthiness of the data was described, as a research tool for validating the results or outcomes of the study. In the following chapter, the researcher presents a contextual overview of the organisation, and the emergence of the Family in Focus home visiting programme, as a non-centre-based ECD programme, to reach and support the young children, who had no access to ECD services in poor and rural communities.

CHAPTER FOUR

PRESENTING THE CASE: THE FOUNDATION FOR COMMUNITY WORK (FCW) & THE FAMILY IN FOCUS (FIF) PROGRAMME

4.1. Introduction

In this chapter, the secondary data from organisational archives of the past 45 years are reported on and triangulated with the participant observational data (publications by the researcher), to contextualise past and current organisational challenges and capabilities. The historical policy context, evolving organisational development, and the origins of the FIF programme, in terms of its current focus, are captured. Drawing on various capability theorists and their ideas on scaling, more recent primary data (transcripts of the focus groups and interview data), gathered from the multi-layered purposive sample, are analytically reported on to elaborate on growth challenges. By capturing and documenting this information as organisational case evidence, an introspective understanding of past and current dynamic organisational change process (Schienstock, 2009), organisational growth potential, and further developmental challenges of the learning and expanding capabilities, should become clear.

As previously stated, the Human Capability Approach (HCA) provided a theoretical lens for this current study. New potential for growth and change of intervention strategies for ECD were explored in relation to existing organisational contingencies or opportunities, as outlined in Chapter Two. Organisations develop certain capabilities over time that enable them to manage challenges and problems in an organisation-specific manner, responding to the needs of the time, as well as situational contingencies. The concept of organisational capabilities, therefore, is linked to the knowledge processes that are internal and external to organisations. As mentioned before (see Chapter Two), Lawson and Samson (2001), as well as Schienstock (2009) also agree on the development of a range of organisational capabilities. They identified three sets of organisational capabilities, namely, functional capabilities (organisation's technical and intellectual properties), integrative capabilities (the ability to draw from external sources to improve internal competencies), and innovation capabilities (which allows organisations to maintain their competitive edge).

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Through its 45 years of existence, FCW, as an umbrella organisation acquired many community assets, through preschools that were affiliated to its organisational structure. As an enabling body or entity, FCW trained and developed the leadership capacity of community preschools for self-governance and financial independence.

Historically, the organisation assessed and identified the need to pilot and implement an alternative, innovative non-centre-based, and non-fee-based ECD programme. Following the description of innovation capability by Lawson and Samson (2001), the FIF home visiting programme, consequently, could be described as the ability that FCW developed to transform knowledge and ideas into products (ECD service provision), processes (relationships and trust-building, partnerships and networks, organisation-building) and systems (policy guidelines and procedures), to benefit the organisation and its stakeholders (Lawson & Samson, 2001).

The following sections sketch an overview of, firstly, the historical development and establishment of a welfare service organisation, with a focus on preschools; secondly, resource mobilisation and asset-building approach through preschool affiliation; and thirdly, the shift in organisational policy towards investing in the development of partnerships with beneficiary community projects, using capability theory as the theoretical lens.

4.2. 1974: Launching a welfare organisation at the peak of *Apartheid*

The South African state policy of separate development (Apartheid), as practised from the late 1940s until the 1990s, not only separated communities (Taylor, 1997; Matiwana & Walters, 1986), but also government services (Fredericks, 2006; McKendrick, 1987). In this regard, the welfare system discriminated against the poor and the disadvantaged. Welfare services and budget allocations were also entrenched within the discriminatory policies of the country, where the White minority group was favoured above the other racial groups (Fredericks, 2006, p. 43; McKendrick, 1987). Any prospective donor, or individual, making funds available for the advancement of people, who were not of the same race, took the risk of acting against the law, as such an action would be against the policy of separate development. Except for the churches, which the government regarded as significant partners in the provision of welfare services, it was not the culture of the corporate sector, or individuals, to make substantial funds available for the upliftment of the disadvantaged Black majority (Allie, 2011; Fredericks, 2006; McKendrick, 1987).

In the South African context, the struggle for democracy was much more than earning the right to vote. According to Taylor (1997), democracy is about ensuring the effective participation of people in community struggles and campaigns.

> *"Democracy was about ensuring that the issues of women and children, students and workers, unemployed and employed, urban factory workers and farm labourers and mineworkers were given an equal voice. It was about the right of people to have access to information, and making public, private and community organisations accountable and transparent in their actions." (Taylor, 1997, p. 187).*

In the struggle against apartheid, democracy became a powerful ideological concept, and within voluntary associations and community organisations, the members' commitment to democracy was a key driver of change in communities (Matiwana & Walters, 1986). Therefore, it was important for community organisations that emerged on the Cape Flats during the 1970s to have visionary leadership, who understood the challenges faced by poor communities, as well as how to mobilise people to become active in the struggle for change. The use of democratic values – respect for difference, dialogue, listening, deliberation, shared enquiry, critical judgement, cooperation, collective decision-making, the common good, inclusion and influence of everyone (Moss, 2009), became the bedrock of non-governmental organisations at the time.

Against this backdrop of Apartheid, a White Afrikaner businessman, who was motivated by strong feelings of compassion for those in dire straits, donated R500 000 towards the establishment of a welfare organisation, to ease the hardships of the poverty-stricken Coloured communities of the Western Cape (Allie, 2011, 2015). As described in his autobiography, Van Rooyen (2010), was well aware of the conditions of poverty around him, and the realisation that the government of the day was doing very little to help the poor and the needy, urged him to take some action. With his contribution and investment, a welfare organisation was established. On 16 December 1974, the Western Cape Welfare Organisation for Coloured People (WESWOC) was launched at the Landdrost Hotel, in Lansdowne, Cape Town (Van Rooyen, 2010). The keynote speaker was also a White Afrikaner, as well as an academic, who was the Head of the Department of Social Work at the University of Stellenbosch at the time. She, too, worked passionately to combat poverty, and later chaired a government-appointed

commission to investigate poverty among Coloured people (Allie, 2015; Fredericks, 2006; Western Cape Welfare Organisation for Coloureds [WESWOC], 1974).

The first management board spent considerable time drafting an appropriate constitution for the organisation. However, they were faced with numerous dilemmas. Firstly, they had the difficult task of defining a set of aims to address the plight of Coloured people living on the Cape Flats, and focused on charity and welfare which were summarised as follows:

- to care for the spiritual, material, and welfare needs of Coloured communities;

- to establish institutions, children's homes, and day care (crèches) facilities (WESWOC, 1974).

Another area of concern that divided the board members, was the stigma attached to the name of the organisation and the Coloured identity tag. The chairperson strongly argued that the word "Coloured" would identify the specific race group in need, and distinguish the organisation from other welfare organisations. In addition, the chairperson argued that the name, WESWOC, would be aligned with the government policy of separate development (Fredericks, 2006; WESWOC, 1974).

The first phase of the organisation, therefore, centred on the need for an appropriate identity, free of the racial connotation, and so-called Coloured group identity tag. The first director of the organisation, a well-known academic, playwright, and social worker, motivated for the name to be changed, and managed to unite the board members on this issue. The minutes of a board meeting (Western Cape Welfare Organisation for Coloureds [WESWOC], 1977a) reflected the name change as follows:

- The *Western Cape* prefix would remain as a reflection of the region;

- The concept of a *Foundation* would be employed because of its association with the status provided by the R500 000 donation that was made;

- The concept *Community Work* would be employed as it defined and described precisely the organisation's work. This was supported by the Head of the Department of Social Work at the University of Stellenbosch, who was also the keynote speaker at the organisation's launch. She agreed with the idea of a *community work organisation*

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which, she argued, had begun to emerge in academic and professional discourse and incorporated all aspects of welfare broadly (WESWOC, 1977a).

In his motivation, as reflected in the minutes (WESWOC, 1977a), the Director made the following statement:

"Social attitudes in our community, since 1974 changed as a result of recent incidents that the word "Coloured" as it prominently appears in our name, will torpedo our chances, instead of winning community support. At this stage the word is so unpopular that we will hardly manage any enthusiasm in the community".

Consequently, the name was changed to the *Western Cape Foundation for Community Work*, which currently, is fondly referred to as, the *FCW*. This step was considered the first paradigm shift made by the organisation (Allie, 2015; Fredericks, 2006). At the organisation's 40th anniversary in 2014, the former director briefly reflected on the pain caused by the name saga, during the organisation's early years (Allie, 2015).

During this initial phase of the organisation's development, while addressing the critical issues of identity and acceptance in the broader community, the organisation displayed the relevant capabilities to deal with diverse types of problems, as indicated by Schienstock (2009). In this regard, the organisation demonstrated the ability to balance and manage conflicting interests of various asset holders – staff, beneficiaries, and donors, who all have distinct demands, as well as dealing with societal demands to legitimise decision-making processes (Schienstock, 2009, p. 5).

4.3. Crafting a niche in ECD

The establishment of a welfare organisation with a huge cash injection, drew lots of interest from local communities, who were attracted to the *Foundation*. The hype in the local media created an expectation that this new organisation would offer the help the communities required, and which the Apartheid government was unprepared to provide (Allie, 2011, 2015). Government support and funding for the education and development of young children was limited, and by 1970, when the Provincial Educational Departments took charge of the nursery school system, the provision for White children was expanded, while young Black children

were marginalised further (Padayachie et al., 1994). The majority of South Africa's young Black children were excluded, with limited access to ECD programmes and opportunities.

4.3.1. Asset building through preschool affiliation

Within a very short period, from the time of the organisation's launch in December 1974 to 1979, at least ten local community projects with a strong preschool thrust, sought affiliation to the FCW. The community-based ECD projects emerged as an organic process initiated by communities, and a focus on young children became the pivot around which communities could mobilise to generate action (Fredericks, 2006). Very early in the development of the organisation, the realisation emerged that partnerships with community-based organisations could become the ideal vehicle to move the organisation forward. At the third meeting of the organisation on 12 July 1975, the intention was expressed to work with, and adopt community projects that were willing to affiliate to the organisation. The Dassenberg project (envisioned as a children's home), and the Renier van Rooyen Centre (in Kuilsriver, under the auspices of the Dutch Reformed Church, envisioned as a welfare service), were the first two projects that expressed interest in affiliation to the organisation (Western Cape Welfare Organisation for Coloureds [WESWOC], 1975).

In November 1977, the minutes reflected that two projects in New Orleans, Paarl (Our little People and Stepping Stones), were eager to purchase land from the Department of Community Development for their preschool centres. At the meeting, consensus was reached that the land be purchased for the two sites. At the same meeting, the transfer of two ECD sites in Ocean View (Aquila and Scorpio Preschools) from the Kommetjie and Noordhoek Welfare Association was raised. Once again, consensus was reached that Marias, Pienaar and Associates, a legal firm still currently operating, would develop a standard agreement that could be used with various community partners (WESWOC, 1977a). A similar agreement was reached with the SA National Council of Women, regarding the transfer of a creche in Morningstar, Durbanville (24 November 1977). In January 1978, the Divisional Council of Cape Town, requested that the organisation take over the transfer and ownership of a creche that the council was building in Wesfleur, Atlantis (Western Cape Welfare Organisation for Coloureds [WESWOC], 1978a). The minutes also reflected that the Happy Tots Nursery School in Grassy Park and Annette's

Playgroup in Wellington be considered for affiliation, and discussions were initiated with the municipalities regarding suitable land for a building (WESWOC, 1978a).

The FCW board recognised the vibrancy of these community initiatives and realised that, with ongoing support and guidance, the educational, social, and economic spin-offs, generated by these community-based projects would be invaluable. The potential to build community capacity through education and training was a challenge that the board members were passionate about, and accepted without further deliberations (Fredericks, 2006). While municipalities and other established welfare organisations were willing to transfer title deeds and buildings to the *Foundation*, the board identified the opportunity to grow the foundation's footprint across several communities. Consequently, the foundation acquired community assets, because of its perceived social standing. Additionally, it soon became evident that alliance building and partnerships with various community structures could help to address the identified social needs, and bring about social change. Through affiliation, the capability of alliance building, as argued by Bloom and Chatterji (2009), as well as Bloom and Smith (2010), helped to scale the organisation's social impact in the initial phase of the organisation's development.

During this initial period (from the launch in 1974 to 1979), the organisation was run and managed by a management committee structure. In order to formalise and operationalise the organisation, it had to establish systems and create an expanded structure. In this regard, the following aspects were identified in the organisational minutes and records:

1. The permanent appointment of a director to take charge of the day-to-day management and administration of the organisation. The role and function of the director was clarified as overall control over the routine aspects of the organisation, and to present quarterly reports to the Management Committee.

2. The appointment of a bookkeeper to manage the accounts of the organisation, as it was becoming a fulltime job that the treasurer's university responsibilities did not allow him to manage. A post description and associated responsibilities were drafted by the treasurer and the director, and a bookkeeper was appointed from 1 July 1979.

3. The appointment of a professional field staff team to engage and assess various ECD community structures. In a previous meeting on 8 October 1977, the management committee agreed that a social worker, or community worker, should be appointed to work with the ECD centres. The first community worker was appointed on 17 November 1977 (Western Cape Welfare Organisation for Coloureds [WESWOC], 1977c). The second community worker, as well as trained social worker, were appointed from 1 July 1979 (Western Cape Foundation for Community Work [WC FCW], 1979d).

Creating structure and an operational framework for a fast-growing organisation was important. The appointment of key staff (both professional and administrative) provided a set of core organisational capabilities that would enable the organisation to work more closely with community structures. The aim was to build trust and relationships, in order to assess the ECD needs of communities, as well as the skills and capacity of local preschool committees. In addition, the organisation needed to plan the training that would enable these committees to manage their preschools effectively, and independent of FCW.

4.3.2. Governance and oversight

Organisational success is dependent on how well organisations are managed for change. However, the ever-changing environment in which NGOs operate seems to be the biggest challenge. Key governing body members exit from time to time, and a poor record of institutional memory and reporting systems, could lead to difficulties when decisions are left hanging. However, effective governance is achieved when governing bodies take responsibility for strategic direction, ensuring that there are adequate resources to do the planned work, and provide oversight in respect of financial controls, legal and ethical standards, and programmatic reviews (Allie, 2015; Hendricks, 2009).

Reflecting on the history of the organisation and its core capabilities over time, the aspect of *governance* and the role of credible governing body members, stand out as an important aspect of the organisation's success, in respect of the commitment of the members. From 16 December 1974 (when the organisation was launched), to 20 August 2020, the most recent annual general meeting (which was a virtual meeting as a result of

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the COVID-19 pandemic), there were only two occasions, before 1998, when committee meetings did not have a quorum to constitute a formal meeting (Allie, 2015). This highlights the remarkable commitment of the governing body members of an organisation that had to contend with anti-apartheid political protests and unrest during the 1980-1990 period, as well as increasing crime and violence on the Cape Flats. The time and commitment of committee members, in service to the organisation and the broader community is, consequently, invaluable.

The minutes and archives of the organisation reveal that the committee meetings lasted for several hours – frequently a full day on a Saturday, or as late as 23h00 on a weekday. During the formative period of the organisation, these long meetings were necessary to carve a clear and strategic future direction for the organisation. However, the governance structure, or management committee, as it was referred to at the time, was reminded that the director was responsible for the day-to-day management of the organisation, and should be allowed to exercise this responsibility. In this regard, the chairperson reminded the governing body to allow the director the freedom to manage and lead the organisation, and not constrain him/her in this function. This decision afforded the director and the professional staff some autonomy to present well thought-through arguments that would prevent long debates, and unnecessary long meetings, which could lead to fatigue in voluntary associations (Western Cape Foundation for Community Work [WC FCW], 1979c).

The director, therefore, had the support of an able and committed management committee that brought a range of skills and experience to the organisation. However, in accordance with its constitution, and to ensure the active involvement of all its committee members, several sub-committees, with specific portfolios, were established to: (1) broaden the grassroots base; (2) democratise the process, and allow community stakeholders to have representation in decision-making; (3) harness the resources of the community; and (4) make information accessible to the community (Allie, 2015). Serving committee members, guided by their skills and interests, were allowed to serve on sub-committees of their choice. In this way, the organisation could harness the collective pool of abilities and vast experience of the committee members to its advantage.

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This clearly highlights the organisation's integrative capabilities to draw on knowledge from external sources, to improve internal competencies (Lawson & Samson, 2001).

4.3.3. Capacity building through adult education

The organisation employed trained professional social workers in a community work role to mobilise community activities and resources towards governance, training of committees, funding, staffing matters, and the drafting of appropriate constitutional guidelines for community ECD centres. In support of these communities, their brief included the streamlining of service delivery programmes that would have a broad community developmental thrust, focused on building the capacity of the community partners (Allie, 2011, 2015). The pioneering work of the two appointed community workers laid the foundation for an adult education and community developmental approach, creating an important awareness that the sector in which the FCW found itself had a diversity of paths to follow (Allie, 2011, 2015; Fredericks, 2006; McKendrick, 1987). What was significant about this historical period was that the organisation pioneered community work practice in social work, at the time when it was considered too radical. The community work handbook of Lund and Van Harte (1980), entitled *Community work for development and change*, was research-, as well as inquiry-based, and ground-breaking, drawing on the experiences of the ECD sector at the time.

Regarding the community workers, the management committee noted the following: "At this stage it is advisable that the community workers not only concentrate on the preschool centres, but, that their work have a wider reach in the community" (WC FCW, 1979b). As stated earlier, the use of democratic values in the work with preschool staff, committees, and the parents – respect for one another, dialogue, cooperation, collective decision-making, among others – became the mission of the organisation, in its drive towards a democratic experimental model in ECD (Moss, 2009).

By 1984, 14 community-based ECD projects had joined the FCW network of community partnership programmes. Parallel to this expansion of preschool support, the scope of service delivery, as identified by the community workers, was broadened from care and nutrition, to include components of education, health, training, and resource development (Allie, 2011, 2015). By 1990, 35 community-based ECD programmes were affiliated

under the umbrella of the Western Cape Foundation for Community Work. Through a developmental process, preschool committees, principals, and teachers were trained to manage their preschools in a sustainable manner (Allie, 2011, 2015).

In 1984, when FCW took control of the Athlone Early Learning Centre, which was built as a model preschool and training centre, it enhanced the organisation's ability to develop an in-house training and education curriculum, in a more controlled environment. FCW responded to the initiatives taken by various communities, and became their resource base, fulfilling the role of facilitator (Allie, 2011, 2015; Fredericks, 2006).

The training programmes targeted untrained teachers and child carers, providing a six months beginners programme, or a one-year, level 1 programme. The organisation also offered a leadership course in ECD management for supervisors and principals. Between 1992 and 1999 the organisation managed to train, at least, 120 adult teachers each year, with the level 1 and 2 programmes being the most popular group (Allie, 2011, p. 26).

4.3.4. Shifting paradigms

Throughout the early organisational development period of the FCW, all the community-based preschools that sought affiliation to the organisation, considered centre-based ECD provision the ultimate benchmark to strive for, with FCW providing the required financial support. In the process of growing the number of affiliates, there was also the concern that the preschool community considered the foundation a convenient institution to fund their buildings, salaries, and maintenance, which became a financial constraint on the organisation. During 1979 already, the treasurer and director cautioned against the practice of bankrolling the building of preschools, which would not be viable in the long term. However, although it was evident that the communities did not have the capacity to generate enough money and income to make their facilities self-sufficient, the director urged the management committee to remain cognisant of this financial pressure (Western Cape Foundation for Community Work [WC FCW], 1979e).

In January 1980, the management committee supported the following resolution, which was presented by the director, to guard against costly building projects (Western Cape Foundation for Community Work [WC FCW], 1980):

"The organisation's activities are community work with a focus on the care of the preschool child, around which organisational policy will revolve. That implies that we will invest our money in community work instead of anything else. We will therefore strive to avoid the building of crèches".

The developments and changes captured in the minutes of the organisation, regarding the provision of funding for the building of preschool centres, and the organisation's ongoing sustainability, was a turning point. The shift away from investing in buildings, and instead, concentrating on investing in community work, implied an investment in the development of the capacity and capabilities of people in poor communities, which was central to the Human Capability Approach (Sen, 2003). This became a very important policy shift in the organisation. The significance of this shift was the realisation that the Human Capability Approach (Sen, 2003) could be achieved through ECD, by strengthening the capacity of teachers, principals, and committee members, to serve the needs of young children better. Additionally, in the context of organisational development, Lawson and Samson (2001) argue that the organisation has to create an environment that would enhance the capabilities of its members (preschool staff and committees), to achieve the kind of life they value, in exchange for deriving economic value from its members' skills (Lawson & Samson, 2001).

Through a process of community consultative meetings and gatherings, the affiliated preschools started to debate and grapple with the notion of self-reliance. The debate on the preschools' readiness for self-reliance and autonomy was met with resistance from local community members. During 1994, with South Africa transitioning to a democracy, the preschools questioned the timing of the process, and expressed their need for a sense of belonging and security, as the perceived instability on the socio-political front added fuel to their uncertainties (Fredericks, 2005). While the organisation was keen on the preschools becoming independent, the preschool community preferred the safety of remaining under the umbrella of the FCW.

With a focus on autonomy and independence, the organisation started a slow, but steady, process of decentralising the powers of decision-making, which had a dual purpose: (i) to assess the extent to which the organisation had contributed to the development of

capacity successfully; and (ii) to develop a future strategy, in line with current needs, relevant to the broader organisational development environment. By the close of 1994, the committees at community project level were geared towards independence, negotiating lease agreements with the FCW, and for the first time taking full responsibility for their external auditing and financial decision-making processes (Fredericks, 2006).

In 1997, the final phase in the process was focused on asset acquisition and property ownership, which brought ten community-based early childhood development projects into a discussion forum. The process of transferring properties and title deeds back to communities has remained an ongoing and slow process. As the title deeds holder, the FCW remained entrusted with the responsibility of only transferring these community assets once the organisation was convinced that the preschools and their committees were ready to accept the ownership responsibilities (Western Cape Foundation for Community Work [WC FCW], 2013). The organisation has remained the title deeds holder of six ECD sites - two in Paarl, and one each in Ocean View, Durbanville, Wellington and the Athlone Early Learning Centre where the FCW offices are located.

Given the brief descriptive history of organisation building, it is evident that the period of 1974 to 1990 involved developing capacity and slowly working towards transferring project management skills to local communities, for them to take ownership of their ECD services, thereby, strengthening their functional capabilities (technical and intellectual properties). During this period, the FCW's role was to develop a strong leadership training programme, to ensure that the process towards independence and autonomy was carefully structured for the affiliated and participating preschools.

4.3.5. Looking back and looking forward

The emergence of the FIF programme, as an ECD organisational change strategy, became more prominent during the period of 1990 to 2000. The search for a variety of cost-effective childcare programmes has been ongoing, to increase access, as well as improve the quality of care and nurturance of young children, with greater input from parents and caregivers. Disadvantaged communities that successfully solicited funds for building projects, and enjoyed the monetary support from parents, saw the provision of more

centres as the only, or best way of addressing the need for quality ECD programmes, as this also offered them a sense of equity with their White counterparts in middleclass communities (Fredericks, 2006). Mainstream ECD provision focussed on erecting buildings, and not on the masses of young children, who had limited, or no access to these centre-based programmes. Many community partners were sceptical of FCW's decision, and regarded programmes, other than centre-based ECD, to be suspect, and not credible, or developmental enough.

The point of departure for the organisation was that more children should have access to ECD services. The home, as well as the relationship with caregivers and parents, had the potential to provide a powerful improved and developmental learning environment for young children. Through a home visiting programme, with enough support and encouragement for the parents, the home could offer a secure and happy learning environment, especially for the very young. Short (1985) asserts that home-based playgroups in the United Kingdom were observed to be the most effective form of a child-oriented service programme; probably because of their small numbers and good adult-child ratio. According to Short (1985, p. 113), it was generally accepted that mothers were their children's first and most important teachers. This argument formed the rationale and motivation for the implementation of the Family in Focus (FIF) programme. Through home visiting, parents were supported in their role as the first and best teachers of their children. The theme, *in and around the home*, reflects the basic understanding, under which the programme operated and functioned, within the broad parameters of the community (Fredericks, 2006).

As indicated in Chapter 2, the ECD centre-based model, as the dominant model of ECD provision, is also referred to as *the market model* by Moss (2009), who argues that families and parents could select, or buy the type of ECD services they desire for their children, from suppliers in the marketplace. However, the challenge with the dominant *market model* in the South African context, is that the vast majority of children from poor communities are unable to access and benefit from ECD services, because their parents cannot afford or enter the market, due to poverty and unemployment. Additionally, Moss (2009) argues that the ECD sector and governments should consider the *democratic experimental models*, in which ECD services become a community responsibility, with

a variety of ECD programmes and services on offer to benefit children, and ultimately, the community. An overview of the two models is presented in Table 4.1.

Table 4.1. Models of ECD provision

Market Model	Democratic Experimental Model
• ECD is considered a *commodity*. • Parents are *buyers* or *customers*, • ECD service providers are *sellers*	ECD is not a provider of a private commodity to a customer.
They come together in the marketplace to trade, based on an *exchange paradigm* (Moss, 2009; Vaughan & Estola, 2007).	ECD is in the public realm, and as such, it is a public space, a public good, and a public responsibility (Moss, 2009).
The market assumes that parents are the primary consumers, children as the primary consumers, have no voice/rights in the choice of service, and are not recognised in the exchange transaction.	Children are citizens and subjects with rights from birth (Moss, 2009). Children, as citizens, are entitled to access ECD services.
Individual choice and *freedom of choice* is prioritised (Moss, 2009).	ECD, as a public/common good, makes it a collective/community responsibility, and advocates *responsibility of choice.*

Moss (2009) describes the dominant centre-based model as the *market model*, in which ECD services are provided through markets. ECD is regarded as a *commodity*, the parents are regarded as the *buyers* or *customers*, and the ECD service providers are regarded as the *sellers*, who come together in the marketplace to *trade*. Parents can select a service from competing service providers, based on what they can afford or need, against what a service provider offers or promises (Moss, 2009). The trading relationship between parents and service providers are also referred to as an *exchange paradigm*, which requires an equal payment for each need satisfying good (Vaughan & Estola, 2007).

While the market model is based on a relationship of trade between two individuals, the *model of democratic experimentalism* is based on a relationship of dialogue and creativity between citizens. ECD is not a private commodity, but is in the public realm, and consequently, a public space, a public good, and a public responsibility. Additionally, it is an expression of a community taking collective responsibility for the education and upbringing of its young children (Moss, 2009). ECD, therefore, requires the safeguarding of the public domain from influence by the market domain of buying and selling, as ECD should not be treated as a commodity, nor does the language of buyer and seller belong in this setting (Marquand, 2000).

In the market model, parents are considered the primary consumers, while the children, as the real consumers, have no voice in the choice of service, and are not recognised in the exchange transaction. Therefore, children's rights are absent in the market model. In contrast, the democratic experimental model considers children as citizens and subjects, with rights from birth (Moss, 2009). In addition, individual choice and freedom of choice are prioritised by the market model, while collective choice is prioritised by democratic experimentalism. Instead of *freedom of choice*, democratic experimentalism suggests *responsibility of choice* that involves the responsibility of having to make a choice, which surpasses the individual (Moss, 2009).

The influence of neo-liberalism in ECD is evident, when parents are made to believe that, as buyers of services, they can buy the best services for their children, and their buying potential will ensure improved quality of services (Moss, 2009). In the South African context of inequality, and with poverty and unemployment increasing, *buying* of ECD services becomes impossible for poor families. Moss (2009) argues that programmes of democratic experimentalism should be explored to ensure that more children enjoy access to ECD services and programmes, to help improve their preparation for school, as well as the challenges of life. In the following section the Family in Focus home visiting programme is presented as a non-centre-based democratic experimental model.

4.4. Innovation in ECD

The innovative organisational shift from conventional ECD centre-based services (building preschools and training teachers), to focusing on direct support to caregivers and their young children, can best be described in the context of the organisation's expansion and development, in terms of innovation capabilities, which allowed it to adapt to new challenges, to remain relevant, and maintain its competitive edge (Lawson & Samson, 2001). Despite the criticism of partners and affiliated preschools that considered alternative models to the preschool model as suspect, the organisation explored alternative options to locate and re-focus its ECD intervention services, to be more inclusive of families, parents, or caregivers. This radical departure from a successful main stream model reflects the vision and forward thinking of the organisation and management during the mid-1980s. Nearly 30 years later, the White Paper on Families (Republic of South Africa [RSA], Department of Social Development [DSD], 2013) described the family as the key development imperative that seeks to mainstream family issues

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into government-wide policy, making initiatives, in order to foster family well-being and overall socio-economic development through the following objectives:

- To enhance the socialising, caring, nurturing, and supporting capabilities of families, to enable their members to contribute effectively to the overall development of the country;

- To empower families, by enabling them to identify, negotiate, and maximise the economic labour market and other opportunities available in the country;

- To improve the capacities of families, to establish social interactions that contribute meaningfully towards a sense of community, social cohesion, and national solidarity (RSA, DSD, 2013, p. 8).

Further to the organisation's shift to a more community-based relational approach, Schienstock (2009) argues that organisations could be categorised into four broad types, based on the extent to which they are aware of the overall need to change, as well as how they should go about the process of change. Schienstock (2009) describes *passive* and *reactive* organisations as being unaware of the changes in the environment that could threaten their survival and sustainability. Additionally, they simply do not try to adapt to the changing situation because they are convinced that they cannot influence the processes of change. On the other hand, *proactive* and *entrepreneurial* organisations understand that they have to create new advantages to improve their innovation capabilities. They understand that they have to develop knowledge-producing and knowledge-acquiring capabilities, to improve transformative and commercialising capabilities, which will prepare them for radical changes. FCW, as a proactive and entrepreneurial organisation, has demonstrated how to create new advantages to improve their innovative capabilities, and prepare for radical changes on the technological path chosen, as reflected in Figure 4.1 (Khan, 2021; Western Cape Foundation for Community Work [WC FCW], 2020).

In the following section, the researcher provides a brief overview of the Family in Focus model, as well as the home visiting programme, developed by the organisation.

| 1974: start out with ECD focus and growing an extensive affiliation of preschools | 1980 -2000: Explore with a limited non-centre-based FIF programme | 2006/7: Growing the FIF programme as a recognised & accredited ECD model | 2017: First Social Impact Bond Project and embracing technology |

Figure 4.1: Organisational timeline

4.4.1. The Family in Focus Model

The overall goal of the FIF programme is increased access to quality ECD services and programmes, for preschool-aged children and their caregivers, in the Western Cape's marginalised communities. This goal is achieved by providing home visiting and parenting programmes for these children and their caregivers (Western Cape Foundation for Community Work [WC FCW], 2019/20). Van Niekerk, Ashley-Cooper, and Atmore (2017) describe the programme objectives as follows:

- To increase access to ECD services and programmes for young children and their caregivers in marginalised communities;

- To increase awareness around the importance of ECD;

- To encourage caregivers and families to become active participants in the early childhood education, development, and stimulation of their children;

- To empower local communities to take ownership of the FIF programme, as an ECD intervention strategy; and

- To provide employment opportunities for locals, who actively participate in the programme, as home visitors (Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 36).

The FIF programme follows the Project Logic Model (Annexure 7. The model is used to outline the programme inputs, activities, outputs, and outcomes, as well as the overall impact that the programme has on its beneficiaries (Division for Heart Disease and Stroke Prevention [DHDSP], 2017). The model allows for the description of how a programme will be implemented, what resources will be required, and what action will be utilised to achieve the desired outcomes and results (DHDSP, 2017; Sitaker, Jernigan, Ladd, & Patanian, 2008). In the following section, an overview of the logic model and the

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organisation's current Theory of Change, as described in Van Niekerk, Ashley-Cooper, and Atmore (2017), are presented, to demonstrate how the organisation implements the FIF programme, to achieve the desired goals (Figure 4.2.).

4.4.2. FIF programme implementation

The following steps describe how the programme has been implemented in communities.

4.4.2.1. Negotiating community entry
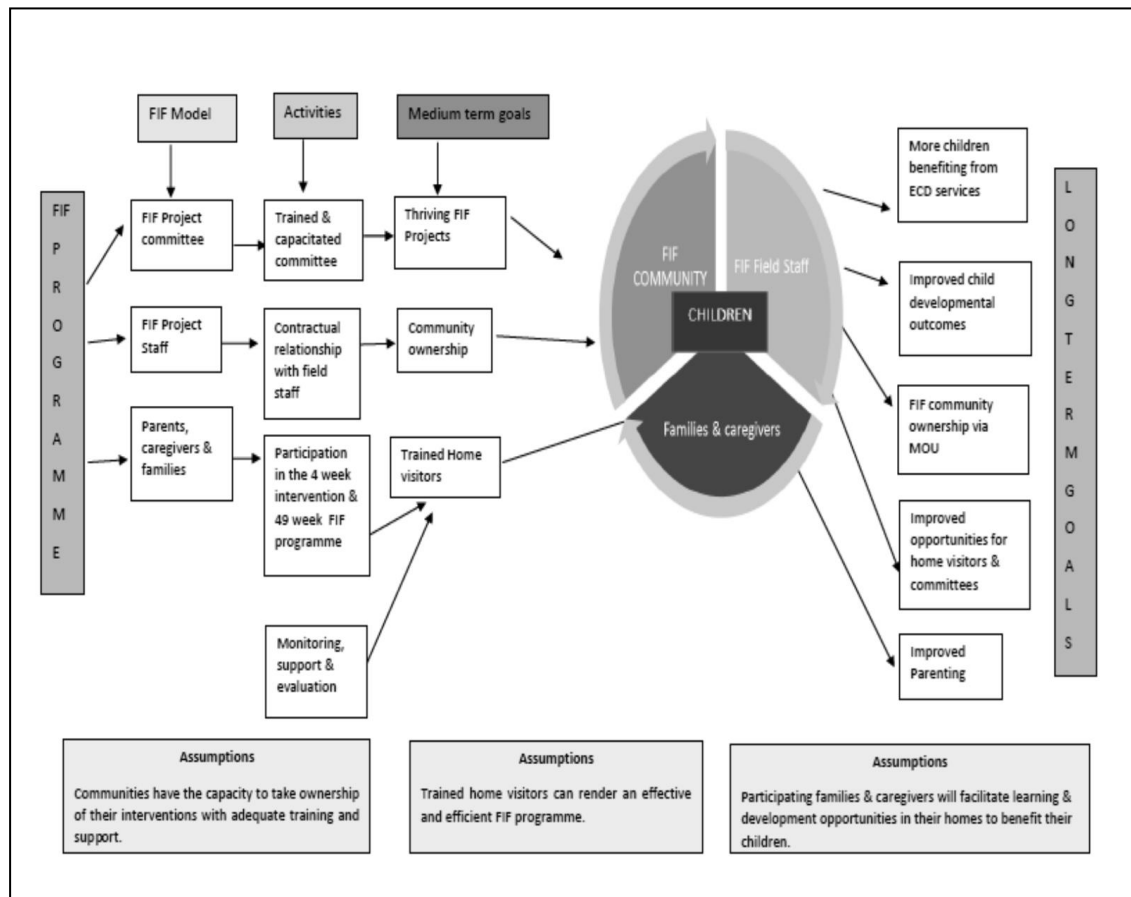
Figure 4.2: Logic Model

Source: Van Niekerk, Ashley-Cooper, and Atmore (2017)

Community selection was either through donor representatives or interested community partners requesting to become part of the FIF programme. The stakeholder representatives would consist of interested ECD practitioners from the local ECD forums, Community Police Forum members, ward councillors, and civic members, as well as social workers from the local Department of Social Development district offices. In rural communities, representatives from the farmers associations were also invited, as families were living on farms, where no

ECD services were available (Allie, 2008, p. 23; Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 41).

A series of meetings and dialogues would explain the importance of the programme, how the programme operates, where the programme had been implemented, and how important dialogue, through and with the local community stakeholders, could help to establish the programme. Once sufficient buy-in from the stakeholders had been established, they would be requested to nominate a working committee, as a leadership structure, to work with the FCW staff towards implementation of the FIF programme.

4.4.2.2. Establishing local leadership

When the FCW introduces the FIF programme into a new community, it is always the intention that the community would eventually take leadership and ownership of the programme. A key focus of the FIF programme is to capacitate and develop community leadership, through adult education, training, and skills development, which is evident in the FCW's decentralised management system (Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 41). Therefore, in each project area, a local, grassroots coordinating leadership committee is established to oversee the running of the programme.

To ensure transparency, the consultative structure, through a process of structured monthly meetings, would be informed of the requirements for a formal agreement with the FCW, based on the following conditions:

- The community consultative structure should have nominated and elected a formal committee and executive;

- A working constitution that would guide the project should have been adopted;

- An application for NPO registration should have been made; and

- A project banking account, with designated account signatories, should have been opened.

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Based on these requirements, the FCW would present a Memorandum of Understanding [MOU] (Annexure 9) that would address the details of the project operations, namely, the number of home visitors to be employed, the monthly stipend allocation for the field staff, and a project management fee, to cover meetings and administrative expenses, as well as monthly reporting (Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 42).

4.4.2.3. FIF Project structure

As indicated in the previous section, each FIF project is managed by a local project committee that is responsible for the overall governance and management of the FIF programme, in accordance with an MOU with the FCW. In addition, each project employs a project coordinator, who is responsible for the day-to-day operations of the local FIF programme, and is directly accountable to the local project committee. The role of the project coordinators and team leaders is to monitor home visitors in the field, to ensure that they implement the programme in line with the programme expectations. Where a project employs more than ten home visitors, a team leader will be appointed to assist with supervision. The project coordinators schedule weekly planning meetings with the home visitors to receive and provide feedback on programme delivery in their designated areas, and to ensure that all home visitors are on track, in terms of the 36 weeks intervention programme, as outlined in the field guide (Rahbeeni & Harrington, 2016; Van Niekerk, Ashley-Cooper, & Atmore, 2017).

4.4.2.4. Recruitment of home visitors

The local committees and their local stakeholder networks are responsible for the recruitment and identification of potential home visitors. The selection criteria (minimum school level of Grade 10, community involvement and participation, valid SA identity document and provisional police clearance certificate) are important in the consideration of potential home visitors. Once people have been identified, a briefing meeting is held to explain the programme, as well as what would be expected of home visitors, and to ascertain their willingness to participate in training.

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Based on these agreements and commitments, a project contract is offered, and the participants earn a monthly stipend, which, currently, is funded by the Expanded Public Works Programme (EPWP) (Van Niekerk, Ashley-Cooper, & Atmore, 2017).

The training programme for home visitors comprises a 4 week programme, conducted one week per month, over four months. The training programme is compulsory for all home visitors. The training is based on the following South African Qualifications Authority (SAQA) accredited unit standards:

- Work with families and communities to support ECD;
- Prepare resources and set up the environment to support the development of babies, toddlers, and young children;
- Provide care for babies, toddlers, and young children;
- Demonstrate knowledge and understanding of the development of babies, toddlers, and young children;
- Provide information about HIV and AIDS, as well as treatment options in community care and support situations; and
- Child protection and procedures for reporting potential child abuse (Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 43).

The training has two components:

- General training, which covers the unit standards mentioned above, and
- Field guide training, which focuses on the daily home visiting programme (Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 44).

From 2008, when the organisation received provisional accreditation with the Education, Training, and Development Practices (ETDP), Sector Education and Training Authority (SETA), at least 160 home visitors were being trained in the skills training programme each year. The drive towards formalisation of the training was to ensure that home visitors, who completed their training, would be able to use their training credits towards a full qualification (Allie, 2015).

4.4.2.5. Selection of families

All home visitors are expected to support 35 caregivers and their young children. Recruitment and selection of families are normally conducted at the beginning of the year, based on families that had indicated an interest in participating. The

families, whose young children are not in an early learning programme, and who are recipients of social security (Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 45), are targeted for selection. Although the programme is aimed at enhancing positive child development, caregivers are the primary beneficiaries, due to their direct engagement with the home visitors, while the children are the secondary beneficiaries of the programme (Biersteker, 2015). This is aligned to the organisation's Theory of Change, described in the following section.

4.4.2.6. Conducting the home visits

The FIF home visiting programme is a 36-week programme, which the home visitors have to follow, by implementing and using the field guide that was designed for the programme (Rahbeeni & Harrington, 2016). Following the instructions of the field guide, the home visitor presents age-specific activities and exercises, which caregivers have to accomplish with their children. Each visit and set of activities builds on to the previous sessions, in order for caregivers to monitor the development in their children. The field guide was developed, based on the National Early Learning Standards (NELDS), to ensure that children benefitted from standardised learning achievements and activities, which are age appropriate, with assessment tasks incorporated (Republic of South Africa [RSA], Department of Basic Education [DBE], 2009).

Although the programme is designed to extend over a one-year period, caregivers with younger children, who do not qualify for Grade R, due to their age, could remain in the programme to consolidate their development and learning. The key indicators in the home visiting programme as described in the organisational records, are:

i)   Recruitment and selection – ensuring that all home visitors support 35 families;

ii) Attendance – ensuring that all families benefit from a weekly visit, and receive four visits each month;

iii) Retention – participation in the programme for a full year, and benefitting from the 36 week programme (Rahbeeni & Harrington, 2016).

Some of the overarching goals of the home visiting component of the programme is to educate the parents and caregivers about the importance of ECD, and to ensure the school preparedness of the children. The FIF model is based on the encouragement of child development, using resources in and around the home. Home visitors will demonstrate an activity with a toy, but will help caregivers to find suitable alternatives with similar outcomes in the home. Caregivers are also encouraged to make their own toys at home from recycled material. The joint activities of caregivers and children during toy-making, helps to improve the bond and relationship between the child and the caregiver (Biersteker, 2015). However, these activities will change as the child grows older, and become more intense (Van Niekerk, Ashley-Cooper, & Atmore, 2017).

The FIF programme components, reflect a clear sequence of the programme, commencing with the recruitment and training of home visitors. These elements constitute the programme inputs (DHDSP, 2017; Rossi, Lipsey, & Freeman, 2004). Home visitors are expected to implement the content, which they are taught in training, through the home visiting programme. By implementing these activities, it is anticipated that the caregivers will learn age-appropriate stimulating activities for a child, using resources in and around the home, and will be provided with positive parenting information and support. Additionally, it is anticipated that a child will engage with, and learn, as a result of the educational toys, presented during home visits and workshops sessions, as well as those made by the caregivers at home. Caregivers are expected to become more knowledgeable, while being actively involved in, and stimulating positive childhood development in the home. They are also expected to implement the learned content and activities. These constitute the short-term outcomes of the FIF programme (DHDSP, 2017). By implementing the learned behaviours, it is anticipated that the children will benefit from these activities, which target the various developmental domains, to prepare them for formal schooling. These constitute the long-term outcomes of the FIF programme (DHDSP, 2017; Rossi et al., 2004).

The quality of programme delivery by the home visitors, who are supervised by team leaders and project coordinators, is critical for the success of the programme.

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The anticipation is that home visitors will implement the programme according to their training, and adhere to the expected frequency of contact with families in the programme, in order to attain the desired outcomes. However, the home environment and attitude of the caregivers, also affect how much children will benefit. As highlighted in the previous chapters (Richter et al., 2012; Sayre et al., 2015), the level of literacy and health status of primary caregivers, influence their understanding and ability to conduct activities, which promote age-appropriate development for a child. In addition, a safe home environment would ensure that a child could engage and learn through play. Ultimately, child health and nutrition influence the physiological and psychological functioning of the child. Without good health and nutrition, a well implemented programme may not deliver the intended outcomes (Naudeau et al., 2011).

4.5. Conclusion

In this chapter, the first part drew on the Human Capability Approach (HCA) and organisational capabilities, to distinguish the concept of dynamic capability that enables organisations to adapt to change occasionally. The researcher also reflected on organisational documents and reports to contextualise the historical development of the organisation and the FIF programme. The main question, "How does the FIF programme improve access and quality of ECD services?" was addressed in this chapter. The organisation's programme theory (Rossi et al., 2004) and the Logic Model (DHDSP, 2017) was applied to assess whether the FIF programme could support the ECD needs of young children. In line with the organisation's policy of investing in community work, and by implication, developing the capabilities of the adults around young children, the FIF programme has shown that it develops capabilities across various community levels, to expand access to ECD. Consequently, caregivers are supported directly in their homes, by trained home visitors. These home visitors, in turn, are supervised and supported by team leaders and project coordinators, who report to local FIF project committees, and ultimately, improve the ECD needs of young children.

In the following chapter, primary data (transcripts) of the focus groups and interviews with the research participants, representing various beneficiary groups, provide an opportunity to triangulate the findings of the secondary data and organisational reports.

CHAPTER FIVE

ANALYSIS AND FINDINGS

5.1. Introduction

"Nobody cares about us in poor communities. The difference starts with us! If we want a better life for our children then we must become involved" (Caregiver FGS 2. p8: 16, 17, 18).

In this chapter, the primary data sources from multiple focus group sessions and individual interviews are presented in two sections. The analysis of the data involved several layers of participants, as depicted in Figure 5.1, to reflect how community beneficiaries, partner organisations, and donor agencies, experienced the organisation's FIF programme. A bottom-up approach was followed to illustrate the experiences of community beneficiaries (Figure 5.1).
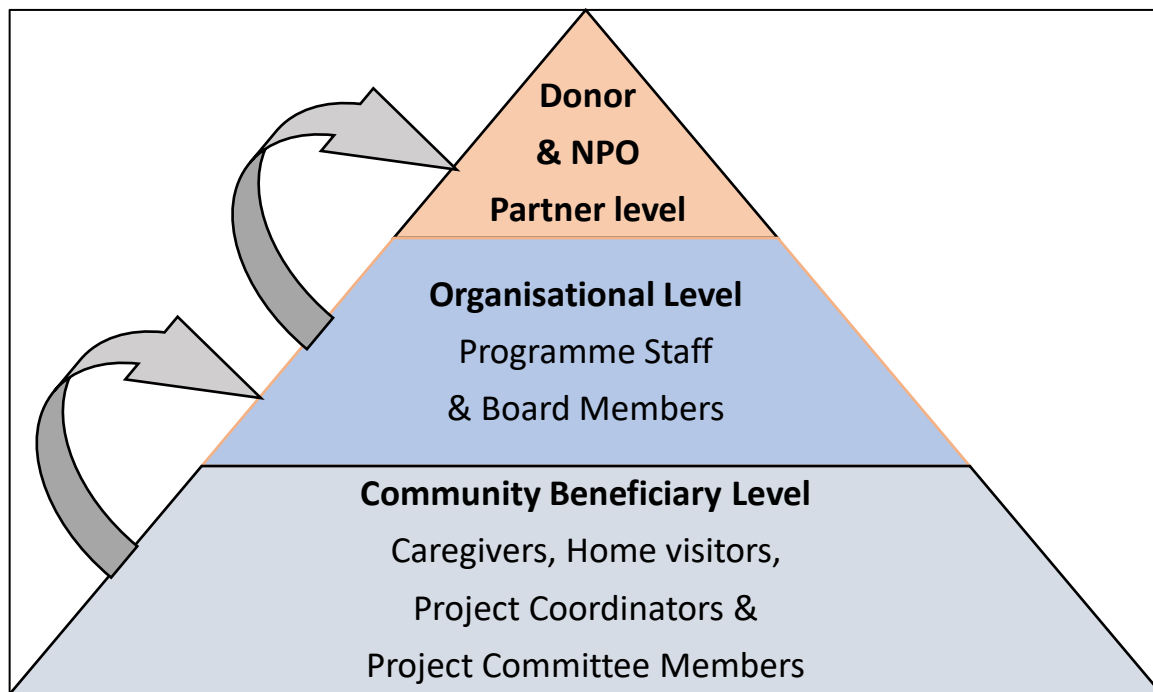
Figure 5.1: **Following a bottom-up approach**

5.2. Presentation of the focus group sessions

At the community beneficiary level, a total of five focus group sessions were conducted with caregivers, home visitors, and project coordinators from the participating project communities.

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The following key questions were posed to probe the participants' experiences of the FIF home visiting programme:

- How long have you been involved in the FIF programme?

- What are your experiences of the programme?

- What has the programme done for you as a parent/home visitor/project coordinator?

- How has the programme made a difference for young children?
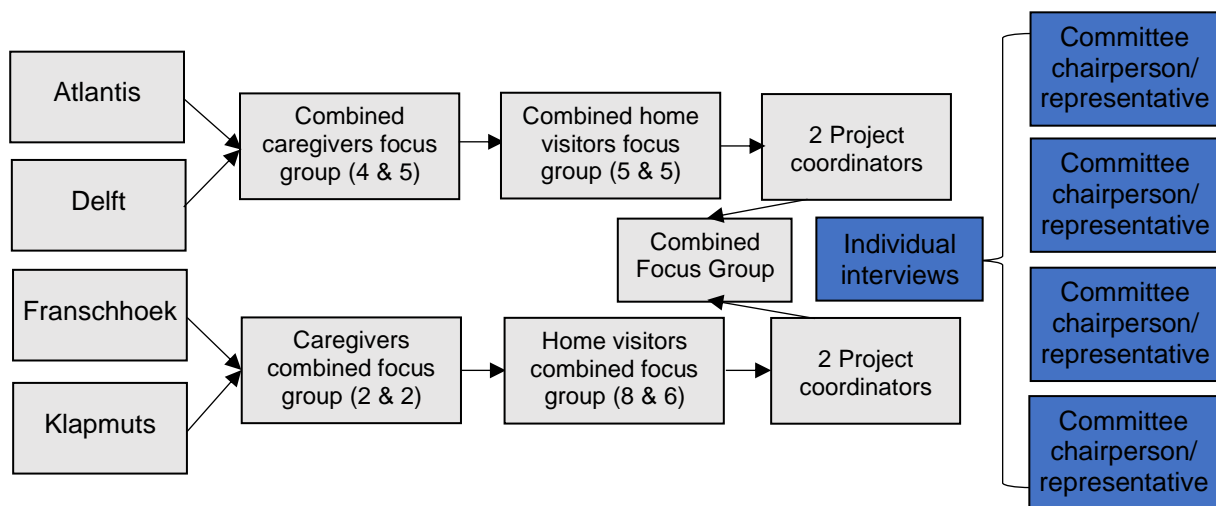
Figure 5.2: Representation of community beneficiary level

As stated in Chapter 3, data were collected from four of the FIF project communities, namely: Atlantis, Delft, Franschhoek, and Klapmuts.

Table 5.1. Community-based participants

Participants	Caregivers	Home visitors	Project coordinators	Committee chairpersons	Totals
Number	13	24	4	4	45

A total of 45 participants were involved in this first level of the community-based data collection strategy research, as discussed in Chapter 3, and as reflected in Table 5.1. Focus groups were scheduled with the participants from all four project communities that involved four different levels of project participants: (i) caregivers/parents; (ii) home visitors from the four project communities; (iii) project coordinators from the four project communities; and (iv) four project committee chairpersons/representatives. Joint focus group sessions for the

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caregivers and home visitors were arranged. The two urban-based groups from the Delft and Atlantis communities met at the centrally positioned FCW offices, and arrangements were made for the groups from the two semi-rural communities of Klapmuts and Franschhoek to meet at a more convenient and neutral site, namely, a primary school in Klapmuts. Due to work commitments on the part of the committee chairpersons/representatives, *individual interviews* were scheduled that were more convenient for them.

Issues that impacted on the planning of the data collection process, were symptomatic of those that constantly confront project operations, for example, timing, availability of transport, and travel costs. Consequently, not all the caregivers were available to travel on the arranged date, which coincided with a school holiday. However, an opportunity for a make-up session with the Franschhoek home visitors materialised, when they attended a week of training at the FCW offices.

5.3. Themes emerging from data analysis of the 5 focus group discussions with caregivers, home visitors, and project co-ordinators, as well as 4 individual interviews with four project committee chairpersons

At the community beneficiary level, four major themes emerged from the data analysis of the 5 focus group discussions, and 4 individual interviews. For easier presentation, the themes and sub-themes are presented in tabular form (Table 5.2), followed by the discussion of the themes.

Table 5.2. Main themes and sub-themes (community beneficiary level)

Main themes	Sub-themes
1. FIF home visiting programme	1.1. Home visits 1.2. Learning at home 1.3. Community ambassadors vs Community scepticism
2. Community stakeholder networks	2.1. Competition vs cooperation 2.2. Capacity building 2.3. Referrals
3. Community challenges	3.1. Crime and Violence 3.2. Food Insecurity
4. Training and capacity development	4.1. Being a home visitor 4.2. Supervision

5.3.1. Main theme 1: FIF home visiting programme

The FIF programme and its community-based, adult education, as described in Chapter 4, facilitated and implemented by FCW as an organisation, involved the investment of diverse resources that are not always visible to the outsider. Consequently, the issues of care, trust, and solidarity in community relationship building, through interactions at project operational level, were not evident; however, it was important to learn about and observe, by conducting an in-depth study. Some of these aspects were clearly expressed in statements by the participants, in response to the question of how the programme made a difference in the community.

Central to the organisation's FIF programme, is the home visiting component that utilises trained home visitors to interact directly with the caregivers. The programme has a strong adult education approach, and, as described in Chapter 4, the programme's Theory of Change is premised on the fact that the adults involved in the lives of young children, namely, caregivers, parents, as well as home visitors, all become agents of change for young children, through their participation in the programme. As explained in Chapter 4, home visiting as an ECD programme, is a strategy to take early learning opportunities directly into homes, when caregivers cannot afford preschool services. The programme works on a partnership agreement between caregivers and home visitors, who help to facilitate stimulating learning activities for children, while caregivers become actively involved in the programme.

The theme of family parent/caregiver involvement explored how the FIF home visiting programme was received and perceived by the participating caregivers, as well as home visitors. The participants involved in the various focus group sessions could clearly articulate their perceptions of the programme, based on the initial question, *"How long have you been involved with the FIF project in your community?"* One caregiver said:

> *"I recently relocated to Blikkiesdorp, and was fortunate to find a home visitor*
> *in the area who could support me with my child for the past three months"*
> (Caregiver FGS 2: p3).

In contrast, another caregiver indicated:

"I have been involved in the programme since it started in Atlantis with my children, and today I am still part of the programme for my grandchildren, nearly 15 years" (Caregiver FGS 2: p4).

The caregivers' participation in the programme varied. Although some caregivers were new recruits in the programme, most of the participants in the focus groups indicated that they were in their second year of participation. The older caregivers with a long history of association with the programme, as well as being familiar with the project team, were given the opportunity to re-join after a period of absence.

Similarly, the home visitors reported their involvement in the programme as follows:

"I joined the programme from the beginning of 2016, and this is my second year" (HVS 1: p3, 6)

"I used to be a parent in the programme, and when the project coordinator indicated that they are looking for new people to be recruited and trained, I immediately volunteered. I have to admit that I couldn't wait for the training. This is also my second year" (HVS 1: p4, 5, 6).

"I must admit, I fought hard to join this team in Delft. I kept asking the home visitors and the project coordinator about opportunities and they kept saying I must wait. My first year has been good so far" (Home visitor HVS 1: p7, 23, 24).

"This is my second period in the project. I left at the end of 2015 because of the EPWP requirements, and after a year I was invited back by the project coordinator during 2017" (HVS 2: p8, 9, 12).

The organisation's policy was that home visitors could stay in an EPWP project for a period of 24 months, and subsequently exit, to allow others to benefit from the opportunities for training and development, which would enhance their employability. In addition, home visitors who did not enter college, or were unsuccessful in securing alternative employment, could re-join the FIF programme after an absence of a year. In the event of home visitors exiting the programme for better employment prospects, or

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relocating, the project coordinators would approach former home visitors to re-join, thereby saving on training and orientation of the replacement home visitor.

5.3.1.1. Sub-theme 1.1: Home visits

The question, *"What are your experience of the home visiting programme?"* posed during the focus group sessions with community and parent beneficiaries, also elicited various responses. The participating caregivers in the study were very clear about how they received the FIF programme regarding:

- Frequency of the home visits;

- Weekly appointment times;

- Duration of the session; and

- Actual focus or themes of the sessions.

The caregiver and parent participants reported that their home visitors would call round on a weekly basis, indicating the day of the actual visits. In addition, the participants indicated that the home visits would range from 30 to 45 minutes. In this regard, a caregiver responded as follows:

> *"The first two weeks she spent about 30 minutes with us, but the time really flies. The next week when she came, she said she will spend more time and stayed for 45 minutes"* (Caregiver FGS 1: p3, 28, 29).

Additional feedback from the participants, regarding their experience of the programme, was that the home visitors followed a scheduled plan, with a learning programme that facilitated early literacy, numeracy, and life skills development. Some participants shared the following:

> *"We are now at week and session 38 - Keeping Safe - it is about safety in the home"* (Caregiver FGS 1: p2, 6, 7).

> *"The home visitor encouraged me to involve my daughter with the activities and chores. She likes to help when I do the washing. We have now learnt the names of all clothes - a shirt, pants, jersey, socks and the different colours. When she gets dressed, she can repeat all the*

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items. And she is getting there with the colours as well. She learns well and we started to count the bottle tops to 10, and the other day she counted to 20" (Caregiver FGS 2: p22, 27).

Besides the experiences of the caregivers at the community level, it was also important to probe the experiences of home visitors regarding the FIF programme. It was important to establish how the home visitors provided help and support to the caregivers. The execution of these programme objectives, as discussed in Chapter 4, is captured in the following responses:

"I have learnt that we have to support the parents, and to make sure they understand that children learn and develop at their own pace. Getting them to work with their children helps them to understand their children's needs in their homes. And it works. The parents come back to us and they say how their children are doing" (HVS 2: p4, 7–12).

"Mothers feel good when they see that their children are actually learning because of what they do at home. As a result, mothers now want to do even more. They want the homework to do with the children and cannot wait for the next visit" (HVS 1: p7, 19–22).

The FIF programme, through direct work with caregivers, as well as raising awareness about the importance of ECD and how children could be stimulated at home, executed one of the most important objectives of the FIF programme. The home visitors, who participated in the focus groups, described this best by referring to the parents' sense of pride when reflecting on their children's development and achievements. Some of the home visitors shared the following:

"My experience is that mothers are always so proud to share what their children has achieved. What colours they know, how they count and so on. The achievements encourage mothers to want to do more and helps to improve the mothers' self believe when they see their children becoming brighter and brighter" (HVS 1: p7, 13–17).

"I used to work in a crèche before. So, when I joined the FIF programme my child was 4 months old. For me the programme taught me so much more, how to nurture my child, how to teach my own child. Practising at home made the home visiting so much easier" (HVS 2: p3, 2–6).

5.3.1.2. Sub-theme 1.2: Learning at home

The following responses revealed how the caregivers, after intervention by the home visitors training programme, were taking responsibility for teaching and learning, through play at home:

"The home visitor don't come to work with the child. She comes to support me and my child. She has taught me how to encourage my child in his development. So, when she comes, he will sit there and when she encourages him to do something, he is always eager. It is so hectic at home with all the drawings on the walls, and every time he wants to add more. There's hardly space on the wall anymore" (Caregiver FGS 2: p2, 26–32).

"I think the home visitor is trying to make the learning exciting for all of us" (Caregiver FGS 2: p3, 33; p4, 1).

"I did not know that learning at home could be so simple and rewarding for the children" (Caregiver FGS 2: p3, 20, 21).

The following comments provide further evidence of the social effects of the programme, in terms of confidence building, and agency, as well as understanding their social role as *mothers* and *teachers of children*:

"This programme has shown me how to use ordinary things in and around the home for learning. There is no need to spend money because children can learn if you as a mother applies your mind. Asking the child to bring 3 pegs, or to fetch the red shirt, tells you that they can learn and you can adjust the learning every time. You don't have to buy toys, you can take household stuff. So, this programme

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saves you time and save you money. You can do all this at home and you don't have to worry about money for the crèche" (Caregiver FGS 2: p4, 16–23).

One caregiver expressed the following:

"When we sit outside I ask her to identify the names of the things I point out, and every day I add extra objects in the surrounding area, so my child learns all the time" (Caregiver FGS 2: p14, 7–9).

Another caregiver disclosed the following:

"When the home visitor gave me a wordless book to tell stories to my child, I first thought that it was going to be difficult, but now I use the same pictures and tell different stories each day, because there are different people in the picture" (Caregiver FGS 2: p16, 3–7).

Additionally, the caregivers acknowledged that the home visiting sessions focussed on them being active participants in the early learning process, teaching children basic concepts and skills, using household items, recycled for learning (for example: empty containers, bottle tops etc.), instead of expensive toys; consequently, making learning fun and easy, for both caregivers and children. This seemed to encourage the caregivers to do simple things with their children, for example, sitting with them to explore their surroundings, telling stories, and involving them in activities that are stimulating, yet playful and fun for children.

5.3.1.3. Sub-theme 1.3: Community ambassadors vs Community scepticism

Given the social context of the four communities from which this sample was drawn (poverty, poor housing conditions, unemployment, and lack of income), the FIF programme served as an alternative resource. Consequently, the caregivers observed and shared ideas about the numerous ways in which children benefitted from the programme, as well as their personal insights and perceptions of what the programme has taught them.

"Nobody cares about us in poor communities. The difference starts with us! If we want a better life for our children then we must become involved" (Caregiver FGS 2: p8, 16, 17, 18).

"Because there is no income it breaks my heart sometimes to say to my child we don't have or you cannot go to crèche. The programme still offers an option" (Caregiver FGS 2: p6, 1, 2).

"My grandchild was in a crèche because her mother and father worked. But since they got retrenched, we are all sitting at home, and this programme was the best alternative to get a home visitor to continue the learning support for my grandchild" (Caregiver FGS 2: p5, 12–16).

"So, this programme saves you time and save you money. You can do all this at home and you don't have to worry about money for the crèche". In this programme I haven't spent a cent and it will be a big help when my child goes to school" (Caregiver FGS 2: p4, 21–23).

"As a parent it paid for me to be part of the programme for a year and a half. My child is 4 years old now but I feel that she can go to school already because she has become confident and my participation has done this for my child" (Caregiver FGS 2: P4, 5–8).

From the responses to the question, *"How did the FIF programme helped to make a difference?"* it was clear that the caregivers appreciated the opportunity to participate in the FIF programme, as a non-centre-based programme, because they lacked the means to afford the fees at conventional preschools. The FIF programme, therefore, appeared to serve as an acceptable and welcomed alternative to mainstream pre-school centre-based educare. However, a challenge for the participating caregivers related to how they dealt with critical neighbours, who were sceptical about the FIF programme, and believed that children should be in crèches. The caregivers disclosed some of the comments of their sceptical neighbours:

"There, where I stay the people will ask, what nonsense is this. Because they don't understand or they don't want to make time to understand. They just want to sit in the sun and watch everybody. When the home visitor comes, they are inquisitive in a negative way, because they see this programme as a waste of time because in their heads children must go to crèche" (Caregiver FGS 2: p7, 3–8).

"When the home visitor leave, they all have a lot to say about how they would prefer their children to be in a preschool. I have tried to tell them that if there are no preschools and we can't afford the fees we have to do this ourselves. I think their pride is misplaced" (Caregiver FGS 2: p7, 15–18).

"The home visitors are trying hard and I am also trying to help her to win some of the parents over. We invite them to bring their children to the park and while the children are playing, the home visitor will talk to them about the programme. I said the area is not safe for children and a few parents cannot take responsibility for all the children. They know that and just make promises and excuses" (Caregiver FGS 2: p8, 20–25).

Despite the challenges and scepticism from neighbours, the participating caregivers cited several reasons why they were proud of their children's development and achievements, which they claim were made possible through participation in this programme. Given the limitations in terms of resources, these responses should be perceived as further advocacy for sound investment in alternative, no-fee non-centre-based ECD programmes. The positive affirmation of the caregivers, regarding the home visitor programme, as well as the home visitors' views about community-based, family-based, no-fee ECD, directly evidences the symbiotic adult education and developmental relationship in the FIF programmatic approach.

As described in the previous chapter, since the establishment and implementation of the FIF programme, home visiting has evolved and grown exponentially, by recruiting and training former caregivers and parents in the role of home visitors.

The home visitors, therefore, understood the challenges of participating caregivers and focused on those, who wanted to join the programme, as opposed to those who were negative and sceptical. Some of their observations are expressed as follows:

> *"My neighbour invited me over one morning when the home visitor was there. I was impressed with what she was saying and doing, and after seeing her a few times when she came to my neighbour, I asked her about joining up"* (HVS 2. P1: 28–31).

> *"The programme – teach you to have a clear mind when you go out and not to judge people. You cannot think you better than they are. This has made me a better person. You learn a lot in this programme"* (HVS 2. P2: 27–30).

> *"The programme changed me. It must start with yourself. I used to drink but stopped completely. I cannot go to parents who abuse alcohol - what do I say to them? I had to change. I can proudly say I am an ambassador for FIF within my community".* (HVS 2. P3: 20–23).

> *"This programme has helped in different ways and different levels. Like, I was walking down the street and I noticed that even the gangsters are recognising you".* Home visitor laughing and saying *"The gangsters have respect for me because I am a teacher in the community!"* (HVS 2. P12: 10–14).

It would appear that the scepticism of neighbours, referred to by the participants, should be understood in the context of the dominant market and centre-based ECD model (Atmore, 2018; Moss, 2009), as discussed in Chapter 4. Such models promote the idea that children should be taught and stimulated in a preschool, before they attend formal school (Atmore, 2018; Moss, 2009). Therefore, it is difficult for some to understand that ordinary caregivers and housewives could assume an important teacher role (Ebrahim, 2014). With the conventional and dominant preschool model, teachers are trained in tertiary institutions, and sceptical neighbours refuse to accept that local women and caregivers, trained as *home*

visitors, could assist other caregivers and mothers to take on this role, as the most important teachers and educators of their children.

At the level of the caregivers and home visitors, the impact of the FIF programme was significant. On the one hand, caregivers could share their experiences of the FIF programme's impact on their children's development, through the activities that they were encouraged to do with their children at home. On the other hand, home visitors could also relate to the personal development, skills transfer, as well as the difference the FIF programme has effected in each of their lives, since joining the programme. Their participation in the training and skills development, as well as the manner in which this process facilitated income generation and employment opportunities, for them to explore the possibility of making a difference in their own communities, were invaluable and empowering.

5.3.2. Main theme 2: Community stakeholder networks

At the project level, project coordinators are responsible for the day-to-day management of the FIF programme; therefore, it was important to determine their perceptions of the reasons behind the project's success, as well as its challenges, for consultation and liaison with network partners and the various forums that operate in the local communities, such as the local ECD Forum, Child Protection Forum, and the Community Police Forum. In response to the question, *"What is working to support projects at the community level?"* the project coordinators responded as follows:

> *"I think what is working for us is definitely our networks"* (PCS 2. p7: 13).

> *"We are also working hand in hand with the schools, we are busy in training now, every Saturday for the next 7 weeks they will be training us in the Grade R and Grade 1 toolkit"* (PCS 2. p5: 20–21).

> *"As a member of the Community Police Forum, I use every meeting to network and promote the FIF programme. I make sure that the police station commander and all the official know who the home visitors are, and that they can be identified by their t-shirts or tops"* (PCS 1. p7: 4–6).

"I'm also a member of the Klapmuts CPF and the school committee. We must be involved in the structures to network. People know about the various projects in the community, but when they know you are involved as a committee member, it helps to open doors" (PCS 3. p7: 13–14).

"Our network with Healing of Memories organisation resulted in a partnership that offered quarterly training to our home visitors and they documented the stories of a few home visitors in the community. Now we can promote our work and the FIF project" (PCS 2. p11: 13–15).

The aspect of networks and stakeholder support was prominent on the list of NGOs and service providers, operating in the various communities that helped to strengthen the relationship and cooperation between organisations and projects. The project coordinators identified a range of network partners across the participating communities, namely, Valley of Abundance, Early Years Services, Healing of Memories, Humble Foundation, World Vision and Edmund Rice Camp, Women on Farms organisations. A range of faith-based and welfare organisations provided food relief and support through soup kitchens, and job creation. Some network partners also offered training and capacity development, such as counselling, personal development, and computer training.

5.3.2.1. Sub-theme 2.1: Cooperation vs competition

As indicated, many NGOs and faith-based organisations offer a variety of support and relief programmes in the communities of Delft, Atlantis, Klapmuts, and Franschhoek. Consequently, many caregivers, participating in the FIF programme due to poverty, their personal circumstances, and desperation, would be attracted to the service providers, who offered some emergency relief, in the form of regular meals or sandwiches. This would often clash with scheduled home visits, as the caregivers would not be home when the home visitors arrived to deliver their weekly programme session. The project coordinators reported that their home visitors would interpret the unavailability or absenteeism of caregivers, who might be queueing for a meal from another service provider, as competition with the FIF programme, as indicated in the following responses:

"In Delft, there's lots of NGO's who has similar programmes who give food you know, so they would rather go to those programmes" (PCS 2. p14: 29–30).

The project coordinators suggested that the home visitors in the FIF programmes learn to adapt their visitation schedules, to enable the caregivers to access much needed resources and support for their families, rather than assume that the caregivers lacked interest in the FIF programme.

5.3.2.2. Sub-theme 2.2: Capacity building

Good working relationships and cooperation among local community organisations could strengthen community-based partnerships potentially, and lead to the sharing of resources and opportunities for the capacity development of staff, caregivers, and even *clients*. As noted in the previous section and echoed by one of the project coordinators, *"… what is working for us is definitely our networks"*. Various organisations and local schools are beginning to realise the value of the programme, as well as the potential of a pool of home visitors on the ground, as they benefit from the additional training and capacity development. Consequently, the project coordinators commented as follows:

"Training opportunities offered by network partners on health, FAS and HIV/Aids further improves the home visitor's skills sets for more effective work in the field." (PCS 2. p18: 28, 29, 30).

"Through our networks we were able to open doors for our people. The partnership with Valley of Abundance created a job for one of the caregivers in our project." (PCS 3. p4: 30, 31, 32).

"The programme is also working hand in hand with the schools – the Grade R and Grade 1 teachers. We are busy in training now every Saturday for the next 7 weeks they've been training us in the Grade R and Grade 1 toolkit so that when the kids come to Grade R from our programme, at least they have some preparation. So, the school is already inviting us now that they see what we are doing. It took us a

long time to get them to see what the FIF programme are, and I think it is because we invited one teacher to the Healing of Memories programme and then she actually sat in for the first time and listened to what FIF is, she's been fortunately for us, part of the of the principal's network, so she saying this is a fantastic programme" (PCS 3. p6: 17–30).

5.3.2.3. Sub-theme 2.3: Referrals

Because of cooperation among local service providers, it has become easier for the FIF Project participants to be referred to local partner organisations, based on a referral system. This, however, required some effort from the local project coordinators, as well as the home visitors, to maintain healthy relationships with the local organisations.

"As PC I have to liaise with the clinic and nurses to ensure open communication and cooperation especially when they ask that we remind certain caregivers of their appointments at the clinic" (PCS 3. p2: 9, 10, 11).

"The home visitor called them and encouraged me to keep the appointment with the speech therapist" (Caregiver FGS 1. p4: 7, 8).

"We have a close partnership with Valley of Abundance in Klapmuts who work with families where we identify issues of abuse" (PCS 3. p4: 17, 18, 19).

Apparently, the working relationship between the FIF project and other service providers have various positive spin-offs for caregivers and their children. Ultimately, they benefit from better trained and capacitated home visitors, who are able to depend on the partners to respond positively in support of the project beneficiaries, when the need arises; whether it be access to a meal, professional support, or even an employment opportunity. Positive working relationships appeared to improve the safety nets for vulnerable families in the FIF project communities.

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5.3.3. Main theme 3: Community Challenges

Growing poverty and unemployment impacts on the family's ability to access ECD services, as the current preschool model of ECD services requires parents to pay for the services. Consequently, in poor communities, more and more parents cannot afford the service, and are forced to keep their children at home. By providing direct support to caregivers through the home visiting programme, the home visitors experience the socio-economic challenges first hand, as reflected in the following sections.

5.3.3.1. Sub-theme 3.1: Crime and violence

The issues of crime and violence against women and children are a growing concern, as indicated by the participants. The issues of domestic violence and spousal abuse are related to the challenges of substance abuse and drugs in the community. Consequently, the home visitors are apprehensive about entering homes where the abuse of mothers is a known factor. As community workers, they realise that they are exposed to risks in the communities, where violent crime and gang violence are rife. The participants disclosed the following:

> *"When I started in Delft, I was scared of all the gang violence, child abuse and drug issues happening here in Delft. But, not one day had anybody approach me, being rude to me. I think the entry point always for me, is to listen to people."* (PCS 2. p2: 40–45).

> *"One time I visited the parent and I saw that her face was red and she did not want to speak to me. I quickly realised that she was not alone and her boyfriend was inside the room. I offered to call her when she was better, and left. Later she called me on the cell phone to apologise because her boyfriend was inside. She told me that he beat her and I encouraged her to go to the police station"* (HVS 1. p4:13–19).

> *"... I think challenges for us is to beat the drug and gangsterism that's now really out in the open. I say I was never scared of going into a community, but I'm starting to get scared now because I've seen, I literally see what is happening now"* (PCS 2. p15: 21–25).

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> *"The issue of safety has become important. In the past doors were left open and children were playing outside without supervision. Now parents are very alert and they try to keep their children indoors as far as possible"* (HVS 1. p7: 23–26).

> *"The one thing that I think is still lacking is something like an aftercare for the children who come from school. This is still a need in our community and we need to have something where the home visitors can have programmes with the children to improve safety"* (HVS 2. p11: 21–25).

Crime and violence on the streets of townships are a daily reality, and the home visitors' related stories and incidents of crime that they witnessed, or experienced on the streets. However, they related that their FIF project identification – their T-shirts, bags, or jackets – often provided them safe passage in difficult situations. While home visitors are recognised as the *teacher* by children and caregivers on the streets, local gangsters also recognise and acknowledge the role of home visitors in their communities. In this regard, one home visitor related the following:

> *"This programme has helped in different ways and different levels. Like, I was walking down the street and I noticed that even the gangsters are recognising you by hinting at each other to let the "teacher" pass"* (HVS 1. P9: 20–22).

It was established that all the home visitors in the FIF programme are provided with branded T-shirts, or jackets, as well as bags with the organisation's logo, which identifies them as members of the FIF programme. In addition, all home visitors, recruited into the programme, work in the areas where they live, to minimise the risk of being robbed, harassed, or even molested by local gangsters.

5.3.3.2. Sub-theme 3.2: Food insecurity

It was established that many families and households are faced with the reality of food insecurity, where their only income is social security grants, and families do not have the adequate means to survive from one grant day to the next. The following extracts refer:

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"...we work with poverty-stricken families which does know where their bread or where their food for the evening is going to come from" (PCS 2. p11: 23–25).

"... there are some parents who only receive all pay money, and there is no other income" (PCS 3. p12: 30).

"Due to unemployment and hunger, caregivers stay away if they are hungry or opt to attend sessions offered by other NGOs who might offer refreshments, snacks or even soup and meals" (PCS 2. p15: 16, 17, 18).

The participants disclosed that they would prepare sandwiches for the children, whom they knew were going hungry, and attempt to offer support. Due to unemployment and growing food insecurity, the FIF project staff had to liaise with other NGOs, who were able to offer refreshments, snacks, or even soup and meals for families. As stated in a previous section (5.3.2.1), many NGOs and faith-based organisations offer a variety of support and relief programmes in the communities of Delft, Atlantis, Klapmuts and Franschhoek. Through partnership building, many caregivers, participating in the FIF programme through poverty, their personal circumstances, and desperation, consequently, are referred to the service providers, who offer some emergency relief in the form of regular meals or sandwiches.

5.3.4. Main theme 4: Training and capacity development

An important component of the FIF programme is training. The key question was, *"How did the training prepare you for your work and role in the FIF programme?* It was established that the objective of the training was to prepare home visitors to take learning opportunities for children directly into homes, where they had to engage with the caregivers. The FIF programme is based on adult learning principles, and a community development approach that require both home visitors and caregivers to cooperate and collaborate in the development of young children.

5.3.4.1. Sub-theme 4.1: Being a home visitor

During the focus group sessions with the home visitors, their responses to the question: *"How did the training prepare you for your work and role in the FIF programme?"* were captured as follows:

"I have learnt that we have to support the parents, and to make sure they understand that children learn and develop at their own pace. Getting them to work with their children and helping them to understand their children's needs in their homes. And it works. The parents come back to us, and they say how their children are doing" (HVS 2. p4: 7–12).

"I have also learnt through the training that you are actually a messenger, you are a preacher, you become the eyes and ears of the child. You get parents that don't care, but then you are there to become the eyes and ears of the social workers to report situations. Like I said, you don't only learn how to do the job, but also what to do when you are out there" (HVS 1. p13: 22–26).

"I used to work in a crèche before. So, when I joined the FIF programme my child was 4 months old. For me the programme taught me so much more, how to nurture my child, how to teach my own child. Practising at home made the home visiting so much easier" (HVS 2. p3: 2–6).

The feedback from the home visitors also reflected on their personal experiences, as listed below:

"...the training was presented in weekly training modules over a 6 months period";

"...we had to be punctual and present for all the training sessions";

"...the facilitators expected us to ask questions and to take responsibility for our own learning";

"...the hand-outs were neatly packaged for easy reading";

"...the training developed our confidence";

"...opportunities to practice and role play before actual home visits";

"...insight into the importance of parent participation or involvement";

"...work with families and children with special needs";

"...understanding how household items, chores and recycled material can be used to support educational development and stimulation";

"...understanding that the programme does not need money for educational material, and that household items can be used"

(HVS 1 and 2).

The feedback from the home visitors clearly revealed their understanding that they were not trained to become preschool teachers, but facilitators, to help and support caregivers to become active in the educational stimulation of their children. This was further captured in the following response:

"I just want to say that a mommy who used to be part of the FIF programme decided to place her child in the crèche when she got a job, but after 3 months she came back to me to say that she can't see what her child is learning despite being in a crèche every day. So I had to explain to her that although we come around once a week, you as the caregiver have a task to continue throughout because you are the teacher. At the crèche you are not always told what they are doing or how you can help because the teacher is responsible for that. That's the difference" (HVS 2. p4: 30–33, p5: 1–4).

The responses reflect that the home visitors understood the objective of the programme, as well as their role of encouraging caregivers, mothers, and grand-mothers, to participate in and continue the games and exercises, for the children to continue their learning through play and fun activities in their home environment.

5.3.4.2. Sub-theme 4.2: Supervision

It was important to establish how the FIF projects were structured and expected to operate at community level. During the focus group session with the project

coordinators, it was established that each FIF Project operates on the basis of a partnership with the FCW, which is managed through an MOU, with the local FIF Project Committee, overseen by a project committee chairperson. The following extracts emanated from the individual interviews with the 4 chairpersons, regarding the MOU:

> *"The document provides a framework that regulate our relationship with FCW"* (CCh 2, p: 4)

> *"The MOU describes how many home visitors can be employed, what they will earn as well as the duration of their contracts"* (CCh 1. p: 3).

> *"Without a formal agreement there will be no structure or accountability, and this is important"* (CCh 3, p: 4).

As stated above, the MOU determined how many home visitors could be employed, as well as what the funding allocation for the team would be. In addition, the following details were established:

- Each project employs a project coordinator, who serves as the manager, responsible for the day-to-day management and supervision of the project staff (home visitors).

- Projects with more than 20 home visitors could appoint 2 team leaders to assist with the field supervision of the home visitors, as well as assist the project coordinator.

- Each team leader is expected to supervise at least 10 home visitors.

- The selection of a team leader was usually advertised within the project and was based on the understanding that the person was computer literate, contactable via e-mail, with the ability to capture the daily and weekly field data from the home visitors.

The project coordinators described some of their duties and responsibilities as follows:

"... my duties involve making sure I duly visit the home visitors in the field during the month. I then also give assistance and support especially when home visitors is also a bit struggling in terms of the 36 week guide that we have and then I also give support to the team leaders in executing their tasks with their respective teams and then I am also responsible to do the monthly reporting, pc reporting where we capture all the families that we are working with and that we have reached and supported for the month" (PCS 1. p1: 5–13).

"I think my role is exactly that. Coordinating, making sure everybody on the ground ultimately does what they are supposed to do, its motivating the team leaders, motivating the home visitors, going to stakeholder meetings" (PCS 2. p5: 17–21).

"I believe my role as a pc and project manager is to look after the staff in order for them to go out. We have lots of success stories when you go out to Delft and you talk about FIF. People know who the FIF programme is in Delft" (PCS 2. p7: 7–11).

The project coordinators clearly understood that their key role and function was to manage their teams of home visitors in the field. They had to ensure that the home visitors received the necessary support and supervision, as part of the direct support and monitoring in the field. In addition, they had to confirm that the home visitors' training and capacity development, enabled them to implement the FIF programme with the caregivers.

The project co-ordinators also explained that their supervisory responsibilities involved ensuring that all the home visitors conducted their daily allocation of visits, and that the caregivers did not miss out on the weekly programme. Additionally, they confirmed that they conducted field observations to ensure compliance with the programme expectations; reporting and sharing documentation with the FCW operations manager and the local project committee, through its chairperson. The activities and expectations of the project coordinators reflected on their day-to-day management of the local FIF projects (supervising the

home visitors, keeping daily records of activities and developments, and reporting to the project committee, and through its chairperson, to FCW).

The project coordinators were also responsible for networking within the community and attending various stakeholder meetings. They described this as an important function, to ensure that the project's profile in the community is promoted. In response to the question, *"What is working to support projects at the community level?"* the project coordinators responded as follows:

> *"I think what is working for us is definitely our networks"* (PCS 2. p7: 13).

> *"To make the programme exciting we have various stakeholders like the Edmund Rice Camp that take the kids on leadership programmes, and we have Healing of Memories who provide personal development workshops, as well as food parcels to support and benefit our families."* (PCS 3. p5:12, 13, 14).

The focus group sessions at the community and beneficiary level with the caregivers, home visitors, and project coordinators, as well as the interviews with the chairpersons, presented a clear picture of the operation of the home visiting programme; how caregivers and families with young preschool-aged children received the programme, as well as what was expected of them. Additionally, the roles and functions of the home visitors and project coordinators were clearly articulated by the participants.

According to the data extracted from the interviews with the chairpersons, they were positive about the impact of the programme in their communities, as well as the way the programme laid the foundation for improved school development and achievement in the communities. As community workers, they realised that the overall developmental aspects of the programme were not only the ECD benefits for children, but also the employment, training, and developmental opportunities for women, in general, who would be selected to be trained as home visitors, to support caregivers and families in the community.

5.4. Themes emerging from the data analysis of the individual interviews with FCW board members, senior management, partner organisations and donor agencies, as well as a focus group discussion with FCW programme staff

The first series of individual interviews were conducted with the, four FCW board members, and two FCW senior management participants, as well as a focus group discussion with 5 programme staff, to develop an understanding of how the organisation had managed to implement the FIF programme, and what had enabled the organisation to grow the programme in the Western Cape. The second series of individual interviews were conducted with 1 representative from each of 3 ECD partner organisations, and 4 donor agencies, to assess their thoughts on why access to ECD services remains a challenge for children, and whether non-centre-based ECD programmes could serve as an alternative, if scaled sufficiently.
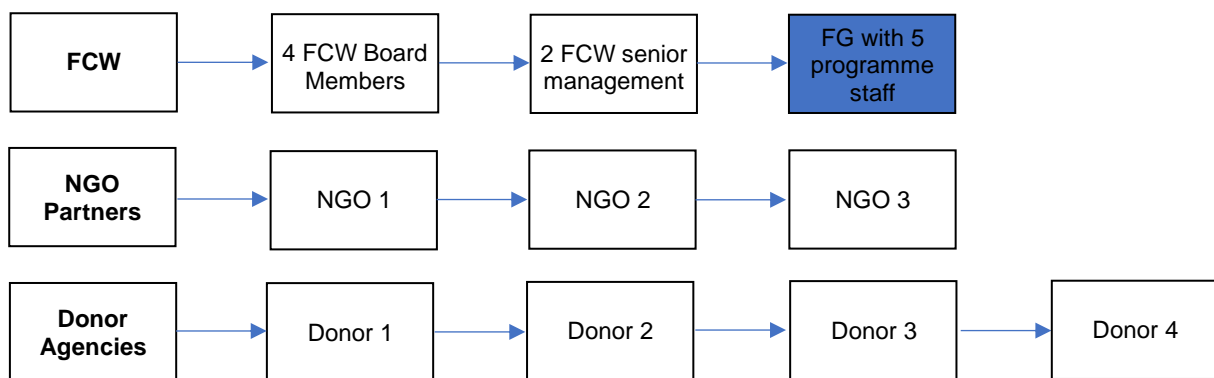
Figure 5.3: Representation of individual participants

5.4.1. Themes and sub-themes from the data analysis of individual interviews with 4 FCW board members, and 2 FCW senior management staff, as well as a focus group discussion with 5 FCW programme staff

Table 5.3: Research question, theme, and sub-themes

Research question	Main theme	Sub-themes
"How did FCW design and implement its FIF programme?"	1. FIF programme implementation	1.1. Negotiating an MOU
		1.2. Home visiting training
		1.3. Monitoring and evaluation
		1.4. Growing the FIF programme

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5.4.1.1. Main theme 1: FIF Programme implementation

As indicated in Chapter 4, the organisation established the FIF home visiting programme as a strategy to reach more preschool aged children, who had no, or limited, access to ECD services and programmes. The overall objectives of the programme were: firstly, to train home visitors; secondly, to empower caregivers for the early stimulation of their children; and thirdly, to capacitate local communities to take ownership of the FIF programme. However, programme implementation unfolds on different levels. At the community/project level, a consultative process was important before the project could start, and at the organisational level, systems needed to be introduced, to ensure proper implementation of the programme.

5.4.1.1.1. Sub-theme 1.1: Negotiating a Memorandum of Understanding (MOU)

During the individual interviews with the project committee chairpersons, the consultative process with project communities was described as an important one, to prevent the stakeholders from claiming that they had not been consulted. In this regard, it was established that FCW facilitated a series of meetings and workshops with community stakeholders, to explain the programme, as well as determine their support for the implementation of the FIF programme. As community workers, the stakeholders also realised that the overall developmental aspects of the programme were not only about the ECD benefits for children, but also the employment opportunities, as well as training and development opportunities for women, in general, who could be trained as home visitors, and in particular, for caregivers, who would invite the programme into their homes.

It was established that the MOU determined the following:

- the number of home visitors per project;

- the monthly stipend allowance for the home visitors, as determined by the EPWP;

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- that home visitors could be employed in the project for a period of 24 months;

- that each project will receive an administrative allowance for general office administration and office rental;

- the submission of quarterly reports on agreed and determined dates;

- the management of a banking account in the name of the project, with designated signatories responsible for receiving and disbursing funds.

A copy of the project's MOU is attached as Annexure 9. Additionally, the chairpersons also acknowledged that FCW supported their development to become registered and independent NPOs, as well as empowered to approach donors and funders autonomously.

5.4.1.1.2. Sub-theme 1.2: Home visiting training

At the organisational level, programme implementation involved the development of an accredited training programme and material. It also included the appointment of suitably qualified and experienced facilitators to manage and convene the training of home visitors in the field. The interview with the Operations Manager [OM] highlighted the following:

- *"The training programme was presented in 6 weekly modules, ideally at a training venue in the community;*

- *The training was accredited and provided credits towards a full qualification in ECD;*

- *The training was based on adult education principles and practice;*

- *The focus of the training emphasised that home visitors practically demonstrate to parents what should be done, instead of telling them;*

- *Home visitors were expected to engage 35 caregivers with young children, who had to be visited on a weekly basis.*

- *The home visitors had to follow a weekly plan that was presented in a 36 weeks practical field guide, designed for the programme"* (FCW OM. p9: 17, 18).

In addition, the OM explained that the training of home visitors was aimed at broadening their understanding regarding the importance of adult learning, because of their direct engagement with caregivers, while preparing them to take learning opportunities for children directly into homes. In this regard, the focus on adult learning principles and a community developmental approach was important, as the relationship between the home visitors and the caregivers had to be based on cooperation and collaboration.

5.4.1.1.3. Sub-theme 1.3: Monitoring and evaluation

It was important to understand how the organisation monitored the programme in the field. In this regard, the OM shared the following:

> *"The programme makes use of a paper-based reporting system that requires of the home visitors to provide weekly reports of the number of families visited each day, in order to determine that all participating caregivers and families are visited weekly. In this way, the programme team at FCW can monitor how frequently caregivers are visited and which caregivers missed out on weekly sessions"* (FCW OM. p10: 28–30).

However, this type of reporting was described as unreliable because the home visitors could manipulate the information and provide inaccurate, or false information. In addition, the trends in the reports appeared to reflect repetitions, as well as the home visitors' main concern of reporting that they were on duty and working every day. Subsequently, it was determined that the organisation introduced an electronic reporting system in the Delft and Atlantis community projects, which were selected to be part of the social impact bond programme. This electronic system was described as follows:

> *"In the Delft and Atlantis projects the home visitors received mobile phones that was linked to an application for reporting the*

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> *daily visits to all the caregivers. This electronic system highlighted some of the short comings in the paper-based system and how it was be manipulated by the home visitors. The advantage of an electronic system allowed the programme staff and Project Coordinators to manage the teams of home visitors more effectively and helped to eliminate short-cuts"* (FCW OM. p13: 17–24).

According to the OM, the introduction of technology and an electronic system led to the following improvements:

- Each day all the home visitors could be monitored in the field, once their phones were activated;

- The number of daily visits, as well as the duration for each home visit, were captured electronically;

- The cumulative number of visits for the team was also recorded;

- The system could also identify the children in pre-grade R, who had received more than 50% of their weekly visits, to participate in annual developmental assessments.

Ultimately, it was determined that the organisation intended to introduce its electronic M&E system to the rest of the FIF projects, and consequently, improve its use of technology in the field.

5.4.1.1.4. Sub-theme 1.4: Growing the FIF programme

The feedback from the focus group discussion with 5 FCW programme staff, regarding the scaling potential of the FIF Programme, revealed that they were supportive of the idea of scaling, as indicated in the following extracts:

> *"FCW has a good programme. The FIF ECD programme help children at home and prepare them for school.*" (FCW SFG 3. p11: 7)

"The FIF programme is a brilliant programme to reach and support children. We need to make use of stakeholders, churches, schools, libraries to promote young children's right to early education if we want to scale the programme." (FCW SFG 1. p14: 17–21).

"Currently we only have 8 or 10 project areas in the WC. The programme must be taken to more regions over the whole WC or even South Africa." (FCW SFG 5. p11: 19).

"We need more government departments to buy into the FIF programme - like WCEd. Although ECD is clustered under DSD, we should invite Education and other government departments to buy into the FIF programme." (FCW SFG 2. p14: 11–13).

The programme staff also offered their perspectives of what was required for scaling, as follows:

"Packaging the FIF programme should include our learning materials, specifically the weekly field guide, the literacy programme, story-telling and book sharing ideas." (FCW SFG 3. p17: 9, 10).

"Packaging the programme so that the home visitor or day-care mother should be able to follow a daily programme." (FCW SFG 5. p17: 12).

"Part of the package should also include the orientation guide." (FCW SFG 2. p17: 13).

In addition, the programme staff were of the opinion that the organisation should do more to promote the FIF programme. The following extracts refer:

"We need to do more advertising and marketing of the programme." (FCW SFG 2. p21: 9).

"Go on to radio so that people can phone in with Q and A." (FCW SFG 4. p21: 16).

"The programme team should also go to new areas and meet with the principals to discuss the programme. Use the Klapmuts Primary Principal who is an ally to introduce us to the other schools." (FCW SFG 5. p21: 19–22).

"We must get the programme into the local community newspapers, even the magazines." (FCW SFG 1. p22: 4).

However, through the interviews with the management and board members it was established that the FIF programme was introduced in certain areas and communities, because the donors and funders had specific preferences for particular areas. The board members described the growth of the organisation, as well as the ability to attract donor funds, as follows:

"I've seen the growth in the last maybe 5 years, it's been tremendous. In general, there has been growth because the grants grew steadily over the years. But the organisation also grew in other areas. It grew in terms of looking at different income streams. I remember the strong arguments for establishing an NPC to serve as an income generating vehicle for the organisation and how that has grown as well" (BM 2. p1: 35–38).

"So when I started ... we were running, probably a budget of maybe two million rand a year, and we're now on R15 million. So, I mean, that's quite impressive growth" (BM 1. p1: 43; p2: 1–5).

It was important, therefore, to determine whether the growth in income and funding, also resulted in a growth in programme and project work. In this regard, the OM expressed the following:

"During 2005 the organisation had 18 home visitors who were

supporting about 350 caregivers in small projects in Atlantis, Mitchell's Plain, Khayelitsha and Bokmakierie. Then, the home visitors earned between R350 – R500 per month. However, for the past 5 years the organisation employed 245 home visitors who work in 10 districts across the Western Cape and earn a monthly stipend allowance of R1900 provided by the Expanded Public Works Programme" (FCW OM. p12: 13,14).

The organisation clearly managed to grow the FIF home visiting programme in the Western Cape to include several districts and communities, as well as expand its outreach to about 10 000 caregivers and families with preschool-aged children.

5.4.2. Themes and sub-themes from the data analysis of individual interviews with NPO partners and donors

At the third level, it was important to determine the perceptions of the donors and NPO partners regarding the challenges of accessing ECD services in poor communities, as well as whether non-centre-based programmes could become a realistic option.

Table 5.4: Research question, theme, and sub-themes

Research question	Main theme	Sub-themes
"What are the policy challenges that hamper access to ECD services?"	1. Access to ECD services	1.1. ECD registration compliance
		1.2. Norms and standards
		1.3. Fees and subsidies
		1.4. Non-centre-based programmes

5.4.2.1. Main Theme 1: Access to ECD services

As indicated in Chapter 2, thousands of young children in South Africa, and particularly in the Western Cape, still struggle to access quality ECD services. Therefore, it was important to engage donor and partner organisations, to determine why, in their opinion, the current policy practices appear to impede the children's benefit of government funding and support.

5.4.2.1.1. Sub-theme 1.1: ECD registration compliance

In the interviews with the government officials, the aim was to determine their perception of the legislation that governs ECD. It was established that the Children's Act (RSA, 2005) was considered the primary framework for the regulation of ECD services, with the Department of Social Development as the lead government department responsible for the registration and funding of ECD services. In this regard, the Provincial DSD official indicated the following:

> *"The department has a mandate to increase the access of the number of children in facilities, and ensuring that ECD facilities adhere to the stipulations of the Children's Act"* (D 1. p2: 40–44).

A similar response was offered by the City of Cape Town representative, who stated:

> *"Our role in the City is to ensure that ECD centres are compliant with the by-laws of the City of Cape Town. That means the Planning and Building Departments for zoning, it also means that the Environmental Health Department have to issue clearance certificates in respect of health and safety and fire"* (D 2. p1: 10–14).

In addition, these participants acknowledged that the Provincial DSD and the City of Cape Town had experienced a backlog in the registration process; therefore, many ECD facilities operate illegally, in an unregistered capacity.

> *"We are worried about the mushrooming of ECD facilities that start-up without following proper procedures"* (D 1. p3: 11).

Another acknowledgement was the insufficient number of Environmental Health and Fire inspectors to conduct visits and assessments at ECD centres, which adds to the problem, and creates a further registration backlog. Evidently, many ECD facilities are located on private residential properties,

where illegal structures are erected to accommodate the children. Consequently, many service providers avoid the DSD, and remain unregistered.

5.4.2.1.2. Sub-theme 1.2: Norms and Standards

The NPO partners, who are known to advocate for changes and improvements in the ECD sector, disclosed that the ECD norms and standards, as determined by the Children's Act (RSA, 2005), discouraged ECD service providers in poor communities and informal settlements from becoming compliant. They expressed the following:

"...the norms and standards were unrealistic, and child-teacher ratios were unaffordable when one teacher with an assistant is expected to look after 6 babies or only 12 children between the ages of 18 months and 3 years" (NPO 2. p3: 7,8).

"The norms and standards determine how many children can be accommodated, based on the floor size, and the required number of toilets and hand-basins needed for the number of children, as well as separate areas for cooking, nappy changing and sick-bays" (NPO 1. p4: 3).

The participants highlighted that, while the norms and standards are ideal, they are largely unrealistic for service providers who operate in informal settlements or townships, where space is limited. Evidently, the service providers earn their income from the number of children in their care, while they provide employment for others through the services they provide.

5.4.2.1.3. Sub-theme 1.3: Subsidies and fees

The state, therefore, through its subsidy system, has become the most significant source of income for ECD service providers. However, in order for ECD service providers, and especially children to benefit from the subsidy, there is, firstly, a registration requirement, as described in the

previous section, and secondly, eligibility-criteria that are applied. In this regard, the DSD representative shared the following:

> *"... where the subsidy was available to parents who previously earned R3500, the threshold has now been increased to R7600."* (D 1. p2: 40–44).

In addition, the participant added:

> *"... some provinces that I've heard from have already increased their subsidy rate per day from R15 to R18 per day."*

> *"It remains a struggle for ECD centres to firstly work towards compliance, before they can become registered, then only can they apply for a government subsidy for children who qualify in terms of the means test. If you ask me, government is making it almost impossible for service providers to access government funding."* (NPO 3. p5: 11, 12).

Currently, according to public records, the Western Cape Department of Social Development provides a subsidy of R16 for 260 working days per year. Reportedly, an estimated 200 000 children were benefitting from the DSD subsidy in the Western Cape at the time. The NPO partners were critical of the means test, and argued the following:

> *"…increasing the income threshold without relaxing the registration requirements will not benefit children in poor communities. A different approach to reach more children in poor communities will have to be explored."* (NPO 3. p5: 15–19).

> *"Preschool centres struggle to operate because they cannot depend on the fees that parents are expected to pay. Many parents do not have the means to make regular payments and contributions. Parents are preschool hopping"* - This refers to parents who move their children from one centre to another to avoid monthly fees."* (NPO 2. p6: 38–41).

"The participants also noted the long hours that are expected from township preschool centres because working parents have to leave home early and often drop children before 6am and only arrive home late in the evening. This is based on the trusting relationship with preschools and the expectation that parents will pay for the service." (NPO 1. p10: 8–10).

5.4.2.1.4. Sub-theme 1.4: Non-centre-based ECD programmes

Given the current challenges with access to ECD services, due to the stringent insistence on adherence to legislative prescripts and regulations, it was important to probe the views of NPO service partners and donor representatives, regarding their views on how non-centre-based ECD programmes could make a difference. Non-centre-based ECD programmes do not require any buildings or facilities (which require building regulations inspections, or clearances), and could operate in any safe space, where children and their caregivers could meet, as well as the safety of their homes.

It was established that the local ECD partner organisations had implemented diverse types of non-centre-based programmes, which were operating in various communities. The NPO participants confirmed the following:

- One NPO had established a strong playgroup programme on the West Coast;

- The second NPO had established an outreach programme in Lavender Hill, Gugulethu, and Nyanga. The organisation also offered management and leadership training for principals and governing committees.

- The third NPO had established a home visiting programme, as well as an early literacy programme in Langa, and also managed to establish their home visiting programme in a neighbouring province.

Data collected from the interviews confirmed that, although the ECD organisations developed outreach, or non-centre-based ECD programmes

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and projects, these never developed into large scale projects, because the non-centre-based programmes were not considered their core business. It was also established that local NPOs depend on donors and funders for their various non-centre-based ECD programmes, as government funding for non-centre-based programmes was very limited, which restricted the programmes to a few areas, and in the communities where the NPOs are located, or based. The donor participants, however, agreed that the concept of non-centre-based programmes was a step in the right direction, and suggested using their funding to pilot and test programmes in resource-poor communities. The following extract refers:

> *"I think your organisation is on the right track when it comes to providing an alternative for children who are not in ECD. And if you can have a programme in each ward of the City – that is 112 wards within the City of Cape Town, then we will see the impact of your programme."* (D 2. p8: 2, 3 and 7–9).

One donor was particularly interested in ECD programmes to serve the farming community, and anticipated that FCW, specifically, would provide ECD mobile programmes to serve the rural community. A significant donor of ECD programmes, with a national footprint over the preceding 15 years, indicated the following:

> *"Currently the organisation funds various ECD projects across South Africa that have the potential to make a difference for children. Playgroups, home visiting, parenting programmes, research and publications, are areas that we fund."* (D 4. p2: 7–9).

Additionally, it was established that some donors' support for alternative programmes were focussed on research and documentation, in the hope that government would eventually fund the programmes, where evidence of success was established, to support more children. Donors also wanted to support ECD in rural and farming communities, or even communities where they held other interests, and expected ECD organisations to adapt to the

specific donor requests for alternative ECD programmes. Given the limited scale of non-centre-based ECD programmes, and their localised concentration, there appeared to be a need to grow and scale recognised non-centre-based ECD programmes, to improve access for more children.

5.5. Conclusion

In this chapter, the presentation of the findings firstly related to the focus group sessions, which explored how the Foundation for Community Work implemented its FIF programme in various communities, as well as how these projects were managed in a partnership agreement with the organisation. The project beneficiaries and project staff could clearly articulate their experiences, as well as how the programme had made a difference in their lives. Secondly, the findings from the individual interviews with the organisation's management, partner organisations, as well as donor representatives, focused on the challenges of increasing access to ECD services, and how legislation and regulations appeared to be the key stumbling block.

In view of the policy challenges, and the need for more children to benefit from ECD services and programmes, the viability of non-centre-based ECD programmes was also explored. In the following chapter, the researcher explores the scaling potential of the organisation's FIF programme, in relation to the Scalers Model.

CHAPTER SIX

APPLYING THE SCALERS MODEL TO ASSESS SCALING POTENTIAL

6.1. Introduction

In this current study, one of the key questions that the researcher sought to explore, was how Capability Theory and the Scalers Model (linked to dynamic capabilities) could be applied to facilitate a new growth strategy for the FIF ECD programme, towards an innovative social franchising programme. The drivers/elements of the Scalers Model (Bloom & Chatterji, 2009; Bloom & Smith, 2010) served as the coding template to organise and synthesise the data from the interviews with organisational staff, board members, donors and NPO partners. This allowed for a hybrid approach of qualitative methods of thematic analysis, which incorporated both the data-driven inductive approach of Boyatzis (1998), as well as the deductive approach, outlined by Crabtree and Miller (1999). In this chapter, the researcher reports on the exploration of the scalability of the organisation's FIF service programme for replication and social franchising, through the application of the Scalers Model, which was aligned to the third research objective of the study (see Chapters 1 and 3).

Table: 6.1: Scalers Model

Research Objective: To explore the scalability of the organisation's FIF programme for replication and social franchising.			
Research Question: How can the Scalers Model facilitate the social franchising of the Family in Focus ECD programme?			
Themes	**Sub-themes**	**Participants words**	**Organisational records**
1. Staffing	1.1. Organisational capacity	*"Currently we have three streams of funding with separate teams - FIF Programme team, Social impact bond team, Conditional grant team. The funding allowed us to employ staff such as M&E specialists, a quantity surveyor, and designated project managers, social workers and a psychologist."* (FCW OM. p12: 13, 14)	The appointment of a Director (WC FCW, 1979a, 1979c); The appointment of a book-keeper to relieve the Treasurer of this duty (WC FCW, 1979c). The appointment of professional and trained social workers to serve as community workers (WESWOC, 1977b, 1979).

	1.2. Home visitors as foot soldiers	*"I used to be a parent in the programme, and when the project coordinator indicated that they are looking for new people to be recruited and trained, I immediately volunteered. I have to admit that I couldn't wait for the training. This is also my second year."* (HVS 1. p4: 5–6) *"I have learnt that we have to support the parents, and to make sure they understand that children learn and develop at their own pace. Getting them to work with their children helps them to understand their children's needs in their homes."* (HVS 2. p4: 7–12) *"The FIF programme requires the home visitors to be on the ground and in the field every day. They are the foot soldiers that makes the difference."* (FCW OM. p14: 17,18)	Unlike preschool teachers, home visitors have to visit the caregivers weekly, often under difficult circumstances, for example, gang violence in communities, and walking long distances in extreme weather conditions. Consequently, the organisation acknowledges the home visitors as a new breed of ECD community workers (WC FCW, 2018/19, 2019/20).
2. Communicating	2.1. Community buy-in	*"I've been one of the founding members of the community radio station. I've also been the Youth Development Forum's chairperson and coordinator, and with unemployment being a big challenge, we recognised that the FIF programme provides an opportunity for some people, and unemployed mothers to develop some skills and to be paid a stipend in the programme."* (CCh 1. p1: 24–27) *"This programme has helped in different ways and different levels. Like, I was walking down the street and I noticed that even the gangsters are recognising you by hinting at each other to let the 'teacher' pass."* (HVS 1. p9: 20–22) *"To make the programme exciting we have various stakeholders like the Edmund Rice Camp that take the kids on leadership programmes, and we have Healing of Memories who provide personal development workshops as well as food parcels to support and benefit our families."* (PCS D. p5:12, 13, 14)	In alignment with the FCW constitution, and to ensure the active involvement of all the committee members, several sub-committees with portfolios were established to: (1) broaden the grassroots base; (2) democratise the process and allow community stakeholders to have representation in decision-making; (3) harness the resources of the community; and (4) make information accessible to the community (Allie, 2015). "At this stage it is advisable that the community workers not only concentrate on the preschool centres, but, that their work have a wider reach in the community." (WC FCW, 1979c).
	2.2. Rated as a best practice by partners	*"The non-centre-based programmes that were selected for the study were…the first one was Family in Focus programme by FCW, it was the objective, and you guys did have the highest score. Because on a whole range of measures, which I can show you, you guys performed the best."* (NPO 3. p22: 1–10). *"I mean the impact bond was not an easy process. We had to actually bid for it and again I think a lot of organisations that refused to actually put forward a bid, lost out on the opportunity to do what we're doing."* (FCW OM. p13: 17–24)	The organisation's FIF programme is well documented and the implementation process is captured in a case study by Allie (2008), as well as an independent evaluation by Biersteker (2015), and studies of Western Cape-based ECD programmes by UNICEF (2009) and Naeser et al. (2012).
3. Alliance Building	3.1. FIF Project partnership network	*"This partnership network involved project committees, project staff (home visitors), as well as caregivers, who all worked together for the benefit of young children. This alliance network and partnerships with local communities helped to increase outreach to more than 10 000 children and caregivers, as well as expansion of the FIF programme to various communities. This is the organisation's main alliance network."* (FCW OM. p14: 3–7)	Very early in the development of the organisation the realisation emerged that partnerships with community-based organisations could become the ideal vehicle to move the organisation forward. The Dassenberg project, as a children's home, and the Renier van Rooyen Centre in Kuilsriver, under the NG Church, as a welfare service, were the first two projects that expressed interest in affiliation to the organisation (WESWOC, 1975).

		"Training opportunities offered by network partners on health, FAS, and HIV/Aids further improves the home visitor's skills sets for more effective work in the field." (PCS 3. p18: 28, 29, 30)	The transfer of two ECD sites in Ocean View from the Kommetjie and Noordhoek Welfare Association was agreed on (WESWOC, 1977b). A similar agreement was reached with the SA National Council of Women, regarding the transfer of the crèche in Morningstar, Durbanville (WESWOC, 1977d). In January 1978, the Divisional Council of Cape Town, requested that the organisation take over the transfer and ownership of the crèche being built in Wesfleur, Atlantis (WESWOC, 1978a). By 1990, thirty-five ECD centres were affiliated under the FCW umbrella (Allie, 2015; Fredericks, 2006).
	3.2. FCW's appointment to lead successive collaborative projects	*"There was agreement that the FCW steered clear of the tensions because it was not involved in teacher training or the scramble for learnerships. For this reason, FCW's appointment to lead successive collaborative projects initiated by the provincial DSD was supported by all the ECD NPOs."* (NPO 1. p5: 11, 12)	The collaborative ECD projects with ECD NPOs, involved an audit of all the unregistered ECD sites in the province (Biersteker & Hendricks, 2012). The collaborative ECD initiative project was a response to the National Integrated Plan for ECD to reach more children (Western Cape Foundation for Community Work [WC FWC, 2009/10).
	3.3. Creating opportunities through community networks	*"Through our networks we were able to open doors for our people. The partnership with Valley of Abundance created a job for one of the caregivers in our project."* (PCS 4. p4: 30, 31, 32)	A key focus of the FIF programme is to capacitate and develop community leadership through adult education, training, and skills development. This is evident in the FCW's decentralised management system (Van Niekerk, Ashley-Cooper, & Atmore, 2017, p. 41)
4. Lobbying	4.1. Roundtable meetings with government officials	*"The collaborative projects got officials and NGO partners to design district specific ECD plans. This was the first time we could sit around the table with officials to discuss what we thought was important."* (NPO 2. p.12: 18–23)	The mandate of the collaborative project was to establish district-based ECD plans that involved 10 ECD NPOs (Allie, 2015). The roundtable conversations in the ECD sector were driven by the fact that organisations were still working in isolation and required more meaningful engagement for collaboration (Western Cape Foundation for Community Work [WC FCW], 2012/13). At the roundtable meetings Dr Franklin Sonn, former ambassador to the USA, was identified as the champion for the ECD sector (WC FCW, 2012/13).
	4.2. Assisting with ECD registration	"*We continue to use the little blue book when centres make application for registration. We refer them to follow the steps suggested in the guide*" (D 1. p7: 21).	The standard operating procedures for the registration of ECD and afterschool care services was developed by FCW to assist the Western Cape DSD with registration of ECD centres (Allie, 2011; Western Cape Foundation for Community Work [WC FCW], 2010/11).
5. Earnings generation	5.1. Steady growth of grants	*"I've seen the growth in the last maybe 5 years, it's been tremendous. In general, there has been growth because the grants grew steadily over the years. But the organisation also grew in other areas. It grew in terms of looking at different income streams. I remember the strong arguments for establishing an NPC to serve as an income generating vehicle for the organisation and how that has grown as well."* (FCW BM 1. p1: 25–38) *"So when I started ... we were running, probably a budget of maybe two million rand a year, and we're now on R15 million. So, I mean, that's quite impressive growth"* (FCW BM 1. p1: 43; p2: 1–5).	The organisation was established with a generous R500 000 donation towards the establishment of a welfare organisation in the Western Cape (Allie, 2011, 2015). The organisation also raised R12million through the social impact bond project that was awarded in South Africa and Africa (Khan, 2021).

	5.2. Remaining sustainable when other NGOs are hitting the wall.	*"I mentioned it earlier on, the fact that NGOs are hitting walls, and shutting down because there's no funding, but again, it links to the thing I keep mentioning about NGO mentality. And one of the things that we've been trying to do differently within FCW, is try and run FCW as if it was a business* (FCW OM. p12: 24–32).	*The organisation's activities are community work, with a focus on the preschool child, around which organisational policy will revolve, "which implies that we will invest our money in community work instead of anything else."* (WC FCW, 1980).
6. Replicating	6.1. Rolling out the FIF programme	*"But I also think, if you want to take the FIF Programme one step further, then one can think of scaling, because from my understanding of scaling, is possibly just rolling it out, sort of duplicating the programme… or replicating it, ja,.. replicating it, so that more people can benefit from it. So, there is, without a doubt, for me, a market for that, there is a need for it in our country"* (BM 2. p2: 13–20).	The growth of the FIF programme from 2005 with 18 home visitors, who were supporting 378 caregivers with 644 children, grew steadily to 260 home visitors, with an outreach to 10 066 families and 11 790 children (Allie, 2015, p. 92).
	6.2. Franchising with a blueprint	*"So if you franchise it, then you know it's going to work everywhere, presumably, in South Africa"* (BM 1. p5: 3). *"So you would have to have a blueprint that is simple enough to implement everywhere"* (BM 1. p5: 18).	FCW packaged its FIF programme along the lines of an organisation serving as a franchise holder, with a memorandum of understanding (MOU) that contained the business plan and package for the various FIF projects (Allie, 2015, p.107).
	6.3. Replicating best practices	*"First of all, the idea that,… not all programmes necessarily should be scaled up, if they don't have proof that they work."* (NPO 3, p4: 29, 30). *"So, like an evidence of impact, or a proof of concept or theory of change. So, the Family in Focus Programme, was obviously top of our list, because you guys had already had an impact evaluation done, whereas, many of the other outreach programmes have no such impact showing."* (NPO 3, p4: 31; p5: 1–3) *"The next idea was something that we assessed a lot of our submissions on, was the idea of how packaged their programme is. So, is there timeframes for the project, if it's offered in different areas, is the time-frame clear? Do you offer training and do you have training manuals – how's it packaged?"* (NPO 3, p5: 8–10).	The findings of a recent national study on best practice in ECD that could be scaled, revealed the organisation's FIF programme scored the best overall, among 12 ECD programmes in South Africa, which were assessed (Van Niekerk, Ashley-Cooper, & Atmore, 2017),
7. Stimulating market forces	7.1. Selection for the first social impact bond in South Africa and Africa.	*"I mean the impact bond was not an easy process. We had to actually bid for it and again I think a lot of organisations that refused to actually put forward a bid, lost out on the opportunity to do what we're doing."* (FCW OM. p13: 17–24)	The social impact bond project involved the Bertha Centre at UCT, Mothers2Mothers, Volta Capital (based in New York), the Western Cape DSD, and ApexHi, who served as the outcomes funders (WC FCW, 2018/19).
	7.2. Mobilising the community	*"…we approached the principals who gladly offered bread and peanut butter for sandwiches. The home visitors also approached a few caregivers who were keen to support and prepare the sandwiches for the children."* (PC 2. p9)	Mobilising the community also involved donors, who were willing to grow the impact of the FIF programme. In this regard, RCL Foods (currently the Do More Foundation) funded the organisation's work in Worcester (WC FCW, 2016/17), Imaam Abdullah Haron Education Trust, and the Willis Towers Watson Trust supported FCW work in the Langa community (Western Cape Foundation for Community Work [WC FCW], 2014/15, 2019/20).

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The Scalers Model, as designed by Bloom and Chatterji (2009), and tested by Bloom and Smith (2010), propagated that some, or a combination of the seven drivers in the model, could support an organisation that aimed to scale its social impact. In the following section, the seven main themes are identified, aligned to the Scalers Model, to describe the organisational context and experience of the respective scalers. Although the Foundation for Community Work has managed to grow and expand its FIF programme, reasonably, it was important to understand, firstly, how the organisation's management and board members perceived the idea of scaling the organisation's FIF programme wider (serve more people), and deeper (improve outcomes more dramatically), as well as whether the organisation was prepared for this. Some of the board members responded as follows:

> *"Of course, we can upscale this programme. So, we need more partners who would buy-in and run with a programme like Family-in-Focus in their own respective areas"* (FCW BM 3. p3: 29/30).

> *"It's about time we that we get a consultant in to promote our flagship programme. I think the time has come for us to go to scale and multiply the programme in other areas… In other provinces"* (FCW BM 4. p7: 23–27).

All the board members agreed that the organisation should explore ways of scaling the programme, as it was understood that the ECD needs were growing in poor communities.

6.2. Theme 1: Staffing

Staffing, as one of the capabilities of the Scalers Model, refers to the effectiveness of an organisation to fill its staff and labour needs with people, who have the necessary skills for the required positions in the organisational workplace. The aspect of staffing has been an important feature in the organisation's development. During the focus group sessions with the FIF project staff, as well as the individual interviews with organisational staff and management, it was established that the aspect of staffing in the organisational context was twofold. Therefore, it was important to firstly understand the organisation's staffing capacity, in relation to its programme work, and secondly, how the aspect of staffing, at the individual project level, was constituted and managed.

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6.2.1. Sub-theme 1.1: Organisational capacity

During the individual interviews with senior management staff, it was established that the organisation had a diverse pool of staff that included four social workers (including the director and operations manager), one psychologist, five ECD trainers with formal qualifications in education and adult education, two monitoring and evaluation (M&E) specialists, as well as one quantity surveyor. Additional human resources necessary for a smooth functioning organisation included four administrators, and a financial manager, as well as two part-time housekeepers and a cleaner, who were responsible for general office maintenance and daily cleaning.

The operations manager also indicated that the organisation had three distinct funding streams for different programmes, which also enabled the organisation to strengthen its human resources needs. All the funded programmes involved multiple year funding cycles that allowed the organisation to attract and retain a broad range of skilled and experience staff. The operations manager shared the following:

> *"... We have a good combination of staff with English, Afrikaans and Xhosa. The new people that came on board, are go-getters. The mixture of qualifications and experience has broadened the capacity base in the organisation and strengthened both the training aspect of the work as well as the community capacity building that is required. Some have formal qualifications - B.Com, M&E, also a Senior Social Worker, and the other M&E person also have a masters in psychology. And they just have the ability to see the wood for the trees basically, and see the bigger picture, and wanting to add value"* (FCW OM. p11: 29–30; p12: 2-8).

In addition, the participants reported that the availability of all the local languages (English, Afrikaans and Xhosa), as well as the ability to attract and retain staff with a range of qualifications and experience, has helped to enhance the capacity of the organisation to improve training across a wide range of ECD domains. These domains include early literacy and numeracy, health and nutrition, and adult education, which are key focus areas for overall healthy child development, as well as for the participatory engagement with the caregivers in the home visiting programme. The appointment of the

M&E staff also strengthened the capacity in the organisation to monitor the overall implementation of the programme more effectively.

The organisation's growth, and the expansion of its human capabilities, depends on how the organisation manages its capabilities across the organisational space, as argued by Lawson and Samson (2001), as well as Schienstock (2009), who state that innovation capability allows organisations to be competitive, as well as to maintain their competitive edge. According to the operations manager, growing different teams and expanding the capability base of the organisation, helped to improve overall *innovation output*, as demonstrated in Figure 2.2.

6.2.2. Sub-theme 1.2: Home visitors as foot soldiers

The second aspect of staffing is related to the FIF community projects, where home visitors, project coordinators, and team leaders, are appointed to implement and manage the community FIF projects. At the community project level, the home visitors constitute an important staffing component, who are required to conduct and implement the home visiting programme. This is a labour-intensive process that requires home visitors to provide direct support to caregivers in their homes, by conducting five home visits of at least 45 minutes duration, on a daily basis. It was also established that the home visitors play an important role in the sharing of information, as well as engaging in roleplaying activities that caregivers could enact to facilitate early learning and development with young children in their homes. The focus group session with the four project coordinators highlighted the following:

- The four FIF project communities employed a total of 70 home visitors; ten each in Klapmuts and Franschhoek, twenty in Delft, and thirty in Atlantis.

- The home visitors earn a monthly stipend of R1 900 that is part of the EPWP contribution towards employment creation. In addition, the organisation also provides traveling and transport costs, where necessary, as well as data and airtime included in an additional R500.

Although the home visitors, as a pool of field workers, comprise an important staffing component in the community-based FIF projects, the project coordinators were identified as the pivot of the local projects, who are responsible for supervising the local teams of

home visitors, reporting to the local project committee, and liaising with the FCW programme staff.

6.2.3. Staffing as reflected in the organisational records

Since the establishment of the organisation in 1974 until 1979, the organisation was run and managed by a management committee. In order to operationalise and formalise the organisation, the following were identified in the organisational records (see Chapter 4):

- The appointment of a Director (WC FCW, 1979a; 1979c);

- The appointment of a book-keeper to relieve the Treasurer of this duty (WC FCW, 1979a).

- The appointment of professional and trained social workers to serve as community workers (WC FCW, 1979b).

Creating structure and an operational framework for a fast-growing organisation was important. Therefore, the appointment of key staff, both professional and administrative, provided a set of core organisational capabilities that would enable the organisation to work closer with community structures. The aim was to build trust and relationships, in order to assess the ECD needs of communities, the skills and capacity of local preschool committees, as well as the type of training that would enable them to manage their preschools effectively, independent of FCW. Very early in the history of the organisation there was the realisation and understanding that key staff, with the required experience and capabilities, could assist in taking the organisation into the future.

With the insight and understanding of the director, in the early stages of the organisation's development, the dilemma of a racial identity was resolved, and an appropriate name was adopted for the organisation. The director's motivation included the following statement:

> *"Social attitudes in our community, since 1974 changed as a result of recent incidents that the word "Coloured" as it prominently appears in our name, will torpedo our chances, instead of winning community support. At this stage the word is so unpopular that we will hardly manage any enthusiasm in the community"* (WESWOC, 1977a).

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6.3. Theme 2: Communicating

Communicating is defined as the effectiveness of the organisation to persuade key stakeholders that its change strategy was worth adopting, and/or supporting (Bloom & Chatterji, 2009). The feedback from the focus groups and individual interviews described the level of success that the organisation had had in communicating its change strategy, to gain and attract support from the broader stakeholder community.

6.3.1. Sub-theme 2.1: Community buy-in

At the community level, the participants (project coordinators and committee chairpersons) acknowledged that the process of community entry and introduction of the FIF programme, was a consultative and dialogical process, as an attempt to involve as many relevant stakeholders as possible. Once sufficient buy-in from the local stakeholders was established, the organisation would be invited to present an MOU, to structure the community partnership with FCW. The following was established:

- Community stakeholders were keen to form partnerships with FCW that was supported by a formal MOU;

- They valued the employment and income opportunities for home visitors in their communities, who were unemployed; and

- They also recognised the potential benefits of the FIF programme to provide direct support to caregivers, as well as their at-risk children.

6.3.2. Sub-theme 2.2: Rated as a best practice by partners

At the organisational level, it was established that the organisation had developed a communication strategy, and had managed to promote the FCW brand and product effectively. The organisation's management shared the following:

> *"The organisation was awarded the first social impact bond in ECD in South Africa and Africa during 2016/17, which occurred after a call for proposals, and being shortlisted. Being on the shortlist with other organisations, implied that the organisation's FIF programme, with its theory of change, was considered to be plausible, and the donors, as well as international investors were keen to fund and support it. This estimated budget of the project was*

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R12.4 million over 3 years. The IBIF funding model was a unique approach to funding in the NGO sector, which was a balance between outcomes funders and start-up investors."

"I mean the impact bond was not an easy process. We had to actually bid for it and again I think a lot of organisations that refused to actually put forward a bid, lost out on the opportunity to do what we're doing. So, we sit with the impact bond and yes, it's a three year programme, but we're trying to draw as much out of it as far as our learnings, and our projects with Atlantis and Delft. I don't think we would have been considered if they didn't have the belief that FCW couldn't deliver, or that the FIF strategy was doable. Our presentations, the outreach of the project work in the WC, that all helped. It's a massive project." (FCW OM. p13: 17–24)

In addition, it was established that the organisation's FIF programme was selected to feature as the first of 12 case studies, and as best practice, in terms of effective ECD programmes to meet the needs of young South African children. This study regarding best practice in ECD was commissioned by the Department of Planning, Monitoring, and Evaluation in the Presidency (Van Niekerk, Ashley-Cooper, & Atmore, 2017). It was established that an assessment rating scale was used, which awarded the FCW with the highest scores, and consequently, considered it to be the first case study in the publication. One of the NPO leaders stated the following:

"The non-centre-based programmes that were selected for the study were...the first one was the Family in Focus programme by FCW. The selection – it was objective – and you guys did have the highest score. Because on a whole range of measures, which I can show you, you guys performed the best. And then I would say once we studied you, the thing that stands out compared to the other programmes, was kind of the way you guys coordinate the different pockets that you have, and the level of management that happens in those different places in a similar manner. Do you know what I mean?" (NPO 3. p22: 1–10)

It was further established that the organisation hosted regular dialogues and meetings with ECD stakeholders, to discuss the challenges in the ECD sector. Key donors, such as

the National Development Agency (NDA), Community Chest, Rotary, City of Cape Town, and the Provincial DSD, were invited to participate in the regular dialogues, which strengthened the organisation's relationship with the donor and corporate community. It was observed that a former chairperson of the organisation, who was also a former SA ambassador to the USA, was nominated to serve as a brand ambassador for the sector, to facilitate more corporate support for the sector. The following extract refers:

> *"FCW has continued the regular roundtable series, and this has helped to cement the organisation's reputation as a leading ECD organisation in the province and nationally."* (FCW OM. p11: 17).

6.3.3. Communicating, as reflected in the organisational records

As indicated in Chapter 4, the organisation's early history was associated with preschool development, and in the process attracted strong support from community-based preschools, which became affiliated under the FCW umbrella. However, the realisation that building projects were not sustainable and drained the resources of the organisation, a clear communication strategy had to be conveyed to the affiliated preschools. In this regard, the director firstly urged the management committee to adopt the following resolution:

> *"The organisation's activities are community work, with a focus on the preschool child, around which organisational policy will revolve. That implies that we will invest our money in community work instead of anything else. We will therefore strive to avoid the erection of buildings"* (WC FCW, 1980).

This resolution heralded an important policy shift in the organisation, away from investment in buildings, to investment in people and communities. This paradigm shift was initially met with resistance, but eventually led to the autonomy and independence of most of the affiliated ECD centres. The affiliated preschools from disadvantaged communities that successfully solicited funds for building projects, and enjoyed the monetary support from parents, argued that the provision of more centres was the only and best way of addressing the need for quality ECD programmes, which also provided a sense of equity with their white counterparts in middleclass communities (Fredericks,

2006). However, as indicated in Chapter 4, through a process of consultative workshops with preschool principals and committees, they were assisted to become independent and autonomous under the FCW umbrella.

The ability to present and communicate a convincing change strategy that was appropriate, firstly, to facilitate a move towards autonomy and independence as an empowered process for preschools during a particular period (1980 to 1990), and secondly, to train home visitors, who would support caregivers to become the 'first and best teachers' of their children during this current period, and particularly with the IBIF project, has managed to attract broad public support. At the stakeholder level, the broader ECD sector, including donors and funders, acknowledged the organisation's FIF programme as an ECD strategy that should be supported, while their funding support seemed to acknowledge that the organisation had reasonable success at presenting an effective communicating strategy that was worth supporting.

6.4. Theme 3: Alliance Building

Alliance building, as an element of the Scalers Model, refers to partnerships, coalitions, and linkages that are required to effect social change. Therefore, it was important to establish how the FCW attempted to forge and strengthen partnerships and alliances, to address the challenges in ECD, and enable more children to benefit from ECD services and programmes.

6.4.1. Sub-theme 3.1: FIF Project partnership network

At the organisational and project level, the participants acknowledged that the FIF projects in the various communities became the organisation's alliance network. The process of establishing community projects and developing community capacity to take ownership of the local projects created an inter-dependent relationship between the organisation and its projects. On the one hand, FCW had to develop capacity to ensure that the local communities take ownership of the FIF project, and in the process became registered and independent NPOs. On the other hand, FCW required its FIF project partners to implement and manage the FIF programme, based on a memorandum of understanding (MOU). At the project level, the committee chairpersons and project coordinators acknowledged that FCW hosted regular training and capacity building sessions for committee members and staff. It was also established that the training

programmes involved representatives from all the FIF projects, which provided another level of networking and alliance building among the various FIF projects, with opportunities to learn from each other. As indicated by the project coordinators, good working relationships and cooperation among local community organisations also strengthened community-based partnerships. The staff of the projects learnt from each other how to complete and submit applications for funding to the National Lotteries, municipalities and local businesses.

6.4.2. Sub-theme 3.2: FCW's role to lead successive collaborative projects

Feedback from all three ECD NPO participants indicated that the FCW played a crucial and leading role in several collaborative projects that involved ECD NPOs, traditional welfare organisations, and the provincial DSD. As indicated by the ECD NPO participants, opportunities to collaborate and form alliances were often determined by the party, who was considered to be the lead partner. Although tensions and competition existed, the participants explained that none of the NPOs were opposed to the FCW being a lead partner. The projects involved well-established welfare organisations, as well as leading ECD NPOs, all willing to work together in a collaborative manner. It was established that FCW, as the lead partner, had to convene meetings with all the partners, and agree, in a consultative manner, on the terms of references that would guide the relationship between FCW and the network partners, reporting processes, and payment schedules. As indicated by the operations manager, the collaborative projects involved an audit of all the unregistered ECD sites in the province, and the development of a database, as well as the development of district and regional-based ECD plans for the Western Cape (WC FCW, 2010/11). In addition, the participants disclosed that the prominent role of the organisation, which developed as a result of the collaborative projects, led to the organisation's director being nominated to serve on the board of the National ECD Alliance since 2015.

6.4.3. Sub-theme 3.3: Creating opportunities through community networks

Based on the reported successes of the collaborative projects, it was reported that some ECD NPOs were willing to partner with the FCW. In this regard the operations manager reported the following: The organisation –

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- engaged in a mutual sharing of staff, vehicles, and resources with another local ECD NPO, to keep costs and expenses to a minimum;

- shared training responsibilities and resourcing of the ECD community in Worcester with a National Relief Organisation, and an ECD NPO involved in early literacy work. This partnership involved 30 preschool principals each year between 2015 and 2018;

- partnered with the Hope Soap Hygiene study at the UCT School of Public Health that was undertaken in the Delft community with 350 families;

- implemented a 12-week parenting programme with UNICEF that reached 4 000 families;

- partnered with the Persona Dolls Training Programme in Cape Town, Oudtshoorn, and Beaufort West, to improve psycho-social support of local projects and preschool staff (FCW OM. p24: 18–24).

The participants explained that the alliances with network partners was based on the organisation's footprint and presence in various communities across the Western Cape. Through these alliances, the organisation could continue to build the capacity of the home visitors in the field, and improve shared learning experiences with partners. Importantly, it must be acknowledged that the aspect of alliance building also featured as a prominent aspect of the local FIF projects. According to the project coordinators, good working relationships and cooperation among local community organisations also strengthened community-based partnerships. Community and faith-based organisations offered a variety of support and relief programmes in the communities of Delft, Atlantis, Klapmuts, and Franschoek, which enabled local families and their children to benefit from feeding schemes and food distribution, employment opportunities, and capacity building workshops.

6.4.4. Alliance building as reflected in the organisational records

From the historical records of the organisation it was established that ECD was a strong focus of the organisation from its inception. Between 1979 and 1990, thirty-five ECD centres were affiliated under the FCW umbrella (Allie, 2011, 2015; Fredericks, 2006). Community-based preschools sought affiliation with the FCW, which could provide the

funding to acquire land, as well as assist with the building of preschools. As indicated in Chapter 5, the organisational records reflected the following:

- By 1979, ten preschools were affiliated to FCW (Fredericks, 2006);

- The minutes also reflected that the organisation bought land for the building of preschools in Paarl (WESWOC, 1977c);

- The transfer of ownership from the Kommetjie and Noordhoek Welfare Association for two sites in Ocean View, and the transfer of an ECD site in Morning Star, Durbanville, from the South African Council for Women for (WESWOC, 1977c);

- Transfer of ownership for ECD sites in Wesfleur, Atlantis, Wellington, and Grassy Park from local municipalities (WESWOC, 1978c).

- By 1984, fourteen ECD centres, including the Athlone Early Learning Centre, became part of the FCW network (Allie, 2011, 2015; Fredericks, 2006).

This period of rapid affiliation and asset accumulation certainly strengthened the organisation's position in the ECD sector. Alliances with welfare organisations and municipalities that did not consider ECD management their core business, facilitated the handing over of this responsibility to an organisation, whose key function and focus was centred on ECD. The organisational records also reflected that FCW built and developed community alliances from the ground. In this regard, the organisation served as an incubator, where community-based FIF projects were mentored to become registered and independent NPOs (Allie, 2015). The organisational records also indicated that between 2005 and 2010, at least 8 FIF projects obtained NPO registration (Allie, 2015; WC FCW, 2010/11). Through ongoing innovation, the organisation established ECD Mobile units to support the FIF projects in rural communities. It also established a toy lending library for local FIF projects, as well as preschools, requiring equipment or learning resources (WC FCW, 2015/16), which strengthened its alliance with community partners.

6.5. Theme 4: Lobbying

Lobbying is defined as the effectiveness of an organisation to advocate for government action that might work in its favour (Bloom & Chatterji, 2009). A high value on this construct implies that an organisation has managed to convince government departments to aid its cause.

6.5.1. Sub-theme 4.1: Roundtable meetings with government officials

The findings of the individual interviews with management staff, NPO leaders, and donors, established that FCW facilitated a process to engage a key government department, responsible for ECD and the local ECD sector, in the following way:

- FCW hosted regular roundtable meetings and dialogues, to address challenges in the ECD sector. This initiative eventually led to the DSD's hosting of quarterly stakeholder meetings to keep the local ECD community informed of their developments.

- FCW's selection as lead partner in successive collaborative projects helped to connect ECD NPOs with the provincial, as well as district officials of the Department of Social Development, to work on district-based ECD plans.

6.5.2. Sub-theme 4.2: Assisting with ECD registration

The participants disclosed that FCW was mandated by the Provincial DSD to write and publish the Standard Operating Procedures for registration of partial care facilities, providing ECD and after school care services for children. The publication became the standard guide for the registration of ECD facilities and was widely distributed throughout the province and nationally. One donor participant stated the following:

> "*We continue to use the little blue book when centres make application for registration. We refer them to follow the steps suggested in the guide*" (D 1. p7: 21).

In addition, the publication served as a reference for ECD practitioners at Further Education and Training (FET) colleges, as well as organisations providing ECD training. The findings revealed that FCW played a key role in successfully lobbying the provincial DSD to review its registration process of ECD facilities, and to consider the expertise and capacity of ECD NGOs, to assist with the registration process.

> "*I clearly remember we were three organisations that met the DSD management to present the Cluster Funding Proposal that was drafted by FCW as a strategy to manage and coordinate ECD centres*" (NPO 2. p23: 17–24).

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The DSD initially considered the traditional welfare organisations, namely, ACVV, Badisa, and Child Welfare for this model, with 5 years transpiring, before they considered 24 ECD organisations to assist with the backlog of registrations in the province.

6.5.3. Lobbying as reflected in organisational documents

The organisational records revealed clear evidence that FCW played a key role in facilitating communication with government officials and departments to create a better understanding of the ECD challenges experienced by NPOs and preschools on the ground. Consequently, the FCW mandate and responsibility, as lead partner for the collaborative projects, were to establish district-based ECD plans, oversee the audit of unregistered ECD sites in the Western Cape (Biersteker & Hendricks, 2012), the ECD registration drive, which also included the standard operating procedures for ECD, and after-school care services (Allie, 2011). The collaborative projects involved 10 established welfare organisations and ECD NPOs (Allie, 2015, p. 83; WC FCW, 2010/11).

The roundtable conversations with ECD partners and government officials, as well as donor representatives, was driven by the fact that organisations were still working in isolation, and needed more meaningful engagement for collaboration (WC FCW, 2012/13). At the roundtable meetings, Dr Franklin Sonn, former US Ambassador, was also identified as the champion for the ECD sector (WC FCW, 2012/13). In addition, FCW played a role in convincing the Western Cape DSD to consider outsourcing the registration responsibility of ECD centres, as their social workers were inundated with their statutory responsibilities. A cluster funding model was presented to DSD for consideration (Allie, 2010); however, only by 2016, welfare organisations, with preschools under their umbrella, were considered for cluster funding. Subsequently, the administrative role was streamlined, with centralised grant agreements, as opposed to individual grant agreements with individual preschools.

6.6. Theme 5: Earnings generation

Earnings generation is defined as the effectiveness of an organisation to generate a stream of revenue that exceeds its expenses (Bloom & Chatterji, 2009). This capability implies that an organisation is able to cover its expenses, as well as fund its activities and programmatic work.

6.6.1. Sub-theme 5.1: Steady growth of grants

Through the individual interviews with executive members of the FCW board, it was established that the organisation had managed to grow a steady stream of regular income, to fund its annual operations. The growth of the organisation and its ability to attract donor funds were best described by board members, who indicated that, over the past 5 to 10 years, the organisation's budget had grown from approximately R2 million, to more than R15 million per annum, which was reported to be considerable, as per the following extracts:

> *"I've seen the growth in the last maybe 5 years, it's been tremendous. In general, there has been growth because the grants grew steadily over the years. But the organisation also grew in other areas. It grew in terms of looking at different income streams. I remember the strong arguments for establishing an NPC to serve as an income generating vehicle for the organisation and how that has grown as well"* (FCW BM 2. p1: 20–26).

> *"If you look at how FIF has grown, or FCW has grown with the FIF Programme, we have most probably grown in amounts of home-visitors, we have also grown in amounts of people that we have… families and children that we have reached. So, as a board member, I'm very, very much happy that we have achieved our target. But also now we are very much focused on quality, because surely monitoring and evaluation is important for the Department, to see whether it was money spent on a good project"* (FCW BM 4. p8: 27 – 33)

> *"So when I started ... we were running, probably a budget of maybe two million rand a year, and we're now on R15 million. So, I mean, that's quite impressive growth"* (FCW BM1. p1: 43; p2: 1–5).

The organisation clearly appeared to have secured a steady stream of funding through its relationship with the DSD and the EPWP. According to the board member participants, the EPWP provided the stipend allocation for the home visitors and considered the FIF programme as a project that meets the EPWP criteria of creating employment opportunities for women and youth between 18 to 35 years.

6.6.2. Sub-theme 5.2: Remaining sustainable when other NGOs are hitting the wall

The management staff further explained that, while the growth in income allowed the organisation to improve its training programme, learning material, and field guides, the FIF projects were supported to become autonomous NPOs, and encouraged to raise funds for their individual operations. The focus group session with the project coordinators reflected the following:

> *"In Delft we started a Mom's School for school drop-outs who were encouraged to complete matric. We approached a key donor and dropped FCWs name, and without hesitation we received our first grant for the Mom's School project"* (PCS 3. p6).

> *"Our application to the National Lotteries, also secured funding for a vehicle for the Atlantis project"* (PCS 1. p6).

The project coordinators explained that earnings generation and fundraising at the project level is not as easy as it appears, because donors are selective; however, small grants and donations help to cover basic office rental, telephone, and photocopy expenses.

6.6.3. Earnings generation, as reflected in the organisational records

The organisational records reflected that the organisation was launched with a generous R500 000 donation towards the establishment of a welfare organisation in the Western Cape (Allie, 2011, 2015). The R500 000 donation provided some status and appeal that easily attracted many ECD projects in search of affiliation to the organisation. By 1990, thirty-four ECD projects were affiliated under the organisation's umbrella (Fredericks, 2006; Allie, 2015).

Although the organisation grew through the affiliation and building of preschools, the realisation that the organisation should manage and invest its resources wisely was paramount. Consequently, the consideration for ongoing sustainability resulted in the shift away from investing in buildings, to instead concentrate on investing in community work, to develop the capacity and capabilities of people in poor communities (WC FCW, 1980). In addition, the organisation's annual reports reflect that the Western Cape

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Department of Social Development was a signification donor, who supported the work of the organisation through its Poverty Alleviation Programme, for direct support to families living on farms (Western Cape Foundation for Community Work [WC FCW], 2008/09), as well as through employment creation with the Expanded Public Works Programme [EPWP] (WC FCW, 2015/16).

Additional streams of funding from the National Lotteries enabled the organisation to establish its ECD Mobile programme (WC FCW, 2010/11). With support from the National Development Agency (NDA), another 3-ton truck was refurbished, as an additional ECD mobile to be utilised in the Worcester and De Doorns community (Western Cape Foundation for Community Work [WC FCW], 2013/14). In addition, smaller grants of under R1 million were received from the Imam Abdullah Haron Education Trust, which started a 3-year funding cycle (WC FCW, 2014/15), and the City of Cape Town that provided funding for parenting programmes and educational resources for local preschools, through its *grant in aid programme* (WC FCW, 2014/15). Between 2016 and 2020, FCW was also awarded the first Social Impact Bond in South Africa, and Africa, which was worth R12 million for the 3-year project period (Khan, 2021). This project enabled the organisation to grow and innovate, through the implementation of an electronic monitoring and evaluation system, which used the mobile handsets of the home visitors in two FIF project communities.

Throughout the organisation's 45 years of existence, it appears that adequate funding, to support the work of the organisation in different ways, was always available, despite serious economic challenges from time-to-time. The management emphasised the importance of running the organisation on business principles and ensuring that the organisation's annual budgets were scrutinised thoroughly by the board before approval. This system of reporting and accounting has helped to ensure that the organisation remained sustainable.

6.7. Theme 6: Replicating

Replicating refers to the effectiveness with which an organisation could reproduce the programmes and initiatives that it had started (Bloom & Chatterji, 2009). Therefore, it was important to establish whether the organisation had a plan or format for the replication of the

FIF programme, as well as how the growth would transpire. Consequently, the ideas of scaling and social franchising were explored to determine the organisation's viability for expansion.

6.7.1. Sub-theme 6.1: Rolling out the FIF programme

Firstly, it was established that the FCW board members supported the idea of growing and replicating the FIF programme, and agreed that replicating the FIF programme could benefit more people, because of the overwhelming need. In addition, they were of the opinion that the organisation should reach out to more partners, in order to implement the FIF programme in other provinces. The consensus among the board members was that the time was ripe to scale the FIF programme significantly, because of the growing ECD need in poor communities.

Secondly, the board members regarded franchising as a winning concept, with a strong business orientation that potential franchisees could buy into, while the franchisor provided the support for the business to be managed successfully.

6.7.2. Sub-theme 6.2: Franchising with a blueprint

Some board members acknowledged that they had no idea how a social franchise could work in practice. However, there was agreement that a blueprint, or package should be developed to promote the franchise, as well as protect the organisation and the programme. The board members thoughts on a blueprint or franchise framework were as follows:

- Keep it simple and workable to implement anywhere;

- Ensure a measure of control; and

- Monitor implementation, and maintain the integrity of the programme.

The idea of scaling the FIF programme through social franchising was also welcomed by the staff, who acknowledged that the programme already contained elements, required for a social franchise network. The existing FIF projects were managed through structured MOUs between FCW and its FIF project partners. In addition, the staff suggested that a packaged programme, ideally, should be delivered over a two year implementation period, with support from the organisation.

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6.7.3. Sub-theme 6.3: Replicating best practices

The findings of a recent study on best practices in ECD that could be scaled (Van Niekerk, Ashley-Cooper, & Atmore, 2017) revealed that FCW had the best score, compared to other ECD programmes in South Africa that were assessed for this study. The following aspects were reported:

- Evidence of impact, or proof of a theory of change was perceptible;

- The existing programme was packaged and delivered in a structured way;

- The programme had a clear time-frame;

- An operational plan was clear to follow;

- Evidence of how the training was offered was perceptible, with training manuals in place;

- An MOU document explaining how the programme is structured was accessible;

- A plan to monitor quality and fidelity was in place;

- Funding was available to maintain a scaled-up project, after receiving start-up funding.

Having established that the organisation had had reasonable success in scaling through replication, based on a well-managed MOU system, it was determined that the organisation was prepared for social franchising, which could lead to further growth and expansion of the FIF programme.

6.7.4. Replicating, as reflected in the organisational records

The growth and development of the organisation's FIF programme is clearly documented in the various annual reports that revealed steady year-on-year growth of the programme. Since 2005, a small team of 18 home visitors, who could only support 378 caregivers with 644 children, expanded significantly to 260 home visitors with an outreach to 10 066 families and 11 790 children (Allie, 2015, p. 92; WC FCW, 2014/15). With a small team of home visitors, who initially worked in local communities on the Cape Flats, the organisation also introduced an outreach to rural areas outside the Cape Town metro, which included Paarl, Stellenbosch, Worcester, Oudtshoorn, and Beaufort West. Between 2015 and 2018, a total of 980 job opportunities were created for home visitors in the FIF

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programme (WC FCW, 2018/19). In addition, nine FIF projects were supported with their registration as non-profit organisations (NPOs) (WC FCW, 2019/20).

FCW packaged its FIF programme as a franchise holder, with a memorandum of understanding (MOU) that contained the business plan and package with the various FIF projects (Allie, 2015, p. 107). The documents clearly indicated that the organisation had managed to grow its programme into new areas and regions, based on a model that was replicable and practicable.

6.8. Theme 7: Stimulating market forces

Stimulating market forces relates to the effectiveness of an organisation to create incentives for people, or institutions, to pursue private interests, while also serving the public good (Bloom & Chatterji, 2009). The ability to stimulate market forces focuses on how successful an organisation has been at creating markets for offerings. Bloom and Chatterji (2009) argue that the development of products and services, for which there is a market demand, could lead to successful scaling, as the pursuit of self-interest by consumers and buyers could generate additional income for the programme. Therefore, it was important to explore whether the FCW had managed to promote and incentivise the FIF home visiting programme as a public good, while participating and beneficiary communities pursue private interests, as well as serve the public good.

6.8.1. Sub-theme 7.1: Selection for the first impact bond project in South Africa and Africa

As indicated previously (Section 6.3), the organisation clearly was capable of communicating an effective strategy that was worth supporting and adopting. As reported by the operations manager, the organisation was selected as an implementing organisation for the first social impact bond in ECD in South Africa and Africa, during 2016/17. The organisation's FIF programme, as well as its theory of change, were considered plausible by the donors and investors.

It was established that social impact bonds were an innovative funding model that involved government departments, as well as private donors and investors, who agree to invest in social interventions, based on predetermined outcomes for the intervention.

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Based on the successful achievements of the outcomes by the implementing organisation (FCW), the investors are repaid their initial investment by an outcomes funder. In this social impact bond, the outcomes funder was one South African-based donor and the Western Cape DSD (Khan, 2021).

Through this social impact bond, it appeared that the organisation, through its TOC, was able to convince private institutions and investment agencies to pursue their private interests, while also serving the public good (Bloom & Chatterji, 2009). This project generated R12.4 million over 3 years, and provided the financial resources to employ M&E specialists, as well as the opportunity to establish an electronic monitoring platform for recording and documentation. The IBIF funding model was a unique approach for funding in the NGO sector, involving government departments and corporate donors, interested in addressing growing social concerns.

6.8.2. Sub-theme 7.2: Mobilising the community

The findings revealed that the local FIF projects could mobilise support locally, to improve and support the needs of young children. Schools in the community, operating school feeding schemes, were willing to provide bread and peanut butter for sandwiches, while the caregivers willingly volunteered to prepare the sandwiches in the afternoon. It was also established that an international relief agency made fortified porridge available to 800 children in one of the project communities, while the caregivers were trained to prepare and cook the porridge for the children every morning. Evidently, the parents were pleased to see the improvement in their children's development and growth, and as a result the relief agency has indicated a willingness to increase its contribution to other project communities.

Apparently, the organisation's theory of change and its FIF programme were regarded as good marketing strategies that have attracted the attention of various donors, offering bread, bottled water, and other products for the benefit of children in some communities. However, it was agreed that the efforts of participating caregivers and home visitors needed to be more visible, to attract more families to the programme. In this way, there would be a balance between the pursuit of private interests (benefitting from a learnership to study fulltime at college) and serving the public good (conducting daily visits to

caregivers and young children, offering support to mothers, and promoting the safety of all young children).

6.8.3. Stimulating market forces, as reflected in the organisational records

The organisation's success at developing and growing the FIF programme, as an accessible ECD service in poor communities, as well as the increasing demand for the programme, is supported by organisational records that indicate the various regions and communities where the project has been established. There was also evidence that the organisation could stimulate and attract market forces to support the organisation's services, and in particular its FIF programme. Consequently, government and local donors, as well as international agencies, were willing to invest and fund the organisation, to ensure that the growing demand for ECD services in poor communities receive the required support.

Being awarded the first social impact bond in South Africa and Africa, is an impressive feat for an organisation, whose focus was on a non-centre-based programme that was clearly dissimilar to the conventional preschool model (Khan, 2021). The social impact bond project involved the Bertha Centre at UCT, Mothers2Mothers, Volta Capital (based in New York), the Western Cape DSD, and ApexHi, who served as the outcome funders (WC FCW, 2018/19). The organisation could also mobilise local donors, who were willing to grow the impact of the FIF programme. Consequently, RCL Foods (currently the Do More Foundation) funded the organisation's work in Worcester (WC FCW, 2016/17), while the Imam Abdullah Haron Education Trust, and the Willis Towers Watson Trust supported FCW's work in the Langa community (WC FCW, 2014/15, 2019/20).

6.9. Conclusion

In this chapter, the elements of the Scalers Model focused on the organisational capacity to deal with a range of challenges that might affect the organisational development and scaling process. The FCW appeared to reflect a good balance of the capabilities in the Scalers Model that could support the organisation's initiatives to scale the FIF programme. The following scalers were more prominent. The individual scalers and organisational capabilities of Earnings Generation (attracting a steady stream of funding) enabled the organisation to grow the

community-based FIF projects steadily, through the capabilities of Replicating and Staffing (Figure 6.1). The capabilities of Communicating, Lobbying, and Alliance-building were equally important, but secondary capabilities, which were required to promote the profile of the organisation. Additionally, it appears that the capability of stimulating market forces clearly required a more thoughtful approach in the organisation.
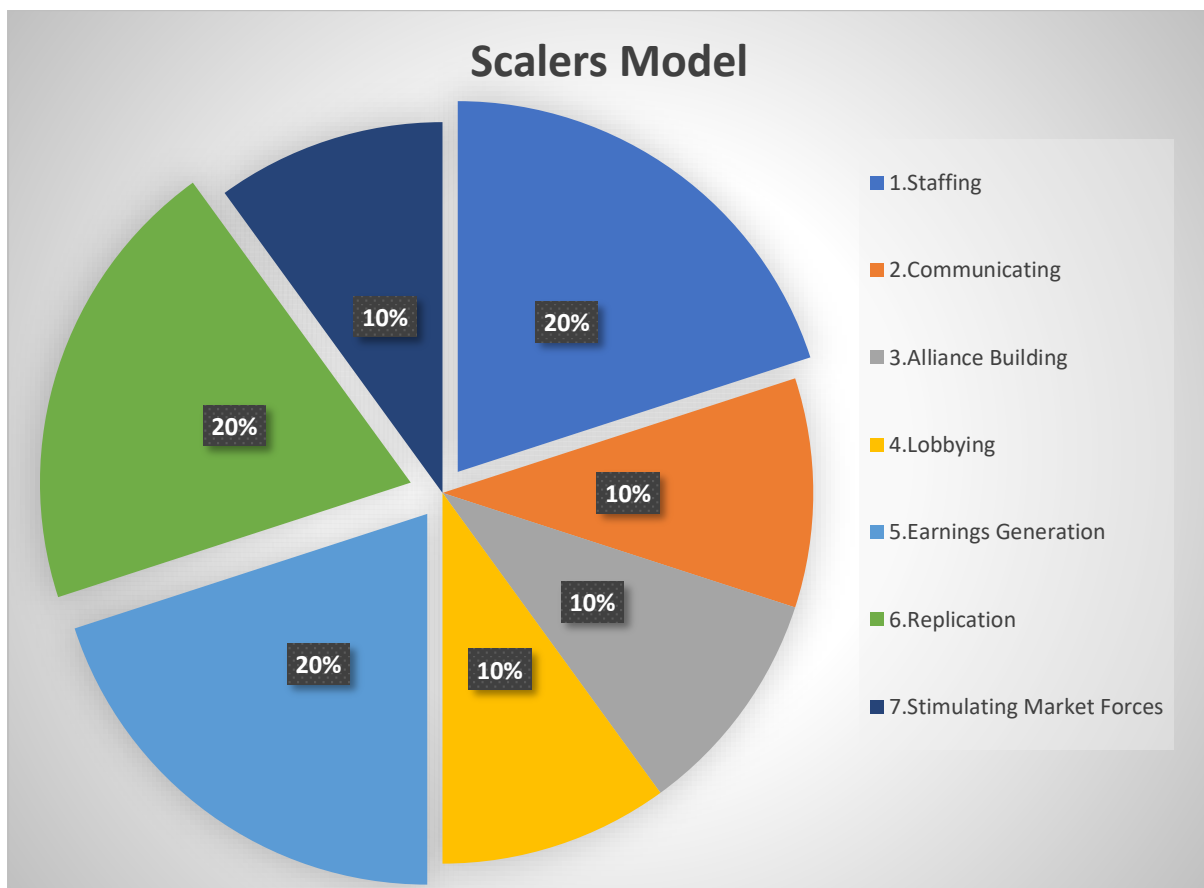
Figure 6.1: Scalers Model

In the following chapter, the researcher presents the discussion of the findings.

CHAPTER SEVEN

DISCUSSION OF THE FINDINGS

7.1. Introduction

In this chapter, the researcher presents a discussion on the findings of the study, in relation to the empirical literature currently available, as well as secondary data from organisational archives of the past 45 years. The aim is to contextualise the historical policy context, evolving organisational development, and the origins of the FIF home visiting programme, as well as its scaling potential as a social franchise. Social franchising is a relatively new concept in the ECD sector, and some participants indicated the need for a blueprint, or framework, to manage the social franchise, as well as monitor the implementation of the programme.

The researcher highlights the important themes that were identified with each objective from the preceding chapters (5 and 6). The themes are aligned with literature, which either support or refute the themes as important for the scaling of the FIF home visiting programme.

7.2. Discussion of research findings for objective 1

To explore and synthesise the prevailing preschool policy and practice challenges that affects access for the majority of South Africa's children.

Table 7.1: Preschool policy and practice challenges

THEMES	LITERATURE AND ORGANISATIONAL RECORDS
1. Growing poverty impacting on access to ECD services.	Ashley-Cooper, Van Niekerk, and Atmore (2019) highlighted the interplay between growing poverty and inequality in the South African context, as well as its impacts on access to quality ECD programmes.
	Growing poverty and its impact on young children are further underlined by the fact that more than 16 million people receive government grants (Ashley-Cooper et al., 2019; Stats SA, 2018,), 11 million children are beneficiaries of child support grants, and, of the 5.3 million children under the age of 5 years, only about 1 million currently benefit from existing ECD subsidies (Stats SA, 2018).
	Hickman (2021) also reported that access to ECD services was declining for children 0 – 4 years before the onset of COVID19. Access to ECD during 2019 was lower than during 2018 and 2017, which was based on the General Household Survey statistics (Stats SA, 2020).

2. Focus shifts between the Children's Act (RSA, 2005) and the NIECDP (RSA, 2015).	The Children's Act (RSA, 2005) states as mandatory that any place of childcare has to be registered, and no child may be kept in a place of care that is unregistered. Govender (2016) indicates that a strategic goal for the Western Cape Provincial Government was to ensure that more children have access to registered ECD centres; however, this has remained a challenge, as currently, the number of unregistered facilities have overtaken the registered and compliant facilities.
	Smartstart (2019) concurs, and argues that the Children's Act (RSA, 2005), as well as the regulatory framework, are unnecessarily complex and onerous, as a dual process is it created; firstly, the registration of the facilities, and secondly, the registration of the learning programme. In addition, Smartstart (2019) argues that the Act does not make provision for diverse types of modalities, and only considers facility-based provision, which must adhere to the required norms and standards. The Act, therefore, excludes alternative modalities from access to funding.
	In contrast to the Children's Act (RSA, 2005), the National Integrated ECD Policy (RSA, 2015) acknowledges that a range of ECD modalities is necessary to provide access to ECD opportunities for more children. According to Martin et al. (2014) and Richter et al. (2014), the vision of the policy was to ensure universally available access to quality ECD, from conception to the year before children enter formal school.
	The policy also introduced a range of new ECD services including:
	• Early childhood development programmes provided through home visits by community workers from conception to 2 years of age (RSA, 2015, p. 55);
	• Ante- and post-natal health and nutritional support for pregnant women and young children at risk (RSA, 2015, p. 56);
	• Screening of young children for abuse and neglect, as well as the provision of counselling;
	• Parent programmes for child development, child safety, and positive parenting (RSA, 2015, p. 56);
	• Pre-registration for the Child Support Grant to ensure that children have access to the benefits of the grant from birth (Hall et al., 2017; RSA, 2015, p. 56).
3. Funding and subsidies	Smartstart (2019) argues that the current ECD funding policy only provides a per capita subsidy for qualifying children in ECD facilities. The Act, therefore, excludes alternative modalities from access to funding. The subsidy allocation has increased during 2018, from R15 to R17 per day, per child, for 260 days for the year (RSA, DSD, 2018).
	Levy and Maphike (2017) argue that, if the Western Cape DSD is only funding about 120 000 children through the subsidy system, and if the government were to double its subsidy to at least 250 000 children, the government would have to increase its subsidy allocation from R530 million to nearly R1.1 billion, which was considered unsustainable.
	In addition, Jowel (2018) argues that, in order to increase access for more children, the norms and standards for infrastructure would have to be reviewed, and the registration procedures, significantly simplified.
	In the current registration process, a huge hurdle relates to the role of municipalities. Allie (2011) informs that the ECD service provider must obtain the required rezoning certificate, have approved building plans for the facility, and a health clearance certificate, issued by the municipal environmental health practitioner. The certificate would also indicate how many children could be accommodated at the premises, based on its floor size.
4. Non-centre-based ECD programmes	Naeser et al. (2012), as well as Ebrahim (2014) established that non-centre-based programmes include interventions such as toy libraries, early childhood development care and education enrichment centres, playgroups, after school clubs, home visiting programmes, parenting programmes, and family literacy programmes.
	Non-centre-based ECD programmes are an attempt to contribute towards child development in preparation for formal schooling. They seek to ensure that a child has developed the needed competencies to begin formal schooling (Ebrahim, 2014; Naeser et al., 2012).
	Short (1985) highlight that home-based programmes in the United Kingdom was observed to be the most effective form of a child-oriented service programmes, probably because of their small numbers and good adult-child ratio. Additionally, according to Short (1985, p. 113), it was generally accepted that mothers were their children's first and most important teachers.
	Through home visiting in the FIF programme, parents were supported in their role as the first and best teachers of their children. The theme "in and around the home" reflects the basic understanding under which the programme operates and functions, within the broad parameters of the community (Fredericks, 2006).

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In Table 7.1, the policy and practice challenges that were identified in this current study, are supported by existing literature. The challenges identified in the Children's Act (RSA, 2005) were identified as stumbling blocks in the registration process of ECD facilities, especially in poor and rural communities, preventing them from accessing and benefitting from the government subsidy system. The literature revealed that growing poverty is a crucial factor that hampers young children's access to ECD services, and underlines the importance of an easier process for registration of ECD services and programmes, which will enable more children to benefit from the government subsidy system, meant to support the poorest sectors of the community.

The Children's Act (RSA, 2005) currently serves as the overarching framework that regulates the registration of all ECD service providers. These ECD centres that operate as partial care facilities, have to be registered, in order to operate and provide services to the communities, and care for children on their premises. The *National Integrated Early Childhood Development Policy [NIECDP]* (RSA, DSD, 2015) appears to offer some relief, by acknowledging that a range of ECD modalities are necessary to provide access to ECD opportunities for more children. The policy is expected to provide a comprehensive package of quality ECD services, which should be available and accessible to all young children, as well as their caregivers (Martin et al., 2014).

Amid all the expectations of an improved ECD delivery system, with the vision and expectations of the NIECDP, the South African President, in his 2019 State of the Nation address, announced that ECD will migrate from the Department of Social Development [DSD] to the Department of Basic Education [DBE]. On 16 March 2021, the two departments briefed the joint sitting of the Portfolio Committees of Basic Education and Social Development on the progress of the migration. In terms of the migration, provisions from Chapter 5 and Chapter 6 of the Children's Act (RSA, 2005) will be transferred from the DSD to the DBE from 1 April 2022 (Mhlanga & Oliphant, 2021).

7.3. Discussion of research findings for objective 2

To evaluate the Family in Focus ECD programme, which supports the early learning needs of young children in the Western Cape, South Africa.

Table 7.2. Family in Focus home visiting programme

THEMES	LITERATURE AND ORGANISATIONAL RECORDS
1. FIF Programme – innovation in ECD	According to Fredericks (2006), the emergence of the FIF programme, as an ECD organisational change strategy, became more prominent between 1990 and 2000. At the time, the organisation was searching for a variety of cost-effective childcare programmes to increase access, as well as improve the quality of care and nurturance of young children, with greater input from parents and caregivers.
	According to Van Niekerk, Ashley-Cooper, and Atmore (2017), the overall goal of the FIF programme was to increase access to quality ECD services and programmes for preschool-aged children and their caregivers, in marginalised communities, in the Western Cape. These authors described a step-by-step approach in the implementation of the FIF programme, as follows:
	• Negotiating community entry and having community meetings with key stakeholders;
	• Establishing local leadership through a consultative process, to manage the FIF project at community level, through an agreed MOU;
	• Establishing a project structure, consisting of a community committee for oversight, and a team of local home visitors, under the supervision of a project coordinator
	• Agreeing on the training and capacity development of the project staff, as well as the committee.
	• Recruitment of families to be supported through the home visiting programme.
	As an innovative ECD programme, the organisation employs 250 home visitors, with an outreach to nearly 10 000 caregivers and households across the Western Cape (WC FCW, 2019/20).
	The FIF programme follows the Project Logic model, as proposed by DHDSP (2017), which also describes the FIF programme's theory of change, as described by Van Niekerk, Ashley-Cooper, & Atmore (2017), and clarified as follows:
	• Programme inputs, relate to the training of home visitors, as well as the manner in which the programme is implemented;
	• Short-term goals, relate to how well the project is managed by the community partners, as well as the frequency and intensity of weekly home visits to caregivers;
	• Long-term goals, relate to how children benefit from the programme, through the involvement of caregivers (DHDSP, 2017); Rossi et al., 2004).
	Naeser et al. (2012) and Ebrahim (2014) observed that non-centre-based programmes, such as toy libraries, ECD care and education enrichment centres, playgroups, after-school clubs, home visiting programmes, parenting programmes, and family literacy programmes, contribute towards child development, in preparation for formal schooling. They also seek to ensure that a child has developed the needed competencies to begin formal schooling.
	Newman (2005), Tomlinson et al. (2016), Yakubovich et al. (2016), and Gumpo (2017), observed that children who attended family-based interventions. had better psychosocial outcomes, received more positive parenting, experienced less family violence and conflict, and displayed fewer symptoms of depression. These findings revealed that participation in these family-based interventions, not only improved the psychosocial well-being of children, but also the home environment.
	Dawes, Biersteker, and Hendricks (2012) observed that home visits significantly benefitted vulnerable caregivers and their children, who previously had no access to holistic ECD services. The programme also facilitated access to grants, health, and social services.
	Josephson et al. (2017) observed in a home visiting programme in Peru that the weekly home visiting programme had a significant impact on children's cognitive and language development, and a lesser effect on personal-social and fine motor skills.
	A similar home visiting programme in Brazil, where trained home visitors worked directly with the caregivers – the level of education of the caregivers, period of participation in the programme, and the socio-community context, impacted on the overall development of children and their level of school readiness by the age of 5 years (Goncalves et al., 2019).

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2. Community networks and asset building	The organisational records reflect that between 1975 and 1990 thirty-five community-based ECD centres were affiliated under the umbrella of the Western Cape Foundation for Community Work (Allie, 2011, 2015; Fredericks, 2005).
	Between 1975 and 1979, the WESWOC minutes reflect that very early in the organisation's development, it was realised that alliance building and partnerships with various community structures, could help to address the identified social needs, to bring about social change. Bloom and Chatterji (2009), as well as Bloom and Smith (2010), argue that alliance building could help to scale an organisation's social impact in this initial phase of its development, through affiliation with preschool building and development.
	Allie (2008; 2015) describes the current network of FIF community projects that were assisted to become independent NPOs, and currently serve as the organisation's alliance partners. This alliance network gives the organisation access to participating beneficiaries, who provide relevant feedback regarding the implementation of the programme. The current alliance network employs 250 home visitors, with an outreach to about 10 000 families (Allie, 2015).
3. Shifting paradigms	Throughout the early organisational development period of the FCW, all the community-based preschools that sought affiliation to the organisation, considered centre-based ECD provision, the ultimate benchmark to strive towards. This approach, however, was not sustainable, and the realisation was soon reached that many more children required access (WC FCW, 1979d).
	"The organisation's activities are community work with a focus on the care of the preschool child, around which organisational policy will revolve. That implies that we will invest our money in community work instead of anything else. We will therefore strive to avoid the building of creches" (WC FCW, 1980).
	The shift away from investing funds in buildings, and instead concentrating on investing in community work, implied an investment in developing the capacity and capabilities of people in poor communities, which was central to the Human Capability Approach (Sen, 2003).
	Schienstock (2009) argued that organisations could be categorised into four broad types, based on the extent to which they are aware of the overall need to change, as well as how they should go about the process of change.
	FCW, as a proactive and entrepreneurial organisation, has demonstrated how to create new advantages to improve its innovative capabilities, and prepare for radical changes on the technological path that it has chosen (WC FCW, 2020; Khan, 2021).
4. Capacity building through adult education	By supporting the community preschools during the first 20 years, the FCW community workers' brief included the streamlining of service delivery programmes that would have a broad community developmental thrust, focused on building the capacity of the community partners (Allie, 2011, 2015).
	The significance of this historical period was that the organisation pioneered community work practice in social work, when it was considered too radical (Lund & Van Harte, 1980).
	The training programmes targeted untrained teachers and child carers, providing a six months beginners programme, or a one-year, level 1 programme. The organisation also offered a leadership course for supervisors and principals in ECD management. Between 1992 and 1999, the organisation managed to train approximately 120 adult teachers each year, with the level 1 and 2 programmes being the most popular groups (Allie, 2011, p. 26).
	According to Van Niekerk, Ashley-Cooper, & Atmore (2017), home visitors were trained to work directly with caregivers, supporting them to become hands-on in the early learning stimulation and development of their children. The adult-focussed capacity building had benefits for the young children, the caregivers, as well as the rest of the family.
5. Governance and oversight	Effective governance is achieved when governing bodies take responsibility for strategic direction, ensure that there are adequate resources to do the planned work, and provide oversight in respect of financial controls, legal and ethical standards, and programmatic reviews (Allie, 2015; Hendricks, 2009).
	Lawson and Samson (2001) assert that an organisation's integrative capabilities allow them to draw on knowledge from external sources (board members), to improve internal (operational processes, and policy development) competencies.

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In Table 7.2, the literature and document analysis revealed how the organisation developed the FIF programme as a plausible ECD programme that could make a difference for young children, when parents and caregivers become actively involved in the programme. The organisation's shift towards greater investment in the development of people, as opposed to investment in buildings and properties, implied an investment in developing the capacity and capabilities of people in poor communities, which was central to the Human Capability Approach (Sen, 2003). The literature revealed that the programme follows a systematic approach, based on the Logic Model, to highlight benefits for young children, the caregivers, as well as home visitors, who developed a scheduled working agreement of regular home visits, following a 36 weeks field guide programme. Finally, community stakeholders, who are supported in their management of the programme, could develop the capacity to become independent NPOs, to manage and take ownership of the FIF programme in their respective communities.

7.4. Discussion of research findings for objective 3

To explore the scalability of the FIF programme for replication and social franchising.

The participants (organisational staff, board members, NPO managers and donor representatives) all offered suggestions on the relevance of scaling ECD services to reach more children.

Table 7.3: Scaling potential of the FIF programme

THEMES	LITERATURE AND ORGANISATIONAL RECORDS
1. Growing the FIF programme to scale wider and deeper.	Scaling is defined as "increasing the impact a social-purpose organisation produces to better match the magnitude of the social need or problem it seeks to address" (Dees, 2008, p.18).
	Lawson and Samson (2001) argue that Dynamic Capability Theory is well-suited to the study of organisational innovation, where the innovation process could easily relate to the development of new products, which could lead to new processes, systems, or even business models. Innovation capability is proposed as a higher-order integration capability, which has the ability to mould and manage multiple capabilities across various sections and departments in an organisation (Schienstock, 2009). According to Lawson and Samson (2001), organisations that possess this innovation capability, have the ability to integrate key capabilities and resources of their organisations, to successfully stimulate innovation.
	The Scalers Model views each of the scalers as an organisational capability, to create, develop, and maintain diverse forms of capital that could be used to grow or scale the social impact of social entrepreneurial organisations (Bloom & Chatterji, 2009; Bloom & Smith, 2010). The "scale of social impact" achieved by a social entrepreneurial organisation, or the extent to which the organisation has been able to scale "wide" (serve more people) and "deep" (improve outcomes more dramatically), is influenced by its effectiveness to develop some, or a combination of the seven capabilities, or scalers (Bloom & Chatterji, 2009; Bloom & Smith, 2010).

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	Van Welie (2014) argues that ECD services, similarly, could be taken to scale by applying the Scalers Model.
	Van Niekerk, Ashley-Cooper, & Atmore (2017) observed that the FIF home visiting programme had shown significant growth, as the programme has been replicated in various communities in the Western Cape, based on an MOU system, negotiated between the organisation and the community partners.
	Organisational records also indicated that the organisation managed to grow the FIF programme to a current team of 250 home visitors, in 10 different community projects, with an outreach to about 10 000 families and their young children (Allie, 2015; WC FCW, 2018/19, 2019/20).
2. Social franchising	Temple (2011) describes social franchising as the application of commercial franchising methods and concepts to achieve socially beneficial ends. He also describes social franchising as the use of a commercial franchising approach to replicate and share proven organisational models for greater social impact.
	Khethiwe (2014) also describes social franchising as being based on the principles of commercial franchising, such as its legal contracts - franchise agreements, protection of intellectual property, operations manuals, and marketing efforts.
	Similarly, "a social enterprise is any business venture created for a social purpose - reducing a social problem or a market failure - and to generate social value while operating with the financial discipline, innovation and determination of a private sector business" (Alter, 2010, p. 8).
	In support of the idea of social franchising in ECD, Foulis (2014) argues that the common scheme and processes of a franchise is to deliver a standardised package.
	Lomofsky et al. (2008) note that the benefits of social franchising in ECD are: it is regarded as cost effective because it avoids the costs of model development; it avoids duplication; and it benefits from scale of delivery. Social franchising could also work for diverse ECD modalities, including home visiting programmes (Lomofsky et al., 2008)
	A key challenge for those interested in social franchising is the issue of generating funding. Lomofsky et al. (2008) observed that social franchising programmes in developing countries are predominantly donor funded, and the appropriateness depends on the level of government funding and donor support.
	Foulis (2014), however, notes that social franchising offers funding and investment benefits, in the sense that it creates additional revenue streams for the franchisor, and safer investments for the franchisee.
	Gray (2007) describes social entrepreneurship as a discipline that combines exceptional leadership and innovation, to bring about social transformation. Social entrepreneurs, dedicated and bold in the pursuit of this change, are assumed to have the vision to create an improved society, as well as the commitment to find practical, sustainable solutions to implement such goals (Gray, 2007).
	As an entrepreneurial organisation, FCW has demonstrated how new advantages could be created to improve its innovative capabilities, and prepare for radical changes (Khan, 2021; WC FCW, 2020b), first to shift from investing in buildings to more investment in the development of people (Weswoc Minutes, 1980), and secondly, to consistently grow the FIF programme, as a noteworthy best practice model (Van Niekerk, Ashley-Cooper, & Atmore, 2017).
3. Replicating	Replicating refers to an organisation's ability to effectively reproduce the programmes and initiatives that it had started (Bloom & Chatterji, 2009).
	Replicating is directly related to the attribute of the social innovation itself, which refers to the ability of the social solution (FIF programme) to be easily transferred. Additionally, this is referred to as the potential capacity (of an object) to reproduce itself in identical or expanded form (Bourdieu, 1986).
	In this regard, Van Niekerk, Ashley-Cooper, and Atmore (2017) observed that the FIF home visiting programme had been replicated in various communities in the Western Cape, based on an MOU, which determines the following:
	• the number of home visitors per project;
	• the monthly stipend allowance for the home visitors, based on the EPWP allocation;
	• that home visitors can be employed in the project for a period of 24 months;

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	- that each project will receive an administrative allowance for general office administration and office rental; - the submission of quarterly reports on agreed and pre-determined dates; - the management of a banking account in the name of the project, with designated signatories, responsible for receiving and disbursing funds (Van Niekerk, Ashley-Cooper, & Atmore, 2017). In view of the challenges for ECD centres to become registered and funded, Moss (2009) argues that the dominant centre-based model follows a "market model", in which ECD services are provided through markets, and parents and caregivers select the ECD programme that the family requires from suppliers in the market place, based on what they can afford (Moss, 2009). With poverty and the need for access to ECD services growing, Moss (2009) argues that the ECD sector should consider a model of democratic experimentalism, which is based on participation, collaboration, and trust, in which ECD services and programmes become the community's responsibility, are collaborative rather than compliance driven, where diversity is valued, and the existence of other perspectives on ECD is acknowledged.

The literature and organisational records, firstly identified the organisational capabilities required for the organisation to scale the FIF programme. At the organisational level, it was observed that the organisation had the required capacity (experienced and qualified staff) to manage multiple capabilities across the organisation, and its community alliance network of FIF programmes, effectively managing training, capacity development, as well as project implementation. The literature and organisational documents reflected a record of successful replication of the FIF programme in various communities, based on a process of community consultation, leadership development, and project ownership, subject to a negotiated MOU with the project communities.

7.5. Conclusion

In this chapter, the researcher presented a discussion on the findings, in relation to the literature on organisational capabilities, required for the scaling of organisational impact in the ECD sector, in order to reach and benefit more children, in their preparation for the challenges of the schooling system. The findings of this study revealed that growing poverty and a complex registration system (between the Department of Social Development and municipal authorities responsible for land-use registration, fire, health and safety), systematically deprive young children, in the poorest communities, from accessing the government subsidy system.

The findings also revealed that the Children's Act (RSA, 2005), through its registration processes, only made provision for ECD services offered by partial care facilities, while it excluded other modalities and programmes from consideration for funding.

In support of the Foundation for Community Work's FIF home visiting programme, the findings revealed that the organisation had a plausible programme that was well documented, with an accredited training programme, training manuals, and field guides, which could be packaged for increased scaling. In addition, the organisation had an existing track record of replicating the FIF home visiting programme, across various districts in the Western Cape. The findings also revealed that the elements of the Scalers Model (Bloom & Chatterji, 2009), as individual organisational capabilities, strongly featured in the organisation's current disposition as an entrepreneurial organisation, which was supported and developed over forty-five years.

In the following and final chapter, the researcher presents the summary, as well as the conclusions of this current study, and offers recommendations that emerged from the research.

CHAPTER EIGHT

CONCLUSIONS AND RECOMMENDATIONS

8.1. Introduction

The importance of ECD, from multiple disciplines, confirms that children who benefitted and participated in quality ECD programmes, would have a positive trajectory in life, with positive impacts on success in school and post-school qualifications, as well as employment opportunities (Ashley-Cooper & Atmore, 2013; Lu et al., 2020; Martin et al., 2014; Richter et al., 2017; Sayre et al., 2015; World Bank Group, 2018). However, in the South African context, access to quality ECD services and programmes remains a challenge for the majority of young children under 5 years of age. Currently, less than 1 million of the 5.3 million children benefit from government subsidized ECD services (Ashley-Cooper et al., 2019; Stats SA, 2018).

ECD service providers are required to adhere to the registration requirements, as well as the municipal regulations and by-laws around zoning, health and safety, and fire clearances, before they could become registered to benefit from the subsidy system. This process remains a challenge for service providers in poor communities, with the result that many young children from poor families and households do not benefit from the subsidy scheme. With increasing poverty and the growing need for children to participate in ECD programmes, in preparation for the challenges of the formal school system, non-centre-based programmes, which are not restricted by regulations, are becoming options that families are considering.

The FIF home visiting programme employs locally trained home visitors to support caregivers directly, to ensure that their young children develop the needed competencies to begin formal school. In this current study, therefore, the researcher explored the scaling potential of the FIF programme to support the ECD needs of young children in poor communities.

8.2. Aim and objectives of the study

The overall aim of this current study, highlighted in Chapter 1, was to evaluatively assess the scaling potential of the Family in Focus ECD programme, as well as ascertain that it could

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contribute to improved access to ECD services, through social franchising. To achieve this the following objectives were identified:

1. To explore and synthesise the prevailing preschool policy and practice challenges that affects access for the majority of South Africa's children.

2. To evaluate the Family in Focus ECD programme, which supports the early learning needs of young children in the Western Cape, South Africa.

3. To explore the scalability (growth potential) of the FIF programme for replication and social franchising.

8.3. Key findings that emerged from the study

- It was observed that growing poverty and inequality in the South African context severely impacts on access to quality ECD programmes. The impact of poverty on young children were underlined by the fact that more than 16 million people receive government grants (Ashley-Cooper et al., 2019; Stats SA, 2018), and 11 million children are beneficiaries of child support grants, while, of the 5.3 million children under the age of 5 years, only about 1 million benefit from existing ECD subsidies (Stats SA, 2018). Research, therefore, revealed a clear correlation between poverty and its impact on children's early development (Ashley-Cooper et al., 2019; Lu et al., 2020).

- The Children's Act (RSA, 2005), as the overarching legislation governing ECD, was observed to create barriers for registration and funding, instead of creating opportunities for young children, in the poorest communities, to benefit from government funding through subsidies (Hickman, 2021; Smartstart, 2019).

- The Act and the Regulations do not differentiate between various types of ECD programmes, or make provision for non-centre-based ECD programmes, because of the focus on ECD centres to become registered as partial care facilities that must comply with the regulations, norms and standards developed for facilities (Smartstart, 2019).

- It was also observed that compliance with municipal by-laws also added to the registration challenges of ECD providers, who must obtain rezoning certificates, and have approved building plans before they could be issued with a health and safety clearance certificate, which would determine the number of children that could be accommodated on the property (Allie, 2011; Govender, 2015; Smartstart, 2019).

- In contrast to the Children's Act (RSA, 2005), the National Integrated ECD Policy (RSA, 2015) acknowledged that a range of ECD modalities is necessary to provide access to ECD opportunities for more children. These modalities include: home visiting programmes; ante- and post-natal health and nutritional support for pregnant women and young children; screening of young children for abuse and neglect; parenting programmes; and registration for the Child Support Grant, to ensure that children have access to the benefits of the grant from birth (Atmore, 2018). However, improvements for children would be slow as the vision of the NIECDP (RSA, 2015) is to provide a comprehensive package of ECD services that would only be available between 2024 and 2030, as government work towards this goal (Martin et al., 2014).

- International and local studies on home visiting programmes (Gumpo, 2017; Newman, 2005; Tomlinson et al., 2016; Yakubovich et al., 2016) observed that vulnerable caregivers and children benefit significantly from the support of trained home visitors (Goncalves et al., 2019; Josephson et al., 2017). As such, the FIF home visiting programme was found to be a credible ECD programme that could help to increase access to quality ECD services and programmes for preschool-aged children and their caregivers in marginalised communities in the Western Cape (Van Niekerk et al., 2017).

- During the organisation's early development period, it was observed that the focus on the building of preschools was not sustainable, as more children required support. This motivated the organisation to adopt an organisational developmental approach to increase outreach and access to ECD services through the FIF programme.

- In partnership with local community stakeholders, the FIF programme creates opportunities for ordinary people to be trained as home visitors, who provide direct support to caregivers with preschool-aged children.

- FCW was observed to be a proactive and entrepreneurial organisation that has demonstrated ways of creating new advantages to improve their innovative capabilities, by establishing community partnerships and alliances to benefit young children. Consequently, the organisation has managed to scale wide by growing its outreach to nearly 10 000 caregivers and households across the Western Cape, and provide employment for 250 home visitors in the various FIF project communities (Allie, 2015; WC FCW, 2018/19).

- It was observed that the organisation has managed to develop the required organisational capacity and capabilities, as identified in the Scalers Model (Bloom & Chatterji, 2009), which is required to scale organisational efforts and programmes (Van Welie, 2014). This was reflected in the organisation's ability to grow and expand its outreach to several communities and districts across the Western Cape.

- It was observed that the current level of expansion and scaling was achieved through a process of replication, employing a system of agreement and understanding, based on a MOU with local community stakeholders. The organisation's MOU system of replication was observed to function effectively.

During the completion of this current research study, the following conclusions were drawn:

- The outcome of growing poverty is that more young children will require a range of ECD programme modalities to support their early learning and development needs, before they will qualify for the government funded and sponsored reception year education, before entering formal school.

- Non-centre-based ECD programmes could significantly enhance early learning and development of children in impoverished communities, where there are limited, or no formal preschool provision.

- The Family-in-Focus home visiting programme supports the ECD needs of young children, by developing the capabilities of the adults around young children, who, collectively, enhance the community and home environment for young children to thrive. This is achieved through:

  o trained home visitors, who provide support to the caregivers, to facilitate the early learning and development of children in their homes;

  o caregivers, who become active partners in the stimulation and development of their children;

  o participating caregivers and home visitors working together, to strengthen the safety nets around young children in poor communities;

  o Local community stakeholders forming coalitions to manage the implementation of the FIF programme, as a community-supported and community-owned intervention.

- The organisation has managed to replicate the FIF programme successfully in various communities, utilising a MOU with local community stakeholders, to implement the FIF programme.

- Through the process of project replication, the organisation has managed to achieve a degree of scale across various communities.

- All the drivers of the Scalers Model are organisational capabilities, which the organisation has developed and improved on over a 45-year period.

- Based on the strength of the Scalers Model, as core organisational capabilities, the potential exists to scale the FIF programme.

8.4. Recommendations

The results of this current study concur with the literature review trends, as highlighted in Chapter 2, namely that non-centre-based ECD programmes, such as the FIF home visiting programme, could easily reach and support the ECD needs of young children, without the constraints and challenges of ECD centres, which have to adhere to registration procedures and compliances (Ebrahim, 2014; Gumpo, 2017; Naeser et al., 2012; Newman, 2005; Tomlinson et al., 2016; Yakubovich et al., 2016). With the growing need to improve children's access to ECD programmes, non-centre-based programmes could play an increasingly vital role in preparing young children for the challenges of the school system. The researcher, therefore, recommends that:

- The findings of this current study be presented to the FCW board and management, as well as the FIF alliance partners, for consideration.

- The organisation consolidates its current FIF programme, until the proposed function shift of ECD, from the Department of Social Development to the Department of Basic Education, has been completed in April 2022.

- The organisation reviews and strengthens the current MOU system, which exists with its FIF alliance partners, in line with the democratic experimental model that advocates for ECD services and programmes to become a collective and community responsibility.

- The Social Franchise Model, as a vehicle for scaling, becomes part of the strategic conversation of the organisation's management and board members.

http://etd.uwc.ac.za/

8.5. Limitations of the study

The limitations associated with qualitative studies are related to reliability and validity because qualitative research occurs in the natural setting, and consequently, difficult to replicate (Simon, 2011). The limitations of case studies is the difficulty of making causal inferences, as alternative explanations cannot be ruled out. A case study involves a person, group, or organisation; therefore, the behaviour of this unit may not be the same in a different, but similar setting (Simon, 2011). Limitations are conditions that may affect the outcome of the research, and which cannot be controlled by the researcher, such as:

- that all participants will respond honestly and accurately during the interviews and focus group sessions,

- that all participants will be available for the scheduled meetings on dates planned in advance, for example, the joint focus group sessions for Klapmuts and Franschhoek, and the Franschhoek team not arriving.

- financial constraints, as this current study was undertaken by the researcher, in his personal capacity, without any bursary or financial support from the organisation, or donors,

- the study focused on organisational programmatic issues and not on outcomes for children, which could become an additional study.

Delimitations are restrictions or boundaries that the researcher imposes prior to the study to narrow, or define the scope of the study (Simon, 2011). Delimitations, therefore, provide the scope within which the researcher concludes findings and determines a study's reliability.

- The time scope of the study, therefore, refers to the organisation's implementation of the FIF programme, and projects in the Western Cape, within a set period.

- The population comprises members within the ten projects of the FIF service programme.

- The unit of analysis was members within four of the ten project settings (two urban and two semi-rural).

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- Initially, 58 initial participants in the study were selected and recruited from the 4 projects, constituted as follows: 20 home visitors and 20 caregivers from the four selected FIF projects; 4 project coordinators; 4 committee chairpersons; 4 FCW board members; 3 managers from ECD service partner organisations; and 3 donor representatives. However, the final number of participants was 63: 13 home visitors; 24 caregivers; 4 project coordinators; 4 committee chairpersons; 4 FCW board members; 5 FCW programme staff; 2 senior FCW managers; 3 managers from ECD service partner organisations; and 4 donor representatives.

- As the director of the organisation, the researcher employed an independent multi-lingual moderator for sessional interviews and focus groups, to assist with translation, where necessary,

- As director of the organisation, the researcher had access to organisational records, documentation, and reports dating back to the founding meeting of the organisation on 16 December 1974.

8.6. Significance of the study

From a social work and policy perspective, conducting this evaluative case study was significant, because it explored an organisational development initiative as a scalable social work and social development policy model for the ECD sector in South Africa. It provided evidence-based guidance and innovative systems that might assist public-private partnership development, as well as galvanise state and corporate support for scalable models within the ECD sector, to address the social developmental needs of poor communities, who may be organisationally challenged. The study might also inform new structures for participating in, and new ways of developing, contractual MOUs or franchise agreements in ECD. Besides, documenting the FCW organisational journey of expansion, growth, and developmental experiences, could assist in improving the overall quality of public-private partnership development, and meaningful engagement as a learning organisation.

8.7. Recommendations for future studies

Through this current study, the researcher anticipates the stimulation of further research on home visiting programmes in the ECD sector. Specific research is required to understand the

repertoire of skills that home visitors require, as lay professionals, to provide holistic care and support to vulnerable caregivers and children. In addition, the role of an electronic monitoring and evaluation system, using mobile phones, to effectively monitor the frequency and intensity of the daily home visiting programme, should be investigated as an innovative capability of the organisation.

8.8. Conclusion

The scaling potential of the FIF programme, as an organisational developmental programme, was established, based on the strength of the individual capabilities of the Scalers Model (Bloom & Chatterji, 2009), available within the organisation. The combination of the individual capabilities of Earnings generation, Staffing, and Replicating was observed to be the key drivers of the Scalers Model that enabled the Foundation for Community Work to achieve a significant level of scale with the FIF programme in the Western Cape. The potential to increase outreach and greater impact through social franchising as a vehicle for scaling, will have to be explored with individual donors, who might be interested in impact funding, to consider the implementation of the FIF programme in other provinces in South Africa, where the ECD need is as great.

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ANNEXURES

ANNEXURE 1: UWC Ethics Clearance Letter

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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WESTERN CAPE

Private Bag X17, Bellville 7535
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T: +27 21 959 2988/2948
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27 February 2017

Mr R Allie
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS17/1/41

Project Title: Innovation capability and social franchising: an evaluative case study of the family in focus early childhood development programme in the Western Cape.

Approval Period: 22 February 2017 – 22 February 2018

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

ANNEXURE 2: Information Sheet

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2012, Fax: 27 21-959 2845

E-mail: mmcdonald@uwc.ac.za

INFORMATION SHEET

Project Title:

Innovation capability and social franchising: an evaluative case study of the Family in Focus early childhood development (ECD) programme in the Western Cape.

What is this study about?

This is a research project being conducted by Riedewhaan Allie at the University of the Western Cape. We are inviting you to participate in this research project because you are somehow involved in the work of the Foundation for Community Work and the Family in Focus Programme – either as project staff or committee members, or even as parents and community members, or as ECD partner organisations and donors who support the organisation's work in the field. The purpose of this research project is to obtain information about the current implementation of the FIF programme in various selected communities and to assess whether this ECD programme can be scaled through social franchising in order to benefit more children in poor and rural communities.

What will I be asked to do if I agree to participate?

You will be asked to take part in a focus group discussion or an interview that will be facilitated by the researcher. All comments from the focus group discussion and interviews will be recorded and written down by the researcher for analysing purposes. The interview should take at least half an hour to complete. I will provide timeous invitations or appointments to request your permission beforehand in order to do the interview. Attached is the list of the questions that may be asked during the focus group and interview.

Would my participation in this study be kept confidential?

The researcher will undertake to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not be included in the interview data collected. A code will be placed on the interview schedules which will be used as an identification code by the researcher. Please be assured that only the researcher will have access to the identification key. To ensure confidentiality, the data collected will be stored in a locked filing cabinet which will be in a locked store room. All data on my computer will be protected by password on my computer. In the event of a report or article about this research project, your identity will be protected.

What are the risks of this research?

All human interactions and talking about yourself or others carry some amount of risks. The researcher will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Also, should you identify any risks in participating in this research project, you may contact the researcher, who will try his best to minimise that risk in a suitable manner.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help to scale ECD services to benefit more children. The prospects of franchise agreements with ECD organisations and partners in the field could result in the improvement, expansion and replication of cost effective ECD services.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. There are no consequences to your withdrawal at any time from this research project.

What if I have questions?

This research is being conducted by Riedewhaan Allie who is a registered PhD candidate at the University of the Western Cape.

If you have any questions about the research study itself, please contact:

Researcher: Riedewhaan Allie

Telephone: (021) 6379148 or email: Riedewhaan@fcw.co.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Research Coordinator: Dr. Marie Minnaar-Mcdonald

Telephone: (021) 959 2012

University of the Western Cape

Private Bag X17

Bellville 7535

mmcdonald@uwc.ac.za

ANNEXURE 3a: FIF Project Committee Consent Form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2012 Fax: 27 21-959 2845

E-mail: mmcdonald@uwc.ac.za

CONSENT FORM: FIF PROJECT COMMUNITIES

TITLE OF RESEARCH PROJECT:

Innovation capability and social franchising: an evaluative case study of the Family in Focus early childhood development (ECD) programme in the Western Cape.

The study has been described to me in the language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own free choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study without giving a reason at any time and without fear of negative consequences or loss of benefits.

FIF Project and Location: …………………………………………………………..

Participant's name: ....

Participant's signature: ....

Date: ………………………………….

Should you have any questions regarding this study or wish to report any problems you have experienced related to this study, please contact the study co-ordinator:

Study Co-ordinator's Name: Dr. Marie Minnaar-Mcdonald
University of the Western Cape
Private Bag X17, Bellville 7535
Telephone: (021) 959 2012
Fax: (021) 959 2845
Email:mmcdonald@uwc.ac.za

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ANNEXURE 3b: FCW Board Members and Programme Staff Consent Form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2012 Fax: 27 21-959 2845

E-mail: mmcdonald@uwc.ac.za

CONSENT FORM: FCW BOARD MEMBERS AND PROGRAMME STAFF

TITLE OF RESEARCH PROJECT:

Innovation capability and social franchising: an evaluative case study of the Family in Focus early childhood development (ECD) programme in the Western Cape.

The study has been described to me in the language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own free choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study without giving a reason at any time and without fear of negative consequences or loss of benefits.

Participant's name: ....

Title/Designation: ………………………………………………………………….

Participant's signature: ....

Date: ………………………………….

Should you have any questions regarding this study or wish to report any problems you have experienced related to this study, please contact the study co-ordinator:

Study Co-ordinator's Name: Dr. Marie Minnaar-Mcdonald
University of the Western Cape
Private Bag X17, Bellville 7535
Telephone: (021) 959 2012
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Email:mmcdonald@uwc.ac.za

ANNEXURE 3c: ECD Service Organisations and Donors Consent Form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2012 Fax: 27 21-959 2845

E-mail: mmcdonald@uwc.ac.za

CONSENT FORM: ECD SERVICE ORGANISATIONS AND DONORS

TITLE OF RESEARCH PROJECT:

Innovation capability and social franchising: an evaluative case study of the Family in Focus early childhood development (ECD) programme in the Western Cape.

The study has been described to me in the language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own free choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study without giving a reason at any time and without fear of negative consequences or loss of benefits.

Participant's name: ....

Title/Designation: ……………………………………………………………………….

Organisation: ………………………………………………………………………

Participant's signature: ....

Date: …………………………………….

Should you have any questions regarding this study or wish to report any problems you have experienced related to this study, please contact the study co-ordinator:

Study Co-ordinator's Name: Dr. Marie Minnaar-Mcdonald
University of the Western Cape
Private Bag X17, Bellville 7535
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FOCUS GROUP QUESTION SCHEDULE:
COMMUNITY AND PARENT BENEFICIARIES

1. How long have you been involved with the Family in Focus programme in this community?

2. How often do the home visitors meet you at home and what do you do during these visits?

3. How has this programme helped your children?

4. What has this programme done for you as a parent?

5. What are people saying about this programme in your area?

6. How is this programme helping the community?

7. Have you attended any of the local FIF Project functions?

8. If there is an opportunity, will you be prepared to work as a home visitor in your community?

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E-mail: mmcdonald@uwc.ac.za

<u>FOCUS GROUP QUESTION SCHEDULE:</u>
<u>HOME VISITORS</u>

1. Why did you join the FIF Programme in your community?

2. What has this programme meant for you on a personal level?

3. What training have you received and did this prepare you for the fieldwork?

a) Views about the FIF programme

4. What do you think the FIF programme is trying to achieve for the children and families?

5. What in the programme do you think made the greatest difference to the children? Why? How do you know this?

6. Do you think that the programme is more suitable for children at a certain age and stage? If so, why?

7. What in the programme do you think made the greatest difference to the caregivers? Why? How do you know this?

b) Views about your future

8. Do you see a career path for yourself in ECD?

9. Will you consider a learnership programme if the opportunity arise?

10. Your final thoughts on the programme?

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FOCUS GROUP QUESTION SCHEDULE:
FIF PROJECT COMMITTEES

Committee members present:

Project Name   **Project Location**

Roles/Designation:

1. How long have you served as a committee member?

2. What experience did you bring to the committee?

3. In your opinion, did FCW provide members with training and support to manage the FIF project?

4. What will you describe as recent successes and highlights of the programme in your community?

5. Do you think your organisation has sufficient capacity to operate independently from a mother body such as FCW?

6. How did FCW provide support in preparing your organisation for autonomy?

7. How ready are your organisation for a different or franchise agreement with FCW?

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FOCUS GROUP QUESTION SCHEDULE:
FCW PROGRAMME STAFF

Names of Staff members present:

1. How long have you been employed in your current role at FCW?

2. How do you provide support to the FIF projects and what is expected of you?

3. What are your thoughts about the implementation of the FIF programme at the project level?

4. What are your thoughts about the capacity of Project Coordinators and Committees

5. If there are capacity concerns, what would it be?

6. Which FIF projects are ready for independence and full autonomy – in your opinion?

7. Do you think these projects could benefit from a new social franchise agreement?

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SEMI-STRUCTURED INTERVIEW SCHEDULE:
PROJECT CHAIRPERSONS

Name: **Age:** **Gender:**

Project Location:

1. How would you describe your involvement with the FIF project?

2. What is working well for you in the project?

3. What has been difficult or challenging in your role as Project Coordinator/Chairperson?

4. Did the training and support from FCW help you in your work?

5. What else do think would help you to manage the programme more effectively?

a) Views about the FIF Programme

6. What do you think the FIF programme is trying to achieve for the children and families?

7. What sorts of caregivers are likely to enrol in the FIF programme?

    What sort of people are they?

8. Are there caregivers who don't enrol and if so, why?

9. What in the programme do you think made the greatest difference to the children?

    Why?   How do you know this?

10. What in the programme do you think made the greatest difference to the caregivers?

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Why? How do you know this?

11. What are people in this community saying about the programme?

b) **Views about programme implementation**

12. What things made it **easier** for you to run this programme the way it is supposed to be run?

13. What made it **difficult** to run the programme in the way it is supposed to be run?

14. If you could change FIF to make it better, what do you think should be improved?

ANNEXURE 5b: Semi-structured Interview Schedule: FCW Board Members

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Tel: +27 21-959 2012, Fax: 27 21-959 2845

E-mail: mmcdonald@uwc.ac.za

SEMI-STRUCTURED INTERVIEW SCHEDULE:
FCW BOARD MEMBERS

Name of the Board Member:

Position/Role on the FCW Board:

1. How long have you served on the FCW Board and in your current portfolio?

2. As a Board member of a leading ECD organisation in the province and possibly in South Africa, what are your thoughts about the organisation's achievements over the past 5 years?

3. What are your thoughts about the FIF programme and can it be scaled significantly to address South Africa's ECD needs?

4. Do you think social franchising of the FIF programme is a realistic and sustainable option for FCW and the way forward?

5. In your opinion, do you think FCW have the staff and capacity to influence ECD policy development?

6. What are your thoughts about the Director and his leadership?

7. In the event of a financial crises, do the organisation have a sustainability plan?

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SEMI-STRUCTURED INTERVIEW SCHEDULE:
ECD SERVICE PARTNERS AND ORGANISATIONS

Name of the Interviewee:

Organisation:

Position in the Organisation:

1. How familiar are you with the work of the Foundation for Community Work

2. Have your organisation partnered with FCW on any work in recent years?

3. What role, if any, do FCW play in respect of the ECD roundtable series and seminars?

4. How do the FCW communicate with their ECD partners in the sector, and what is your experience in this regard?

5. In your opinion, do you think that FCW has played any role in linking the ECD sector with policy processes?

6. Given the funding and sustainability challenges in the NGO sector, do you think the work of ECD NGOs will continue to draw support from donors?

7. In your opinion and experience of the ECD sector, what would you describe as the biggest challenges to scaling ECD services in the Western Cape and nationally?

8. Are you familiar with any ECD programmes that were scaled through social franchising, and do you think the FIF programme has the potential to be scaled?

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SEMI-STRUCTURED INTERVIEW SCHEDULE:
DONOR REPRESENTATIVES

Name:

Organisation:

Position/Designation:

1. How and why did you come to support the Foundation for Community Work?

2. In which areas/communities are the FIF programme supported by you/your organisation?

3. How does the aims and objectives of the FIF programme fit with your organisation or department's vision, knowing that it works outside of preschools.

4. How long have you funded the organisation?

5. What special requirements did you have in relation to curriculum, outreach or approach?

6. What successes and challenges have you noted from your perspective?

7. In your opinion, Can this programme be scaled either in terms of reach or depth of the service offered?

8. Are you funding similar programmes with other ECD organisations in the Western Cape?

9. Will you continue your support for the programme?

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ANNEXURE 6: ECD Policy process from 1994 to 2015

Policy description and responsible government department & date	Policy Purpose
ANC Policy framework for Education and Training 1994	The first democratic government and ruling party developed the policy based on the understanding that the Apartheid education system should be transformed fundamentally, to meet the needs of a non-racist single education system. Part 6 of the framework, related to 'educare', was based on the following principles: 1. Parents and families are responsible for the care and upbringing of young children. 2. The state has a constitutional duty to protect the rights of young children, and to provide basic nutrition, health care, and basic education. 3. ECD programmes required an integrated approach to meeting children's needs. 4. Collaboration between government and civil society is necessary. 5. Expenditure on ECD is an investment in social and economic reconstruction (ANC Policy, 1994. p. 93, as cited in Atmore, 2018, p. 98)
South African study on ECD (August 1994)	The overarching recommendation in the report was for a comprehensive strategy to reverse South Africa's historic neglect of early childhood development, as a result of Apartheid policy. The report proposed that a comprehensive national ECD programme supports national reconstruction and development, and the government invest in the provision of ECD programmes for children from birth to four years of age, with the provision of a universal reception year programme for five-year-olds, as part of the early primary school phase. (Padayachie et al., 1994).
Education White Paper on Education and Training, 1995	This document was the first policy document on education and training, produced by the first democratically elected government. It included a commitment to ECD provisioning, and acknowledged the importance of ECD as a foundation for lifelong learning. The White Paper viewed ECD as crucial in enabling poor families to meet the development needs of their children, to improve the life chances of young children, and enable families and communities to care for them. In this policy, the national DoE was required to develop national policy for the education of young children, determine financial norms and standards, and establish ECD curricula and training standards (Atmore, 2018).
The National Education Policy Act, No. 27 of 1996	This Act emphasised that every person has the right to basic education, and policies should contribute towards achieving equitable education opportunities, and redress past inequality in education provision, including the promotion of gender equality, and the advancement of the status of women.
National Programme of Action for Children in South Africa: Framework (1996)	The National Programme of Action (NPA) for Children in South Africa was approved by Cabinet in April 1996, and set out the actions that South Africa would take to meet its commitment to children, especially vulnerable children. Seven policy priorities were adopted in the NPA, which included the expansion of ECD activities, and a focus on appropriate low-cost family and community-based interventions, as well as universal access to basic education

Interim Policy for ECD (1996)	The Interim Policy for ECD included a wide range of programmes aimed at supporting families and communities, to meet the needs of children aged from birth to six years. The priority issues were: correcting past imbalances; the need to provide equal opportunities; issues of scale; affordability and increasing public awareness; and advocacy (Republic of South Africa [RSA], Department of Education [DoE], 1996)
	The interim policy recognised that the improvement of the quality of ECD provision depended on the improvement the quality of ECD teachers, and the curriculum. Interim accreditation would be provided to formally and non-formally trained teachers, who would be recognised and employed. Public funding of a national ECD was justified, based on the understanding that it would address past discrimination against young children, protect the rights of children and women, promote human resource development, improve school performance, as well as the effectiveness and efficiency of the schooling system (RSA, DoE, 1996, p. 21)
South African Schools Act, No. 84 of 1996b	The South African Schools Act (RSA, 1996b) was the first major formal schooling legislation to be enacted after 1994, and provided the legal framework for the provision of schooling, as well as for the organisation, governance, and funding of schools. The Act required that every parent enrol a child to attend in the year that s/he reaches the age of seven years; however, the Act made no direct reference to children in Grade R.
	The Act implied that education would be compulsory for children between the ages of 7 to 15 years, and the earliest grade in which children could leave school was Grade 9; thereby, making provision for 9 years of compulsory schooling. Contrary to the policy direction of the White Paper on Education and Training (RSA, DoE, 1995) that envisaged 10 years of free and compulsory education, which included a reception year before Grade 1, this Act made no reference to Grade R (Atmore, 2018).
Constitution of the Republic of South Africa Act, No. 108 of 1996a	Section 28 of the Bill of Rights that constitutes the second chapter of the South African Constitution (RSA, 1996a) contains nine broad rights of children. These include the right (i) to a name and nationality from birth; (ii) to family, parental, or to appropriate alternative care; (iii) to basic nutrition, shelter, healthcare, and social services; (iv) to be protected from maltreatment, neglect, abuse, and degradation; (v) to be protected from exploitative labour practices; (vi) to be protected from performing work or services that are not appropriate for their age; (vii) to be treated as a child when in conflict with the law; (viii) to be represented by a legal representative appointed by the state; and (ix) to be protected in case of armed conflicts and not to be used for the cause. Section 28 also indicates that the best interest of the child should be considered in all decisions concerning the child.
	Section 29(1) of the Bill of Rights clearly indicates the right to a basic education; however, the Constitution does not define, or specify an age group. Therefore, the Constitution, as the supreme law of South Africa, requires all legislation from parliament to be consistent with the Constitution (Atmore, 2018, p. 108).
White Paper for Social Welfare (1997)	The White Paper for Social Welfare (Republic of South Africa, Department of Welfare, 1997) set out the principles, guidelines, and programmes for developmental social welfare in South Africa, and is described as a negotiated policy framework and strategy, to chart a new path for social welfare in the promotion of national social development (Atmore, 2018, p. 109). Regarding ECD, the White Paper on Social Welfare (RSA, Department of Welfare, 1997) advocates for the well-being of children, "Because children are vulnerable they need to grow up in a nurturing and secure family that can ensure their survival, development, protection and participation in family and social life" (RSA, Department of Welfare, 1997, p. 39).
	In addition, it recognises that children, from birth to nine years of age, have social, emotional, cognitive, physical, and moral needs, which must be met, and makes provision for a national ECD strategy and programmes that would be developed in

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	collaboration with other government departments, civil society, and the private sector, to target disadvantaged and vulnerable children under five years of age (RSA, Department of Welfare, 1997, p. 43).
Nationwide Audit of ECD Provisioning in South Africa (28 May 2001a)	The aim of the audit, conducted between 8 May 2000 and 30 June 2000, was to provide accurate information on the nature and extent of ECD provisioning and resources across South Africa, to inform policy and planning in the ECD sector. A total of 23 482 ECD sites were identified, visited and audited, in which 1 030 473 children were enrolled, with 54 503 educators (RSA, DoE, 2001a, p. 1). Three types of ECD facilities were evident: those attached to schools; those based in communities; and those offering programmes from residential homes. Most of the learners under the age of five years were at home-based sites, while the five-to seven-year-olds tended to be in community-based and school-based sites. While quality ECD educators are essential for quality ECD programmes, the audit revealed that 23% of the educators had not received any training, and 58% held qualifications, that were not recognised by the DoE (RSA, DoE, 2001a, p. 41). The findings revealed that the sector was poorly funded and required increased financial support to overcome its marginalised status.
Education White Paper 5 on ECD (28 May 2001b)	The Interim Policy for ECD, the National ECD Pilot Project, and the results of the nationwide ECD audit, informed the first Education White Paper on ECD in South Africa that was released on 28 May 2001 (RSA, DoE, 2001b). The main ECD policy priority was the establishment of a preschool reception year (Grade R) for children aged five years, in a phased, poverty-targeted approach. By establishing this, the DoE was of the view that the primary responsibility for the care and upbringing of young children lay with parents and families. However, because ECD was considered a public good, the department viewed it as the responsibility of the state to subsidise and quality-assure ECD programmes. This was the first time that ECD was seen and recorded by government as a public good, which would be provided for, progressively, by 2010, when all children attending Grade 1 would have participated in a Grade R programme.
National Integrated Plan for ECD in South Africa 2005 to 2010	In May 2004, the Cabinet instructed the Social Sector Cluster, which included the DSD, DoE, as well as the Department of Health (DoH), to develop an ECD plan for 2005–2010, and to present it to Cabinet for consideration (Republic of South Africa [RSA] & United Nations Children's Fund [UNICEF], 2005).
	The NIPECD identified five approaches to developing young children that included the following:
	- Implementing of a range of ECD programmes for children to address their development needs; - Improving parent and caregiver knowledge and skills; - Promoting the development of women, who are the main providers of ECD programmes in communities; - Strengthening institutional capacity, by providing infrastructure and teaching support materials and training for those involved in ECD; and - Building public awareness about the benefits of ECD (RSA & UNICEF, 2005, p. 2).
	The plan was developed in anticipation that:
	50% of young children's ECD access would be at household level, through the intervention of parents, family members, and other caregivers; 30% would access ECD interventions at community level, through play groups and community centres; and 20% of young children would enrol at formal ECD centres (RSA & UNICEF, 2005, p. 23).

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Department of Social Development Position Paper on Early Childhood Care and Development (2005)	The DSD Position Paper (Republic of South Africa [RSA], Department of Social Development [DSD], 2005) emphasised that every child has the right to the best possible start in life and early childhood represents "the most critical phase in the life cycle of human beings that will result in many positive benefits for the future of a child, families and society as a whole" (RSA, DSD, 2005, p. 2). The Position Paper sets out the role and responsibility of the National DSD as : • Making national policy, legislation, and standards for the implementation of ECD programmes; • Setting national priorities for ECD programmes; • Providing support, guidance, and capacity development opportunities to provincial departments; and • Appropriating a national budget for ECD programmes through the annual budget vote in Parliament (RSA, DSD, 2005, p. 10). In addition, it defined the role and responsibility of the Provincial Departments of Social Development as: • Promoting the importance of ECD; • Collaborating with provincial Departments of Education and Health, as well as NGOs, to provide ECD to young children and their families; • Developing a Provincial Integrated Plan and providing support and guidance for ECD programmes and registering ECD centres; and • funding ECD centres in the province (RSA, DSD, 2005, p. 12)
DSD guidelines for ECD Services (2006)	The guidelines focused on three aspects, namely, policy, legislative provisions, and service delivery. In the guidelines, the National DSD (RSA, DSD, 2006, p. 23) is responsible for: • Developing national policies, priorities, and legislation; • Setting national minimum standards for ECD programmes; providing support, guidance, and capacity development opportunities to provincial departments on ECD; • monitoring provincial Departments of Social Development, as they implement national policies, norms, and standards (RSA, DSD, 2006, p. 23)
The Children's Act (Act No. 38 of 2005)	The Children's Act, No. 38 of 2005 (RSA, 2005) replaced the Child Care Act, No.74 of 1983 (RSA, 1983). The purpose of the Act was to give effect to the constitutional rights of children, and promote the protection, development, and safety of children in South Africa (RSA, 2005). The Act makes no reference to ECD in the main part of the Act; however, the Children's Amendment, Act No.41 of 2007 (RSA, 2007) deals with ECD in two Chapters. The two Acts have been combined into one Act, namely, the Children's Act, No. 38 of 2005 (as amended by Act 41 of 2007).
Children's Amendment Act, No. 41 of 2007	The Children's Amendment Act, No. 41 of 2007, refers to ECD in two chapters. Chapter 5 describes Partial Care as a service being provided when a person takes care of more than six children on behalf of their parents, or care-givers, during specific hours of the day or night, or for a temporary period, by agreement between the parents or care-givers and the provider of the service (RSA, 2007, p. 14). Chapter 6 defines ECD as the process of the emotional, cognitive, sensory, spiritual, moral, physical, social, and communication development of children, from birth to school-going age (RSA, 2007, p. 28).

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	Section 92 of the Children's Amendment Act, No. 41 of 2007 (RSA, 2007), requires the Minister of Social Development to develop a national ECD strategy and determine national norms and standards for partial care. This national ECD strategy, however, was only completed in December 2015.
The National Plan of Action in South Africa (2012 – 2017)	The National Plan of Action (NPA) was developed in 1996 to integrate all child related regulations, and provide a plan of action to all entities working in child related service delivery. The NPA was an overarching plan with direct bearing on the rights and well-being of children. The 2012 – 2017 version of the plan, which was approved by Cabinet in 2013, was comprehensive and centred around five themes: (i) child survival; (ii) child development; (iii) childcare and protection; (iv) standard of living; and (v) child participation. The NPA included a dedicated chapter on ECD, with the goal of ensuring universal access to effective, integrated, quality early childhood development interventions for children, from birth to school going age (Hwenha, 2014; Richter et al., 2014).
The National Development Plan: Vision 2030 (November 2011)	Investment in early learning for all children is not only a moral obligation for the country, but also a strategic imperative (Stats SA, 2018). The plan emphasises the protection and promotion of early child development as an important aspect of combatting poverty and inequality, and advocates for investment in ECD as a key priority, in support of the first 1000 days of children's development (Hwenha, 2014; Richter et al., 2014). The NDP (RSA, NPC, 2011) targets the provision of integrated early childhood development, especially for the most disadvantaged children, as essential for the attainment of South Africa's development goals by 2030: 1. Universal access to at least two years of ECD services and programmes; 2. The NDP suggest a school readiness programme for children 3 – 5 years, and a home and community-based ECD programme for younger children; 3. Implementation of norms and standards for the funding and management of ECD sites; 4. To eradicate child under-nutrition through school feeding schemes; 5. Design and implement a nutrition intervention for pregnant women to prevent low birth weight; 6. To ensure that all households have access to well-trained community health workers; 7. To implement a strategy to improve the qualifications of ECD practitioners, and develop training for new types of extension workers (Stats SA, 2018).
Diagnostic Review of ECD (30 May 2012)	The Diagnostic Review of ECD in South Africa, commissioned by the Department of Performance Monitoring and Evaluation, found that it is the responsibility of the state to protect and promote the development of young children, both as a human right and as a public good. This would require policy and legislation to ensure that ECD programmes are adequately resourced and provided. Other recommendations included: • a Cabinet resolution making ECD a national priority; • a revised National Integrated Plan providing for ECD programmes; and • resourcing of provincial and local government to ensure equitable provision of a comprehensive ECD programme (Republic of South Africa [RSA], Department of Performance Monitoring and Evaluation [DPME], 2012, p. 6). The Diagnostic Review recommended a shift towards a rights-based approach to ECD, and a funding model that would enable the state to provide ECD programmes for vulnerable and disabled children in poor families, in rural areas, and informal urban areas, as well as for the professionalization of the sector (Richter et al., 2012).

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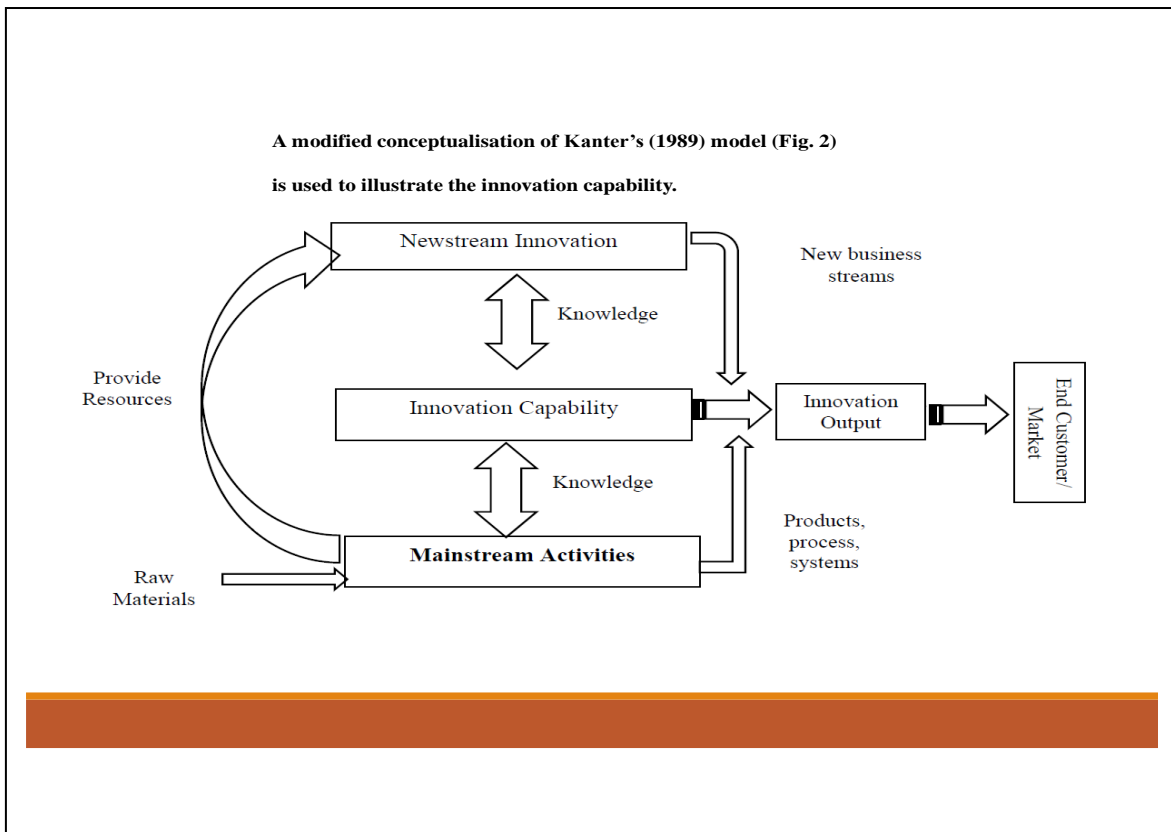|	
The National Development Plan: Vision 2030 (RSA, NPC, 2011)	The National Planning Commission, located in the Presidency, developed the NDP, which set out the following benefits of ECD programmes: • better school enrolment rates, retention, and academic performance; • higher rates of high school completion; • lower levels of antisocial behaviour; • higher earnings; and • better adult health and longevity" (RSA, NPC, 2011, p. 297). The NDP projected that by 2030, about 4 million children in South Africa would be under three years old, nearly two million in the four to five years age group, and about one million six-year-olds (RSA, NPC, 2011, p. 300). It suggested that interventions should be different for children of different age groups, with the youngest (birth to three years) being supported through home and community-based programmes that focus on working with families, while four-to-five-year-old children should benefit from structured learning in group programmes. The NDP also observed that Grade R, at the time, was the strongest element of early learning, and recommended that Grade R be extended by another year for 4-to-5-year-old children (RSA, NPC, 2011, p. 300). A number of specific proposals for ECD were made in the NDP, the most important being: • make ECD a priority for children from an early age; • make two years of quality preschool enrolment for four- and five-year-olds compulsory before Grade 1; • strengthen collaboration between the different sectors and departments responsible for ECD, as well as with business and the non-profit sector; • standardise guidelines, norms, and standards for ECD programmes; • improve state funding for ECD; and • government support is needed for ECD provider organisations to support community-based ECD programmes (RSA, NPC, 2011, p. 300).
National Plan of Action for Children in South Africa 2012 – 2017 (DWPCD and UNICEF, 2012)	The plan had two broad goals for the period 2012 – 2017: • To ensure universal access to quality ECD intervention for children from birth to school going age; and • To ensure universal access to Grade R provisioning for all children by 2015 (Republic of South Africa [RSA], Department of Women, Children, and People with Disabilities [DWCPD] & United Nations Children's Fund [UNICEF], 2012, p. 37). According to the plan, the objectives would be achieved through the establishment of a national coordinating structure for ECD, improving access to ECD centres, parent programmes, and facilitating a national training strategy for ECD teachers, with the Department of Social Development as the lead partner, as well as support from DBE, DWCPD, DoH, and DPME (RSA, DWCPD & UNICEF, 2012).
The Buffalo City Declaration (Department of Social Development [DSD], 2012)	The Buffalo City Declaration was the product of a national ECD conference, held in March 2012, and hosted by the DSD. The researcher was present, and delivered the Family-in-Focus programme as a non-centre-based home visiting programme. The Buffalo City Declaration recognised ECD as a right, and committed to scaling up access and quality, especially for the most marginalised young children, as well as the development of a holistic, coherent, and well-resourced national ECD system (Martin et al., 2014). In keeping with the spirit of the Buffalo City Declaration, a draft ECD Policy was released in March 2015, and the National Integrated ECD Policy was formally adopted in December 2015.

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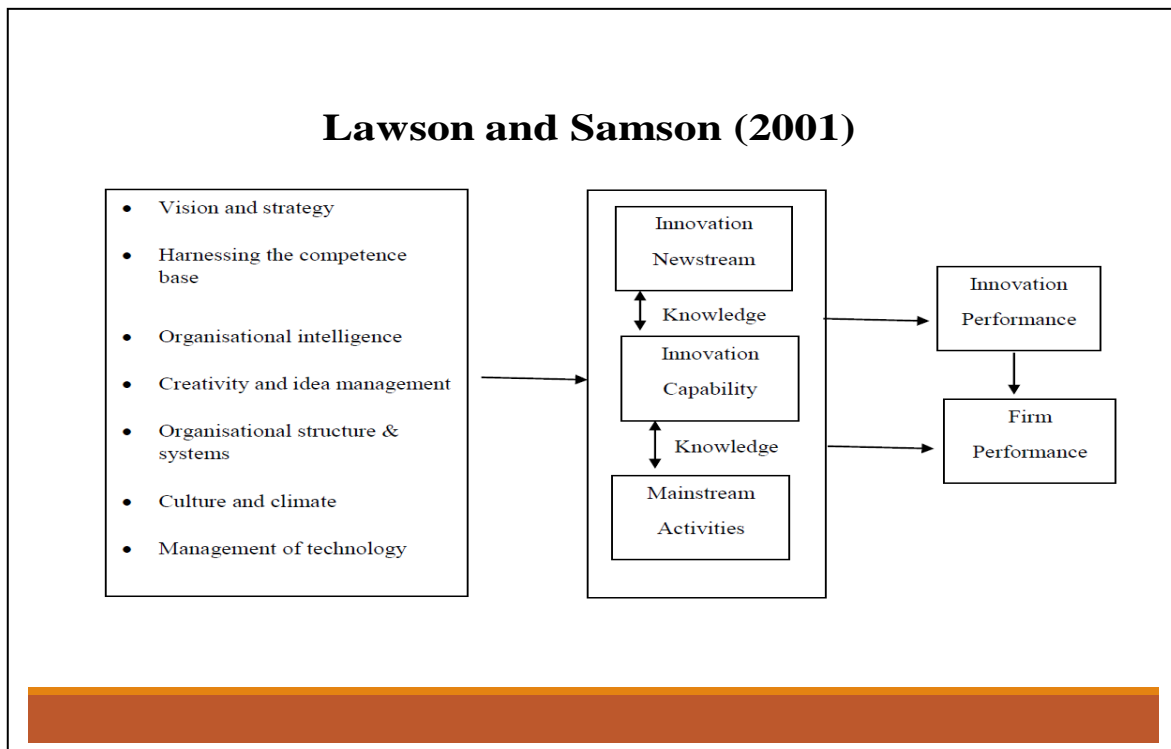|	
White Paper on Families in South Africa (Department of Social Development, 2013)	The White Paper on Families is guided by 3 strategic priorities: (1) promotion of healthy family life; (2) family strengthening; (3) and family preservation. Through family strengthening strategies the policy seeks to support the family in its caregiving functions through various relief and care subsidies, affordable and accessible child care for young children, community care for older and disabled people, and afterschool care services for older children. The policy will also support and promote the establishment of ECD centres for working parents (RSA, DSD, 2013).
The National Integrated Early Childhood Development Policy (RSA, DSD, 2015)	The policy was approved by Cabinet on 9 December 2015 (RSA, DSD, 2015). The guiding principles of the policy are the universal availability of ECD services, as well as equitable access to services, and the empowerment of parents or caregivers to participate in the development of their children (Stats SA, 2018). Furthermore, the purpose of the ECD policy was to develop an integrated national early childhood development system, with the necessary institutional structures, public funding, and infrastructure to ensure sustainable, universally available access to comprehensive quality ECD, from conception until the year before children enter formal school, or until children turn seven years of age (Martin et al., 2014; Richter et al., 2014). The policy has three goals, to be achieved within specific time lines. • By 2017, the legal framework, structures, institution arrangements, planning, and financing mechanisms, to ensure universal and equitable access to ECD programmes, would be in place. • By 2024, essential components of the comprehensive package of ECD programmes would be accessible to all young children and their caregivers. • By 2030, a full comprehensive package of ECD programmes would be accessible to all young children and their caregivers (RSA, DSD, 2015, p. 49).

ANNEXURE 7: The FIF Programme Logic Model

HOW			RESULTS FRAMEWORK		
			WHAT	WHY	
INPUTS	PROGRAMME ACTIVITIES	Key processes to accomplish results	KEY OUTPUTS	KEY OUTCOMES	IMPACT
FIF Programme	Community partnership and entry processes.	Establish a community partnership that empowers local communities to take ownership of the FIF intervention.	Capacitated community FIF Project	Increased community support and buy-in. Registered NPO. Elected office bearers.	Established FIF projects
FCW funding FCW staff, trainers and learning materials Infrastructure	Home visitor selection & training	Home visitors identified, contracted and trained. (Implementation of 4 week training programme over 4 months)	Trained and capacitated home visitors in the programme to implement the programme.	Improved awareness, participation and involvement of caregivers in the programme. Improved capacity and skills amongst home visitors.	Improved access and ECD opportunities for young children and their caregivers.
Equipment and resources	FIF Home visiting & parenting programme implementation	40 Week home visiting programme and 20 week parenting sessions.	Caregivers and their children are supported through weekly visits and parenting programmes.	Increased ECD services for young children through the FIF programme.	Increased awareness amongst caregivers and families.
	Field monitoring and support	Weekly and monthly on-site support, mentoring and reporting (PC monitor H/V in the field; Monthly on-site support by FCW staff; monthly meeting and reporting to FCW)	Regular assessments to determine programme implementation. Support caregivers with early school registration.	Increased quality of programme implementation.	Improved child developmental outcomes (cognitive, social, emotional, motor & Language)

Source: Van Niekerk, Ashley-Cooper, and Atmore (2017)

ANNEXURE 8: Three Capabilities Models

A modified conceptualisation of Kanter's (1989) model (Fig. 2)

is used to illustrate the innovation capability.

Kanter's (1989) Model of Innovation Capability

Lawson and Samson (2001)

Lawson and Samson (2001) Adapted Model of Innovation Capability

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Bloom and Chatterji (2009) Scalers Model

Organization Capabilities
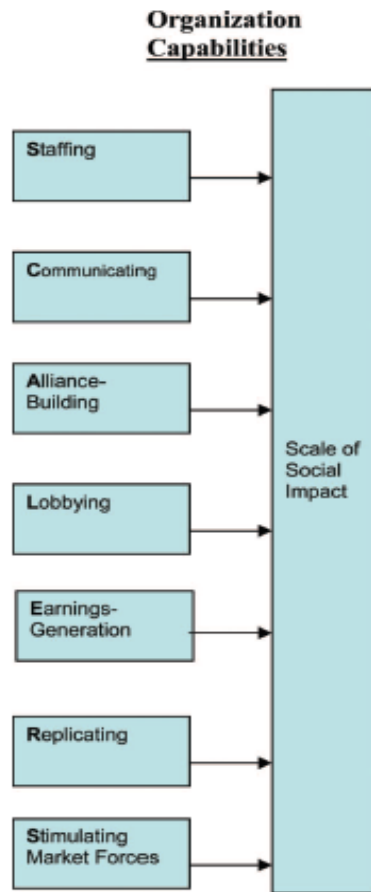
Figure 1. The SCALERS model

Bloom and Chatterji (2009) Scalers Model

FCW Foundation for Community Work

SGW Stigting vir Gemeenskapswerk

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MEMORANDUM OF UNDERSTANDING

BETWEEN

FOUNDATION FOR COMMUNITY WORK

Herein represented by **……………………...........................……..** in his/her capacity as Director of the Foundation for Community Work

And

...

Herein represented by ...., in his/her capacity as

...., and duly authorised thereto.

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Preamble

The Family in Focus Programme is an early childhood development (ECD) programme which focuses on the needs of pre-school aged children and their families living in environments characterised by poverty, unemployment, crime and violence. The focus is on the family as the primary source of care for young children.

Family in Focus Model
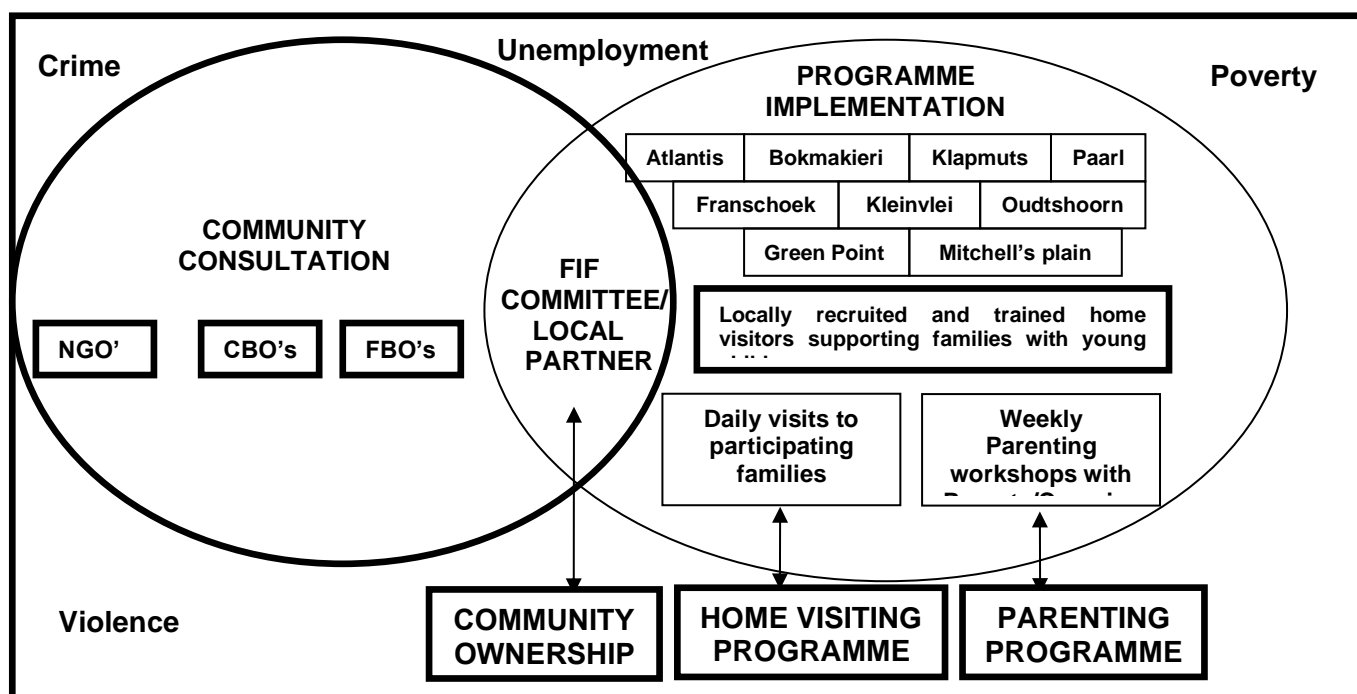
Parenting Programme:	Home Visiting Programme	Community Ownership
Family in Focus operates from the premise that parents are the first and best teachers of their own children. Parent workshops and meetings are used to build support and social networks for parents. Parent workshops enable parents to provide age-appropriate activities that facilitate the holistic development of their children.	Home-visiting entails trained Home Visitors meeting with parents individually in their homes or with groups of parents and their children daily to facilitate stimulating, age-appropriate activities with their children. Resources found in and around the home are used. Home visits are closely monitored by a Project Coordinator.	Each FIF Project start as a joint effort between the community and FCW in response to local needs. The aim is for each community to take ownership of the process and outcomes of the FIF Project. Through a process of community consultation stakeholders are encouraged to form a coalition or committee. Each FIF Project Committee is supported in a process to develop the capacity to manage their project independently.

The aim of the programme is

- To serve as a strategy for ECD intervention in impoverished communities.

- To assist primary caregivers and women in particular, to form groups in order to support each other, and to access resources in support of their children.

- To create a cadre of cost-effective ECD workers who provide support to the child's primary caregiver and other family members.

How does the programme work

- The Family in Focus Programme is based on a partnership approach with local communities.

- In consultation with the community, people are identified to be trained as home visitors

- Each home visitor is responsible to work with 5 - 10 families per day.

- The home visitor will spend at least 2 hours with a family or a cluster of families at a time.

- Home visitors are expected to visit 35 families/households every week.

- Caregivers are also expected to participate in a parenting workshop facilitated by the home visitors or outside facilitators on topics that focus on particular needs of the parents.

- In each area/community the team of home visitors are supported by a Project Co-ordinator.

- The Project Co-ordinator is responsible for anchoring the project in the community, networking with local stakeholders, and liaising between the committee and the community.

- The Project Coordinator will be attached to the Partner Organisation

In view of the above description of the FIF Programme and the partner organisation's understanding of the model and programme, the following is agreed on:

Project Objectives:

- To raise awareness of the ECD needs of young children in the communities of (List the community and areas where the project will be implemented).

- To train (10/20) Home Visitors to work in the listed areas.

- To ensure that each trained Home Visitor facilitate a monthly parenting workshop with their families.

- To ensure that the Home Visitors are adequately supported in the implementation of their work.

Project Period:

The project will start on (start date)1 April 20…… and continue until (end date) 31 March 20….. (Projects will start at the beginning of the financial year and run for a period of 1 financial year, based on funding secured for the project. Continuation of the project will be reviewed year-on-year based on available funding for the project).

Duties of the Parties:

Foundation for Community Work

In terms of the agreement between FCW will:

- Be responsible for the entire training programme of the team of Home Visitors/learners

- Be responsible for providing each Home Visitor with a copy of the learning programme at the beginning of each module.

- Be responsible for ensuring that the training is completed over a 6 week period (at least 1 week of training each month over a 6 month period) or as agreed to with the partner organisation.

- Be responsible for the assessments and moderation of the learners before awarding an accredited skills certificate in early childhood development.

- Be responsible for the payment of all home visitors employed based on the EPWP stipend amount.

- Monthly payments will be transferred to the FIF Project account for direct payments to the home visitors by the Project Committee.

In terms of this Memorandum of Understanding it is agreed that:

The Partner Organisation will:

- Be responsible for contracting with the individual Home Visitors/learners

- Be responsible for the training venue and refreshments for the duration of the training.

- Be responsible for providing direct management and supervisory support to the team.

- The Partner Organisation will assist the team with the implementation of the programme and the monitoring of their work.

- The programme operation, functioning and implementation will be at the discretion of the Partner Organisation.

- Be responsible for convening regular management meetings where reports and feedback on the programme will be discussed.

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Reports and meetings

- Meetings between the Partner Organisation and the FCW Operations Manager will be scheduled on a monthly/quarterly basis or as the need arise.

Default

The WC FCW can act against the Partner organisation if it breaches the terms and conditions of this agreement, and remains in default after 21 days written notice calling for the breach to be remedied has been given. The WC FCW can in accordance with this agreement and without prejudice to any other rights it may have in law, exercise all or any of the following rights:

(a) Demand immediate repayment by the Partner Organisation of all unspent funds in respect of this project;

(b) Demand immediate possession of all books, records, equipment, stock, premises or other assets which form part of the project or which were acquired with funds in terms of the agreement and are under the control of the Partner Organisation;

(c) Cancel this agreement and claim damages; and

(d) Avail itself of any other remedy that is legally available when a contract is breached.

Arbitration of disputes arising from this agreement

(1) A difference or dispute shall be submitted to arbitration if the Parties are unable to resolve it amicably, with regard to:

  a) The meaning or effect of any term of this agreement;

  b) The implementation of any Party's obligations under this agreement; and

  c) Any other matter arising from or incidental to this agreement.

(2) Except as may be expressly otherwise provided for in this agreement, arbitration proceedings shall be conducted in accordance with the arbitration laws of the Republic of South Africa.

(3) The arbitration proceedings shall be held on an informal basis, it being the intention that a decision should be reached as expeditiously and as inexpensively as possible, subject only to the due observance of the principles of justice.

(4) Any of the Parties shall be entitled, by giving written notice to the other Party, to require that a difference or dispute be submitted to arbitration in terms of this clause.

(5) The arbitrator shall be a person to be agreed upon between the Parties, and failing agreement, to be nominated by the President of the Cape Law Society.

http://etd.uwc.ac.za/

(6) The Party referring the dispute or difference to arbitration shall within ten (10) days of the selection or appointment of the arbitrator as provided for in clause (5), furnish the arbitrator with an appropriate written notice of appointment and shall ensure that the arbitrator notifies the other Parties immediately of the remuneration, which the arbitrator shall require for his services.

(7) Within thirty (30) days after the written appointment of the arbitrator, each of the Parties shall submit to the arbitrator and simultaneously serve a copy on the other Party, a full statement of its case deemed necessary to support its contentions in regard to the matter in dispute, which shall set out all the:

    (a) Evidence;

    (b) Sworn statements;

    (c) Facts; and

    (d) Submissions and expert opinion.

(8) Within fourteen (14) days of receipt of the other Party's statement of case, any one of the Parties may submit a further supplementary statement to the arbitrator, and shall provide a copy thereof to the other Party. The arbitrator on the evidence before him without allowing legal representation shall determine the dispute by the Parties. However, nothing prevents the Parties from being represented during the arbitration hearing by a legal practitioner or any other person.

(9) If the arbitrator considers that the matter in dispute cannot be decided on the papers before him, the arbitrator may call for other evidence or for witnesses to testify at a place determined by him in the presence of the Parties, who may also question such witnesses.

(10)   The arbitrator shall be entitled to make an award, including an award for specific performance, an interdict, damages or otherwise as the arbitrator in his discretion deems fit and appropriate.

(11)   The arbitrator shall at all times have regard to the intention of the Parties underlying the agreement, and shall resolve the dispute in a summary manner.

(12)   Any award made by the arbitrator:

    (a) Shall be final and binding on the Parties;

    (b) Shall be carried into effect by the Parties;

    (c) May be made an Order of Court by a Party only if the otherParty fails to heed the terms of the award; and

    (d) May include an Order directing the unsuccessful Party to pay the cost of the arbitrator and the expenses incurred by the successful party.

(13)   This clause shall survive the termination or cancellation of this agreement.

(14)   This clause shall constitute each Party's irrevocable consent to any arbitration proceedings and none of the Parties shall be entitled to withdraw from such proceedings or to claim that the provisions of this clause do not bind it.

(15)   If a Party fails to take part in arbitration proceedings conducted in accordance with this clause such failure shall constitute consent to an award being made against such Party.

Co-operation and Good Faith

The parties must at all times render to each other the required assistance and the maximum co-operation for purposes of attaining the objectives of this agreement. The parties will at all times consult with each other in the utmost good faith and the affairs between them shall be administered and promoted by the highest degree of integrity.

Domicilium Citandi et Executandi

Western Cape FCW: Springbok Street, Kewtown, Athlone, 7764. ....

....

Partner Organisation: ....

....

Entire Agreement:

- The parties hereby acknowledge that the provisions contained in this agreement constitute the entire agreement between them.

- Any amendments to this agreement will be of no force unless reduced to writing and signed by both parties.

Thus done and signed at ………………………………… on the …………………… day

of ………………………………….. 20…….

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For Partner Organisation

Designation: ....

Name: ....

Signed: ……………………………………………

Witnesses: ……………………………………………

Thus done and signed at ………………………………………… on the ……………

day of ………………………… 20……..

For WC FCW

Designation: ……………………………...

Name: ……………...……………………

Signed: ………………...………………........................

Witnesses: …………...…………………………………..

ANNEXURE 10: Editorial Certificate

29 April 2022

To whom it may concern

Dear Sir/Madam

RE: Editorial certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

INNOVATION CAPABILITY AND SOCIAL FRANCHISING:
AN EVALUATIVE CASE STUDY OF THE FAMILY IN FOCUS (FIF)
EARLY CHILDHOOD DEVELOPMENT PROGRAMME IN THE
WESTERN CAPE

Author

Riedewhaan Allie

The research content, or the author's intentions, were not altered in any way during the editing process, and the author has the authority to accept, or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly

E H Londt
Publisher/Proprietor

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