

ECD re-opening - Modality analysis

| | Risks/drawbacks | Opportunities/benefits | Potential adaptations |
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| ECD centres | Large groups of children congregating in one space increases infection risk. | Childcare for many children. | Could have rotating classes of smaller groups. |
| | Large numbers of children and parents travelling / walking to one place increases infection risk. | High exposure to early learning/development activities. | |
| | Significant challenges around implementing health and safety measures, including social distancing - could result in stressful environment with limited play/learning. | Can reach good number of families with: - home learning resources to extend impact beyond sessions - key public health, child safety, etc. messaging | |
| | Non-compliance of parents with health and safety measures. | | |
| | If flexible opening needed, more difficult to implement with staff body and premises to co-ordinate. | | |
| | High impact on parents if flexible opening needed in response to changing risk levels. | | |
| | Rotating classes would reduce usefulness to parents in terms of childcare while they work. | | |
| Playgroups | Shorter sessions - less helpful to parents for childcare while they work. | Sessional nature makes rotating small classes practical. | Could reduce group sizes and provide more rotating sessions. |
| | Nature of premises likely to limit group size in order to maintain social distancing. | Run from range of premises in communities - limited travel needed. | Could be run from ECD centres instead of usual provision. |
| | Lower exposure time for children than day mothers. | Sessional nature with fixed groups lowers infection risk. | |
| | Non-compliance of parents with health and safety measures. | Sessional nature reduces negative impact on parents if flexible opening needed. | |
| | Could be difficult to enforce new programme parameters (e.g. parents bring their children to all sessions). | Higher exposure to early learning/development activities than home visiting, mobile and toy libraries. | |
| | | Can reach good number of children without having large groups (4x groups of 5 children per week = 20 children). | |
| | | Can reach good number of families with: - home learning resources to extend impact beyond sessions - key public health, child safety, etc. messaging | |
| | Nature of premises likely to limit group size in order to maintain social distancing - might need to be lower than 6. | Small groups - infection risk lower. | Could split group in 2 and offer morning sessions for one group and afternoon sessions for another group. |
| | Rotating classes would reduce usefulness to parents in terms of childcare while they work. | Run from private homes usually close to parents' home - limited travel needed. | |

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| Day mothers | Reach more limited numbers of families with public health, etc. messaging. | Full-day so practical for childcare. | |
| | High impact on parents if flexible opening needed in response to changing risk levels. | High exposure time for early learning and development. | |
| | Non-compliance of parents with health and safety measures. | | |
| Home visiting | Does not assist with childcare. | Can reach high numbers of children without creating group contact situations. (Potentially 50 children on fortnightly basis?) | Can redeploy existing practitioners in ECD centres and other NCB settings to conduct home visits to families of enrolled children. |
| | Limited per visit contact time possible in order to maximise reach = limited early learning exposure time for children. | Potentially much easier to control infection risks than at facilities which children attend. | |
| | Parental resistance to practitioners in home. | Can reach high number of families with: - home learning resources to extend impact beyond sessions - key public health, child safety, etc. messaging | |
| | Unknown efficacy beyond visit. | Slightly older/younger children in home can join in activities during visits = benefits more children. | |
| | | No travel by parents and children required. | |
| | | Can engage directly with parents and caregivers and respond to questions/issues - psychosocial support, as well as the support to children. | |
| | | Easy to control responsive/flexible delivery in line with risk levels. | |
| | | Occasional nature reduces negative impact on parents if flexible opening needed. | |
| Mobile | Requires purchasing/fitting of many more vehicles to achieve reach. | Sessional nature and small groups lowers infection risk. | |
| | Exposure likely to be small to make this an economical option - c. 3 hours per week per child? | Limited travel by parents and children required. | |
| | Non-compliance of parents with health and safety measures. | Can reach good number of children without having large groups. | |
| | Lots of different children using same vehicle could increase infection risk. | Can reach good number of families with: - home learning resources to extend impact beyond sessions - key public health, child safety, etc. messaging | |
| | | Easy to control responsive/flexible opening in line with risk levels. | |

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| | | Sessional nature reduces negative impact on parents if flexible opening needed. | |
| Toy libraries | Only exist in some communities. | Sessional nature makes rotating small classes practical. | Could change offering to follow a structured playgroup programme, with children enrolled in different groups. |
| | Limited contact time with children = limited early learning exposure. | Sessional nature reduces negative impact on parents if flexible opening needed. | |
| | Does not assist with childcare. | Can reach good number of children without having large groups. | |
| | Likely to require travel by children and parents. | Can reach high number of families with: - home learning resources to extend impact beyond sessions - key public health, child safety, etc. messaging | |
| | Lots of different children attending same venue could increase infection risk. | Easy to control responsive/flexible opening in line with risk levels. | |
| | Where parents required to remain, could increase infection risk. | | |